



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 reporting 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 ☐	3 rd Party ☐
	Client ☐	3 rd Party ☐

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.



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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?

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 this matter. Check here to verify attachment ☐

Signature of Firm Principal:

Print Name of Firm Principal:

Date