

Disciplinary Questionnaire

Underwritten by The Hanover Insurance Company

NOTICE: THIS QUESTIONNAIRE IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

INSTRUCTIONS

Whenever used in this Questionnaire, the term **Firm** shall mean the **Named Insured** proposed for insurance, and **You** or **Your(s)** shall mean the persons and entities proposed for insurance unless otherwise stated.

A. GENERAL INFORMATION

Name of **Firm** _____

B. DISCIPLINARY INFORMATION

1. Please attach copies of the complaint and all correspondence between the governing body, the lawyer and the complainant, including the final orders. Check to confirm attachment: ☐

2. Name of lawyer(s) involved in the complaint: _____

3. Name of complainant(s):

	Client	3 rd Party
	Client	3 rd Party
	Client	3 rd Party

4. a. When was notification received from the Disciplinary Commission or governing body of **Your** state? _____

b. When did **You** respond to the governing body? _____

5. a. Did you report this to **Your** insurance carrier? ☐ Yes ☐ No

b. If reported, please list the name of the insurance carrier: _____

c. Date reported: _____

d. If the matter was not reported to the insurance carrier please explain why: _____

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

7. 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 ☐ Closed with finding ☐ Closed without finding ☐
- c. What, if any, discipline or sanction was administered?

8. As a result of this matter, what changes have been implemented to reduce the likelihood of similar complaints in the future?

The undersigned, acting on behalf of all of **You** , declares that the statements above are true and complete, that thorough efforts were made to obtain requested information from all persons to be insured, no facts have been suppressed or misstated, and I/we understand that this supplement becomes part of the application.

Date **Signature / Title**

(mm/dd/yyyy) (Chief Executive Officer, President, Financial Officer, Managing Partner or Owner)

(mm/dd/yyyy) (Print Name and Title)

A POLICY CANNOT BE ISSUED UNLESS THE "QUESTIONNAIRE" IS PROPERLY SIGNED AND DATED.
Please submit this "Questionnaire" including appropriate documentation to your agent.