



## APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

THE POLICY YOU ARE APPLYING FOR IS A CLAIMS-MADE AND REPORTED POLICY, AND SUBJECT TO ITS PROVISIONS, APPLIES ONLY TO ANY CLAIM BOTH FIRST MADE AGAINST AN INSURED AND REPORTED IN WRITING TO THE COMPANY DURING THE POLICY PERIOD, NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT, THE EXTENDED REPORTING PERIOD APPLIES. DEFENSE COSTS, AS WELL AS ANY LOSSES REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

### ABOUT THE FIRM

1. The precise registered name of the applicant firm to be insured, as reflected on the firm's letterhead:  
Name: \_\_\_\_\_  
Attach a sample of the firm's letterhead to this application. Inconsistencies between it and the application, including attorneys named, address, and other offices, etc. should be explained on a separate sheet of paper
2. a. Primary Location of the firm:  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Web site Address: \_\_\_\_\_
- b. Is this location a work-at-home or Virtual Office Arrangement (i.e. mailing address only, reserved office space on a shared basis)?  Yes  No
- c. Is this location where the firm meets with clients? If no, please explain via Question 7 below.  Yes  No

### FIRM COVERAGE INFORMATION

3. Coverage is requested to be effective on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
4. What year was the firm established? \_\_\_\_\_
5. Type of Entity?  solo practitioner  individual attorney with employee attorney(s)  
 partnership  PC  PA  LLC  LLP  other \_\_\_\_\_
6. Is the firm office or suites shared with attorneys other than firm members?  Yes  No
7. Does the firm have offices at locations other than the primary location listed above?  Yes  No
8. Does the firm practice in states other than the primary location?  
*If "yes", complete the Out of State Supplemental Application.*  Yes  No
9. Is the ratio of support staff to attorneys greater than 3 to 1?  Yes  No
10. For how many years has the firm been continuously insured for malpractice claims? \_\_\_\_\_
11. a. Enter the prior acts exclusion date, if applicable: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- b. If the firm is a spin-off from another firm include the number of years that firm has been continuously insured. \_\_\_\_\_
12. Has the firm ever purchased an Extended Reporting Period option?  Yes  No
13. Has the firm's coverage ever been non-renewed, cancelled, rescinded or declined by another carrier?  Yes  No
14. Does the firm desire coverage for any previously-dissolved predecessor firms and those attorneys affiliated therewith?  Yes  No
15. Is there an attorney listed on the letterhead not covered by the firm's insurance?  Yes  No
16. Enter the firm's insurance history for the last five years:

Eff Date mm/dd/yy	Insurance Company	Limits (per claim / agg)	Deductible (per claim/agg)	Covered # of attys	Annual Premium



**APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE**

**ATTORNEY INFORMATION**

17. **Total number of attorneys:** List all of the firm's attorneys. Differences between the date attorney began practicing law for other than a corporate or governmental entity and the date the attorney was admitted to the Bar must be explained on a separate sheet of paper following the same format. List additional attorneys on a separate sheet in the same format.

	Attorney Name	Attorney Desig.	Average # of hours per week				States licensed to practice law	Number of Years			Prior acts date	CNA Risk Mgmt * Seminar Date	Bar Member?	
			0	1-10	11-25	26 +		In practice	with this firm	continuous malpractice coverage			Y	N
1													<input type="checkbox"/>	<input type="checkbox"/>
2													<input type="checkbox"/>	<input type="checkbox"/>
3													<input type="checkbox"/>	<input type="checkbox"/>
4													<input type="checkbox"/>	<input type="checkbox"/>
5													<input type="checkbox"/>	<input type="checkbox"/>
6													<input type="checkbox"/>	<input type="checkbox"/>
7													<input type="checkbox"/>	<input type="checkbox"/>
8													<input type="checkbox"/>	<input type="checkbox"/>
9													<input type="checkbox"/>	<input type="checkbox"/>
10													<input type="checkbox"/>	<input type="checkbox"/>

**Attorney Designations:**

- A Associate
- CC Co-counsel
- D Director
- E Employee
- IC Independent Contractor

