



Knight Specialty Insurance Company

## LAWYERS PROFESSIONAL LIABILITY

### New Attorney Supplement

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

2. Name of New Attorney: \_\_\_\_\_

Designation (O, P, A, OC, IC)	Date of Hire (month/year)	States of Bar Admission	Year Admitted to Bar	Average Annual Hours Worked

3. Provide the New Attorney's five (5) year employment history (CV/Resume) may also be attached:

Name of Employer	Date Started	Date Ended	Job Title/Description

4. Describe the New Attorney's top three (3) Areas of Practice at the firm:

Area of Practice	% of Billable Hours

5. Has the New Attorney ever performed the following services, and will the New Attorney be performing the following services at the insured firm?

Service(s)	Ever (Y/N)	Insured Firm Practice (Y/N)
Class Action/Mass Tort Litigation*		
IP-related services (Patent, Trademark, Copyright)**		
Services involving Publicly Traded Securities***		
Services to or Sat On the Board of a Financial Institution***		

\*If "YES" please also complete the **Class Action Supplement**

\*\*If "YES" please complete a Firemark Application for IP Law Firms

\*\*\*If "YES" please also complete the **Financial Institutions Supplement**

6. Is the New Attorney an officer, director, shareholder, member, or employee of, or does the New Attorney exercise any fiduciary control over any entity other than the insured firm?

Yes \_\_\_ No \_\_\_

a. If "YES" describe:

\_\_\_\_\_



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7. In the past ten (10) years, have any claims been made or lawsuits brought against the New Attorney, or is the New Attorney aware of any incidents, facts, circumstances, acts, errors, or omissions that could give rise to a claim? Yes \_\_\_ No \_\_\_  
a. If "YES" please also complete the **Claim Supplement** for each matter
8. Has the New Attorney ever been the subject of any disciplinary action or reprimand, or been refused admission to the bar, any bar association, any court, or any agency? Yes \_\_\_ No \_\_\_  
a. If "YES" please also complete the **Claim Supplement** for each matter
9. Has the New Attorney ever had an insurance company cancel, non-renew, or restrict the New Attorney's insurance coverage? Yes \_\_\_ No \_\_\_  
a. If "YES" describe: \_\_\_\_\_
10. Has the New Attorney been continuously insured for professional liability? Yes \_\_\_ No \_\_\_  
a. If "YES" provide a copy of the New Attorney's current insurance Declarations Page
11. Is the New Attorney covered under an Extended Reporting Period? Yes \_\_\_ No \_\_\_  
a. If "YES" provide the Inception Date: \_\_\_\_\_ and Expiration Date: \_\_\_\_\_

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