



Knight Specialty Insurance Company

LAWYERS PROFESSIONAL LIABILITY Bankruptcy Supplement

1. Name of Applicant or Insured: _____

2. How many attorneys in the firm practice in this area? _____

3. How much of **your** Bankruptcy practice involves the following:

	% of Total Areas of Practice	Number of Clients/Cases	Average Client/Case Value	# of Non-Attorney Staff Involved
Bankruptcy – Consumer/Individual				
Bankruptcy – Corporate/Commercial				
Bankruptcy Trustee – Consumer/Individual				
Bankruptcy Trustee – Corporate/Commercial				
Other (describe below)				

Other: _____

4. Are the attorneys in the firm that practice in this area aware of and in compliance with the Bankruptcy Abuse Prevention and Consumer Protection Act of 2005? Yes ___ No ___

5. If **you** are representing debtors, do **you** always make the required disclosures identifying the firm as a debt relief agency? Yes ___ No ___

6. Are any of **you** involved in the purchase of debt or factoring or do any of **you** have any interest(s) in any entity that is involved in the purchasing of debt or factoring? Yes ___ No ___

a. If "YES" describe:

7. Do **you** have procedures to certify a debtor's ability to pay? Yes ___ No ___

8. Do **you** have a standard review procedure to certify the accuracy of a debtor schedule? Yes ___ No ___

Signature of Applicant: _____

Date: _____