- MEM Member of Firm
- MGR Manager
- O Owner
- OC Of Counsel
- OF Officer

- SP Solo Practitioner
- SPC Special Counsel
- STC Staff Counsel
- SHH Shareholder
- STH Stockholder

**Partner Designations:**

- EP Equity Partner
- NP Non-equity Partner
- P Partner
- LLP Limited Liability Partner
- RP Retired Partner

\* does not include courses taken on West Legal Ed website



## APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

### AREAS OF PRACTICE

18. Guidelines for completing this section:

- |   |
|---|
| a. Express percentages of time devoted (billable hours) in each area during the previous year.  |
| b. Indicate percentages in whole numbers next to the type of law you practice, not the business client you represent.   |
| c. Be as accurate as possible, as casual estimates may cause inappropriate evaluation of your practice.   |
| d. All litigation should be coded as "civil litigation" with the exception of "criminal", "personal injury-plaintiff" and "intellectual property" which should be coded to their respective Area of Practice. |

_____ % Admiralty / Marine – Defense	_____ % Criminal	_____ % Natural Resources / Oil & Gas
_____ % Admiralty / Marine – Plaintiff	_____ % Environmental	_____ % Pers Inj / Prop Dam - Defense
_____ % Anti-Trust / Trade Regulation	_____ % Family Law	_____ % Pers Inj / Prop Dam - Plaintiff
_____ % Banking / Financial Institutions	_____ % Government Contracts / Claims	_____ % Real Estate/Title - Commercial
_____ % Business Transaction – Comm'l Law	_____ % Immigration / Naturalization	_____ % Real Estate/Title- Residential
_____ % Civil/Comm'l Litigation – Defense	* _____ % Intellectual Prop –	* _____ % Securities (S.E.C.)
_____ % Civil/Comm'l Litigation – Plaintiff	(Copyright/Trademark/Patent)	_____ % Taxation
_____ % Civil Rights / Discrimination	_____ % International Law	_____ % Wills, Estate, Trust & Probate
_____ % Collection / Bankruptcy	_____ % Labor Management Rep	_____ % Workers Comp - Defense
_____ % Construction (Building Contracts)	_____ % Labor Union Rep	_____ % Workers Comp - Plaintiff
_____ % Consumer Claims	_____ % Local Government	_____ % Other (describe below)
_____ % Corporate Business Organization		

**TOTAL: \_\_\_\_\_% must equal 100%**

\* If any percentage, complete the Intellectual Property and/or Securities Supplemental Applications.

"OTHER" Description Area: \_\_\_\_\_

### FIRM OPERATIONS AND MANAGEMENT

19. Does the firm or any attorney of the firm have clients in the Entertainment industry?  Yes  No
20. At any time in the past five years, has the firm, or any attorney of the firm (regardless of what firm they were with at the time) provided legal services in any way related to a security or securities transaction?  Yes  No
21. Does the firm have any one client in which the firm's attorneys have an equity interest greater than 10% combined?  Yes  No
22. Does the firm have any one client which represents more than 25% or more of the firm's billings?  Yes  No
23. Does anyone in the firm serve as a director, officer or employee or in any other management capacity for a client?  Yes  No
24. Does the firm have procedures for identifying and resolving potential or actual conflicts of interest including cross-checking of former, existing or potential clients?  Yes  No
25. Does the firm have at least two independently maintained docket controls?  Yes  No
26. a. Does the firm regularly confirm representations in writing via use of formal engagement letters?  Yes  No  
*Please attach a sample engagement letter on firm letterhead*
- b. Does the engagement letter include the following:
- Identity of the Client?  Yes  No
  - Scope of Representation that includes key terms of legal representation?  Yes  No
  - Fee structures and billing agreements?  Yes  No
  - Termination agreement that includes file retention and destruction terms?  Yes  No
- c. Does the firm ensure that a countersigned engagement letter is received from the client before work begins on a new matter?  Yes  No  
*If "no", to a., b. or c, please explain via attachment.*



## APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

### FIRM OPERATIONS AND MANAGEMENT (CON'T)

27. Does the firm regularly acknowledge in writing the declination or termination of representations?  Yes  No
28. For firms greater than 5 attorneys: Does the firm require that at least two attorneys in the firm be informed of the initiation of a representation?  Yes  No
29. If you are a solo practitioner, do you have a procedure in place regarding provisions of services if you are incapacitated or otherwise unavailable?  Yes  No
30. Has the firm initiated lawsuits or arbitration procedures during the last two years to enforce the collection of unpaid fees for the firm?  Yes  No

*If "yes", complete the Fee Suit Supplemental Application.*

31. Has the Firm or any lawyer in the Firm represented publicly traded clients with services rendered involving Sarbanes-Oxley Act (SOX) compliance including but not limited to Securities, Accounting, Financial/Investment Services or Tax work?  Yes  No

*If "yes", please complete the Client Information supplement.*

32. Has the firm been involved in any mass tort / class action cases within the past five years?  Yes  No

*If "yes" complete the Mass Tort / Class Action Supplemental Application.*

33. Provide the firms gross revenues:

Year	Year End Date	Gross Revenues
Current fiscal		\$
Prior fiscal		\$
2 Years Prior		\$

34. What percentage of accounts receivable are outstanding more than 90 days? \_\_\_\_\_%

### CLAIM / INCIDENT / DISCIPLINARY INFORMATION

35. After inquiry, is any attorney in the firm aware of:
- a. a professional liability claim made in the past five years against them, the firm, any predecessor firm, or against any current or former attorney of the firm while affiliated with the firm?  Yes  No
- b. an actual or alleged act, omission, circumstance, or breach of duty that a reasonable attorney would recognize might reasonably be expected to result in a claim being made against the firm, any predecessor firm, or against any attorney currently or formerly affiliated with the firm or any predecessor firm, regardless of whether any such claim would be meritorious?  Yes  No

*If "yes" to a, or b above complete the Claims Supplemental Application for each claim or incident*

36. a. Within the past five years, has any attorney been subject to any disciplinary inquiry, complaint or proceeding for any reason *including* non-payment of dues?  Yes  No
- b. Has any attorney *ever* been refused admission to practice, disbarred, suspended, formally reprimanded, or sanctioned in any other way?  Yes  No

*If "yes" to a or b above complete the Disciplinary Supplement unless the matter was reported under a prior CNA policy term and supplement was completed. The Disciplinary – Status Update Supplement should be completed for renewal policies where the matter was previously reported but was still open at the last renewal.*



## APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

### REQUESTED COVERAGE

(Some limits / deductibles / optional coverages may not be available in all states and all are subject to underwriting qualification. Your quote will reflect the coverage and options for which your firm qualifies.):

37. a. Select the Each Claim/Aggregate Limit the firm desires:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> \$ 100,000/\$ 300,000 | <input type="checkbox"/> \$ 500,000/\$ 1,000,000     | <input type="checkbox"/> \$ 2,000,000/\$ 2,000,000 | <input type="checkbox"/> \$4,000,000/\$ 4,000,000   |
| <input type="checkbox"/> \$ 250,000/\$ 500,000 | <input type="checkbox"/> \$1,000,000/\$1,000,000     | <input type="checkbox"/> \$ 2,000,000/\$ 4,000,000 | <input type="checkbox"/> \$5,000,000/\$ 5,000,000   |
| <input type="checkbox"/> \$ 500,000/\$ 500,000 | <input type="checkbox"/> \$ 1,000,000 / \$ 2,000,000 | <input type="checkbox"/> \$ 3,000,000/\$ 3,000,000 | <input type="checkbox"/> Other: \$ _____ / \$ _____ |

b. Select the Aggregate Deductible the firm desires:

- |                                   |                                   |                                  |                                   |                                   |                                    |  |
|-----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> \$ 1,000 | <input type="checkbox"/> \$ 2,500 | <input type="checkbox"/> \$4,000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$75,000  |  |
| <input type="checkbox"/> \$ 2,000 | <input type="checkbox"/> \$ 3,000 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$15,000 | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$100,000 | <input type="checkbox"/> Other: \$ _____ |

38. Select the optional coverages the firm desires:

- Per Claim Deductible     Claims Expenses Outside Limit     First Dollar Defense     Title Insurance Agency

