



SCOTTSDALE INSURANCE COMPANY®

A Stock Insurance Company, herein called the **Company**

Home Office:

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Administrative Office:

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1-800-423-7675

**BANKRUPTCY SUPPLEMENT  
Lawyers Professional Liability Insurance**

NAME OF APPLICANT: \_\_\_\_\_

1. How many lawyers in the firm practice in this area? \_\_\_\_\_

2. Please provide a breakdown of your bankruptcy cases:

For Debtor: ..... %

For Creditor: ..... %

As Trustee: ..... %

Other (describe): \_\_\_\_\_ %

3. Does the firm have standard review procedures to certify the accuracy of debtor schedule? .....  Yes  No  
If yes, please describe the procedures in place on a separate sheet.

4. Do **you** have procedures to certify the debtor's ability to pay? .....  Yes  No

5. Are the attorneys in your firm that practice in this area aware and in compliance with the Bankruptcy Abuse Prevention Act of 2005? .....  Yes  No

6. Has the firm reviewed and implemented the required disclosures identifying the firm as debt relief agency, if you are representing debtors? .....  Yes  No

7. Is the firm, any member of the firm, or any related entity of the firm involved in debt purchasing? .....  Yes  No

I declare that the information submitted herein is true and accurate. I understand that it becomes a part of my Professional Liability Application.

\_\_\_\_\_  
Signature of Applicant Title Date  
(Must be signed by a Managing Partner or Officer of the Firm)