

## Claim & Disciplinary Supplemental Application

Underwritten by Pennsylvania Manufacturers' Association Insurance Company

**THIS SUPPLEMENTAL APPLICATION SHOULD BE COMPLETED FOR ANY CLAIM, POTENTIAL CLAIM OR DISCIPLINARY MATTER MADE AGAINST THE LAW FIRM AND / OR ANY INDIVIDUAL ATTORNEYS. IT IS CONSIDERED PART OF THE APPLICATION FOR INSURANCE AND UNDERWRITING FILE.**

Law Firm name: \_\_\_\_\_

1. What is the nature of the matter?  Claim / Lawsuit  Disciplinary Complaint  Potential Claim / Incident
2. Name of the attorney who is subject of the underlying matter: \_\_\_\_\_
3. Name of any other respondent or defendant and their relationship to the firm: \_\_\_\_\_
4. Name of the complainant(s): \_\_\_\_\_  Client  3<sup>rd</sup> Party
5. When did you first become aware of the underlying matter? \_\_\_\_\_
6. What is the current status of this matter:

Claim	<input type="checkbox"/> Open/Pending	<input type="checkbox"/> Closed/Settled/Resolved
Potential Claim	<input type="checkbox"/> Open/Pending	<input type="checkbox"/> Closed/Settled/Resolved
Disciplinary Complaint	<input type="checkbox"/> Open/Pending	<input type="checkbox"/> Closed/Settled/Resolved

If the matter is resolved, what was the outcome?

Claim / Potential Claim:

- |   |   |
|---|---|
| <input type="checkbox"/> Closed with no Payment           | <input type="checkbox"/> Closed with Loss Payment Only        |
| <input type="checkbox"/> Closed with Defense Payment Only | <input type="checkbox"/> Closed with Loss and Defense Payment |

Disciplinary Complaint:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Dismissed without investigation | <input type="checkbox"/> Dismissed after investigation without finding of rule violation | <input type="checkbox"/> Dismissed with Warning / Caution / Admonition |
| <input type="checkbox"/> Private Censure / Reprimand     | <input type="checkbox"/> Public Censure / Reprimand                                      | <input type="checkbox"/> Diversion                                     |
| <input type="checkbox"/> Sanction / Fine / Penalty       | <input type="checkbox"/> Probation   | <input type="checkbox"/> Suspension of License                         |
| <input type="checkbox"/> Disbarment                      | <input type="checkbox"/> Other _____   |  |

7. Did you report the matter to your insurance carrier?  Yes & Date reported: \_\_\_\_\_  No
8. Did the matter involve, in part, a dispute over fees?  Yes  No
9. Was an engagement letter used in the underlying matter?  Yes  No
10. Please provide a description of the legal services rendered in the underlying matter and allegations of the complaint: \_\_\_\_\_
11. What changes in firm operations or practice management have been implemented to reduce the likelihood of a similar complaint in the future? \_\_\_\_\_

Attach to this Supplemental Application the complaint, response(s), correspondence, engagement letter and any finding or rulings in the matter.