*NOTE: The Title Insurance Agency optional coverage extends coverage to a specific title agency as a separate entity. A supplemental application is required.*



## APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

### SIGNATURE AND REPRESENTATION

Applicant hereby represents, after inquiry, that the information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations: this application, and any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof.
2. This application will be the basis of the contract and will be incorporated by reference into and made part of such policy; and
3. Applicant's failure to report to its current insurance company, during the current policy period, either any claim made against any insured, or any act or omission known to any insured that may reasonably be expected to be the basis of a claim against any insured may create a lack of coverage.
4. Any attorney currently or formerly affiliated with the firm or any predecessor firm, has disclosed in this Application any actual or alleged, act, omission, circumstance or breach of duty that a reasonable attorney would recognize might reasonably be expected to result in a claim being made against the firm, any predecessor firm, or any attorney currently or formerly affiliated with the firm or any predecessor firm, regardless of whether any such claim would be meritorious.

Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant.

#### **FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (for New York residents only: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For Pennsylvania Residents only: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.) (For Tennessee Residents only: Penalties include imprisonment, fines and denial of insurance benefits.)

#### **Applicant:**

By \_\_\_\_\_

SIGNATURE OF OFFICER OR PARTNER OF THE FIRM	PRINT NAME OF OFFICER OR PARTNER	DATE
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#### **REMINDER**

Please attach a sample of your letterhead to this application



**APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE  
NEW BUSINESS: CLAIM AND POTENTIAL CLAIM SUPPLEMENT**

This supplement is part of the Underwriting File of the Applicant Firm's New Business Submission to CNA. This supplement is to be completed for any claim, lawsuit or potential claim made against the Applicant Firm and/or any of its lawyers individually. Throughout this supplement the word "matter" is used to indicate claim/potential claim/incident/lawsuit unless otherwise noted.

Applicant Firm Name \_\_\_\_\_

1. Involved Parties

- a. Name all Applicant Firm lawyers involved in the matter \_\_\_\_\_
- b. Name any other defendants and their relationship to the Applicant Firm \_\_\_\_\_
- c. Name of claimants/potential claimant \_\_\_\_\_

- 2. a. What is the nature of the matter?    Claim                   Lawsuit                   Potential Claim/Incident
- b. What is the current status?            Open/Pending                   Closed/Settled                   Other  \_\_\_\_\_
- 3. a. Was this matter asserted in a cross-claim or counterclaim in an action to collect fees?                  Yes     No
- b. If yes, what was the amount of fees owed the Applicant Firm?                  \$ \_\_\_\_\_
- 4. a. Was an engagement letter used detailing the scope of representation and signed by the client?                  Yes     No
- b. If yes, provide a copy for the underwriting file. If no, advise why an engagement letter was not used.
- 5. Attach a copy of a current loss run.                  Check here to verify attachment:  If attached, proceed to Question 8.

If a Loss Run is not available, complete Questions 6 and 7.

- 6. a. Date of alleged act or omission                  \_\_\_/\_\_\_/\_\_\_
- b. Date Applicant Firm received notice of the matter made against it                  \_\_\_/\_\_\_/\_\_\_
- c. Date the matter was reported to Applicant Firm's insurance carrier                  \_\_\_/\_\_\_/\_\_\_
- d. Name of insurer to whom the matter was reported                  \_\_\_\_\_
- Limits of liability carried at that time the matter was reported                  \_\_\_\_\_
- e. Is any other Insurance Carrier responding to or otherwise involved in this matter?                  Yes     No
- f. If Yes, include name of carrier and details of involvement \_\_\_\_\_

7. Status Details – Answer a. if the matter is still open/pending and b. if the matter is closed/settled.

- a. If *open/pending* provide the following details:
 

Claimant's last demand	\$ _____	Insurance Carrier's last settlement offer	\$ _____
Indemnity/Loss Reserve	\$ _____	Defense/Expense Reserve	\$ _____
Deductible Paid to Date	\$ _____	Defense/Expenses Paid to Date	\$ _____
- b. If *closed/settled*, provide the following details:
 

Date closed	___/___/___
Indemnity Loss Paid	\$ _____
Defense/Expense Paid	\$ _____
Deductible Paid	\$ _____

Indicate:                  Judgment     Settlement     Arbitration Award     Dismissed



**APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE  
NEW BUSINESS: CLAIM AND POTENTIAL CLAIM SUPPLEMENT**

8. Use the following space to offer a narrative of the matter.

**DO NOT SUBMIT SUMMONS, COMPLAINT, PLEADING or MOTIONS**

a. Describe the underlying representation, legal services rendered and events leading to this matter.

