



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 ___



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

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

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

Signature of Applicant: _____ Date: _____