



**APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE  
CNA RENEWAL SUBMISSION: CLAIM AND POTENTIAL CLAIM SUPPLEMENT**

NOTE: Complete this supplement for the Underwriting File if a claim/potential claim was either reported to CNA during the most current policy term or is being reported during the renewal process.

The word "matter" is used herein to indicate claim, potential claim/incident, or lawsuit.

Named Insured Firm \_\_\_\_\_ Policy Number \_\_\_\_\_

1. Involved Parties

- a. Name all Firm lawyers involved in the matter \_\_\_\_\_
- b. Name claimants/potential claimants \_\_\_\_\_

2. Date the matter was or is being reported to CNA \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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 Insured Firm? \$ \_\_\_\_\_

4. a. Was an engagement letter used detailing scope of representation and identifying the client? Yes  No   
 b. If yes, provide a copy for the underwriting file. If no, explain why.

\_\_\_\_\_  
 \_\_\_\_\_

5. Provide a brief narrative of the matter, including a description of the underlying representation and the legal services rendered. **DO NOT SUBMIT A SUMMONS, COMPLAINT, PLEADING OR MOTIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. 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.

\_\_\_\_\_  
 \_\_\_\_\_

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

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

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