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b. Describe the alleged act or omission upon which the matter is based.

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c. Describe the type and extent of injury or damage alleged.

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9. As a result of this matter, describe the procedural or firm policy changes implemented by the Firm to reduce the likelihood of a similar occurrence.

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Signature of Applicant Firm Principal: \_\_\_\_\_

Print Name of Applicant Firm Principal: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_





**CONTINENTAL CASUALTY COMPANY**

**APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE**

**Plaintiff Litigation Supplement**

<b>FIRM NAME:</b>	
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*This supplement is to be completed for any plaintiff work that the firm does in Personal Injury/Property Damage and Civil/Commercial Litigation.*

1. What is the average number of years of experience for the attorney(s) working in this area of law? \_\_\_\_\_

2. What is the firm's average litigation case-load per year? \_\_\_\_\_

3. Indicate the percentage of time that the firm devotes to the following areas:

- Bodily Injury/Personal Injury/Property Damage \_\_\_\_\_
- Medical Malpractice \_\_\_\_\_
- Legal Malpractice \_\_\_\_\_
- Product Liability \_\_\_\_\_
- Other (Please describe)\_\_\_\_\_ \_\_\_\_\_

4. What is the estimated average dollar value of the firm's plaintiff cases? \_\_\_\_\_

5. What is the largest judgment, award of settlement by the firm in the last three years? \_\_\_\_\_

6. How many and what type of cases does the firm refer to other law firms?  
\_\_\_\_\_  
\_\_\_\_\_

7. How many and what type of cases does the firm accept as referrals from other law firms?  
\_\_\_\_\_  
\_\_\_\_\_

8. How many and what type of cases does the firm act as co-counsel?  
\_\_\_\_\_  
\_\_\_\_\_

9. Does the firm assure that any firm they co-counsel with, refer cases to, or accept referrals from carry Lawyers' Professional Liability insurance of at least \$500,000 limits? *(Please explain a no response)*\_\_\_\_\_

10. Provide an annual percentage of cases accepted where there was less than six months before the statute of limitations running. \_\_\_\_\_

\_\_\_\_\_  
Signature of Officer or Partner of the Firm

\_\_\_\_\_  
Date

## APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

### FEE SUITS SUPPLEMENT

Firm Name:	
Policy Number:	
Date:	

1. How many clients has the firm handled in the past two years? \_\_\_\_\_
  
2. A. How many fee suits have you filed in the past two years? \_\_\_\_\_
- B. How many of the clients that the firm has sued paid the balances due after the suit? \_\_\_\_\_
- C. How many suits are still open? \_\_\_\_\_
  
3. Does the firm's engagement and retainer letters clearly show payment schedules?       Yes       No
  
4. A. Does the firm handle the collection of unpaid fees?       Yes       No
- B. If no, does the firm refer the collection of unpaid fees to a collection attorney?       Yes       No
  
5. Please indicate low, high, and average dollar values of unpaid fees?      Low: \$ \_\_\_\_\_
- Average: \$ \_\_\_\_\_
- High: \$ \_\_\_\_\_
  
6. A. Have steps been taken to avoid a possible counter suit?       Yes       No
- B. If yes, please provide details: \_\_\_\_\_

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7. A. Have steps been taken to prevent fee suits in the future?       Yes       No
- B. If yes, please provide details: \_\_\_\_\_

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8. For which of the following areas of practice has the firm filed fee suits?
 

