



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? *If so, please describe the procedures in place on a separate sheet.* Yes No
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 understand that the information provided herein becomes a part of the firm's Professional Liability Application and is subject to the same representation and conditions.

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