

## LAWYERS PROFESSIONAL LIABILITY Claim Supplement

*This form should be completed for each claim and for each incident that may reasonably give rise to a claim that the applicant is aware of after inquiry of all members, officers, owners, partners, and employees. Please answer all questions completely.*

1. Name of Applicant or Insured: \_\_\_\_\_

2. Name of (potential) Claimant: \_\_\_\_\_

3. Indicate whether:  
a. Claim \_\_\_    b. Incident \_\_\_    c. Disciplinary Matter \_\_\_    d. Subpoena \_\_\_

4. Date(s) professional services were rendered: \_\_\_\_\_

5. Date **you** became aware of the claim/incident/disciplinary matter/subpoena: \_\_\_\_\_

6. Date reported to insurer: \_\_\_\_\_

7. Name of insurer responding to this matter: \_\_\_\_\_

8. Additional defendants: \_\_\_\_\_

9. Status of claim/incident/disciplinary/subpoena:    Open \_\_\_    Closed \_\_\_    Inactive Since \_\_\_\_\_

a. If Open (please attach copy of lawsuit and/or demand letter):

- i. Claimant's Demand: \_\_\_\_\_
- ii. Settlement Offer: \_\_\_\_\_
- iii. Insurer's Loss/Indemnity Reserve: \_\_\_\_\_
- iv. Insurer's Defense Expense Reserve: \_\_\_\_\_
- v. Insurer's Paid Defense Expenses: \_\_\_\_\_

b. If Closed:

- i. Date Closed: \_\_\_\_\_
- ii. Settlement Amount: \_\_\_\_\_
- iii. Legal Expenses: \_\_\_\_\_
- iv. Deductible Owed: \_\_\_\_\_                      Deductible Paid: \_\_\_\_\_

10. Was an engagement letter used?                      Yes \_\_\_                      No \_\_\_

11. Was this the result on an attempt to collect fees?                      Yes \_\_\_                      No \_\_\_



Knight Specialty Insurance Company

12. Provide a description of the claim/incident/disciplinary matter/subpoena:

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13. Describe the steps **you** have taken to mitigate this matter and to avoid future, similar matters:

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14. If this is a disciplinary matter, please attach a copy of the documents evidencing a final disposition.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_