<input type="checkbox"/> Admiralty / Marine - Defense <input type="checkbox"/> Admiralty / Marine - Plaintiff <input type="checkbox"/> Anti-Trust / Trade Regulation <input type="checkbox"/> Banking / Financial Institutions <input type="checkbox"/> Business Transaction-Commercial Law <input type="checkbox"/> Civil / Commercial Litigation-Defense <input type="checkbox"/> Civil / Commercial Litigation-Plaintiff <input type="checkbox"/> Civil Rights / Discrimination <input type="checkbox"/> Collection and Bankruptcy <input type="checkbox"/> Construction (building contracts) <input type="checkbox"/> Consumer Claims <input type="checkbox"/> Corporate Business Organization <input type="checkbox"/> Criminal <input type="checkbox"/> Environmental <input type="checkbox"/> Family Law <input type="checkbox"/> Government Contracts / Claims <input type="checkbox"/> Immigration / Naturalization	<input type="checkbox"/> Intellectual Property – Copyright/Trademark <input type="checkbox"/> Intellectual Property - Patent <input type="checkbox"/> International Law <input type="checkbox"/> Labor Management Representation <input type="checkbox"/> Labor Union Representation <input type="checkbox"/> Local Government <input type="checkbox"/> Natural Resources / Oil & Gas <input type="checkbox"/> Personal Injury/Property Dam - Defense <input type="checkbox"/> Personal Injury/Property Dam - Plaintiff <input type="checkbox"/> Real Estate / Title – Commercial <input type="checkbox"/> Real Estate / Title - Residential <input type="checkbox"/> Securities (S.E.C.) <input type="checkbox"/> Taxation <input type="checkbox"/> Wills, Estate, Trust and Probate <input type="checkbox"/> Workers Compensation - Defense <input type="checkbox"/> Workers Compensation - Plaintiff <input type="checkbox"/> Other ( please describe below)
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**APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE  
DISCIPLINARY SUPPLEMENT**

*This supplement is to be completed by*

- CNA renewal firms if a disciplinary matter was reported to CNA during the most current policy term or is being reported during the current renewal process
- New Business applicants who have had a disciplinary matter during their career.

*Complete one supplement for each disciplinary matter. Throughout the supplement the words "complaint", "grievance" and "matter" are used to indicate any disciplinary inquiry, complaint or proceeding for any reason including non-payment of dues. If more space is needed to fully answer any question please provide via attachment.*

Firm Name: \_\_\_\_\_

1. Name lawyer(s) involved in the complaint: \_\_\_\_\_

2. Name of complainant:

	Client <input type="checkbox"/>	3 <sup>rd</sup> Party <input type="checkbox"/>
	Client <input type="checkbox"/>	3 <sup>rd</sup> Party <input type="checkbox"/>

3. a. When was notification received from the Disciplinary Commission or governing body of your state?    \_\_\_/\_\_\_/\_\_\_

b. When did you respond to the governing body?    \_\_\_/\_\_\_/\_\_\_

4. a. Did you report this to your insurance carrier?    Yes     No

b. If reported, please provide the name of the insurance carrier. \_\_\_\_\_

c. Date reported:    \_\_\_/\_\_\_/\_\_\_

d. Is the carrier involved in representation of you in this matter?    Yes     No

e. If the matter was not reported to your carrier please explain why. \_\_\_\_\_

5. a. Was this complaint made after a suit for fees was initiated?    Yes     No

b. Was an engagement letter used for the firm's representation in the matter leading to the alleged act or omission?  
Yes     No

c. As a result of this matter, what changes have been made that will reduce the likelihood of similar complaints?  
\_\_\_\_\_  
\_\_\_\_\_

6. a. What were the allegations in the complaint? Include a description of the legal services rendered in the underlying matter.  
\_\_\_\_\_  
\_\_\_\_\_

b. What is the current status of the complaint?    Open/Pending     Dismissed with finding     Dismissed without finding

c. If dismissed, what if any, discipline or sanction was administered? \_\_\_\_\_



**APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE  
DISCIPLINARY SUPPLEMENT**

- 7. a. Attach copies of the complaint and all correspondence between the governing body, the lawyer and the complainant, including the final disposition papers. Check here to verify attachment
  
- b. For New Business applicants, if reported to your insurance carrier within the past five years attach a loss run from the carrier handling the matter. Check here to verify attachment

Signature of Firm Principal: \_\_\_\_\_

Print Name of Firm Principal: \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_