

Individual Attorney Supplement
(complete one per attorney)

Firm Name: Puckett & Faraj, PC

1. Name of Attorney: Mr. Ms Haytham Faraj
2. Position With Firm:
 Individual Partner Associate *Of Counsel **Independent Contractor
 *If Of Counsel, in addition to the Individual Attorney Supplement, please complete OCS 08-06
 ** If you are acting as independent Contractor to the Applicant Firm, you may not have coverage under the policy for which you are applying.

3. During the 12 months prior to the renewal date, did you complete at least three (3) hours of CLE seminars on Ethics, Risk Management, Loss prevention and/or Office Management? Y N

4. Note the percentage of your professional time in private practice devoted to each area below.

<input type="checkbox"/> Admiralty/Maritime	<input type="checkbox"/> Entertainment/Sports	<input type="checkbox"/> Oil/Gas
<input type="checkbox"/> Anti-trust/Trade Regulation	<input type="checkbox"/> Environmental	<input type="checkbox"/> Patents
<input type="checkbox"/> Arbitration/Mediation	<input type="checkbox"/> Estate/Probate/Wills/Trusts	<input type="checkbox"/> Copyright/Trademark
<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> ERISA/Employee Relations	<input type="checkbox"/> Public Utilities
<input type="checkbox"/> 10 Civil Litigation – Plaintiff	<input type="checkbox"/> Financial Institutions	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Civil Litigation – Defendant	<input type="checkbox"/> Gaming/Casino/Representation	<input type="checkbox"/> Securities Exempt/Bonds
<input type="checkbox"/> Collection/Repossession	<input type="checkbox"/> Government	<input type="checkbox"/> Securities/Registered Offerings
<input type="checkbox"/> Corporation /Business	<input type="checkbox"/> Immigration	<input type="checkbox"/> Social Security
<input type="checkbox"/> Mergers and Acquisitions	<input type="checkbox"/> International Law	<input type="checkbox"/> Taxation
<input type="checkbox"/> 90 Criminal	<input type="checkbox"/> Labor Law	<input type="checkbox"/> Workers Compensation
<input type="checkbox"/> Domestic Relations	<input type="checkbox"/> Natural Resources	<input type="checkbox"/> Other – Describe: _____

100 Total (must equal 100%)

5. Do you provide services as a Title Insurance Agent? Y N
 If yes, what percentage of time is devoted to this service? _____
 Please provide number of closing performed during the last 12 months: _____
6. Are you an employee of any other organization other than the applicant firm? Y N
 If yes, please provide the name of that entity :
7. In the past year, have you performed any professional legal services for any other entity than the Named Insured firm? Y N
 If yes, please provide the name of the other entity:

Attorney's Signature

Date