

INDIVIDUAL ATTORNEY SUPPLEMENT

Complete one per attorney

NAME OF APPLICANT FIRM: Puckett & Faraj, PC

1. Individual Attorney Supplement for: Mr. Ms. Haytham Faraj
Email address:
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. In the twelve (12) months prior to the requested effective date, did you complete at least three (3) hours of CLE seminars on Ethics, Risk Management, Loss Prevention and/or Office Management? (Use of video tapes, such as offered by ABA, or attendance at seminars will qualify for a 10% rate credit.) Yes No
4. Since what date have you been insured on a continuous basis for professional liability? 08/01/2008
5. Date you joined this or predecessor* firm: 08/01/2008
**Predecessor firm means a sole proprietor, partnership, professional corporation, professional association, limited liability corporation, or limited liability partnership engaged in legal services and: 1) to whose financial assets and liabilities the firm listed as the NAMED INSURED shown in item #1 is the majority successor in interest and 2) of which the NAMED INSURED retained 50% or more of the lawyers.*
6. Starting date of private practice (not corporate or government): 08/01/2008
7. Do you have knowledge or information of any incident or occurrence which might give rise to a claim being made?
 Yes No If yes, complete a Claims Information Supplement for each such incident, or provide complete details.
8. Have any claims been made against you during the past 5 years, regardless of whether indemnity was paid, or has any indemnity payment of greater than \$20,000 been made by you, your firm or an insurance carrier in settlement of a Professional Liability claim against you? Yes No

If yes:

How many of these claims were made against you while you were a member of a previous firm? _____

How many of these claims were made against you at your current firm? _____

State the dates and amount of indemnity and complete the Claims Information Supplement form for each such claim.

Date:	Claimant:	Amount: \$
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9. Note the percentage of your professional time in private practice devoted to each area below.

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

* Provide additional applicable supplement for firm.

_____ Total (should equal 100%)

INDIVIDUAL ATTORNEY SUPPLEMENT *continued*

10. If you offer any of the four services below to the public, please show percentage of your total time devoted to the service and provide details of any professional liability insurance covering the service:**

Insurance Agent/Broker	<u>0.00</u>	Real Estate Agent/Broker	<u>0.00</u>
Accountant	<u>0.00</u>	Title Agent/Abstractor	<u>0.00</u>

11. If part of your law practice is devoted to any one of the following, please show percentage of your total time devoted to the service and provide details of any professional liability insurance covering the service and provide copy of employment contract, if remuneration inures to you rather than to the firm:**

Prosecutor	<u>0.00</u>	Municipal, State, or Corporate Counsel	<u>0.00</u>
Public Defender	<u>0.00</u>		

12. Last 4 digits of your Social Security Number: XXX-XX-6884

13. Date admitted to Bar: 11/01/2005

- a. List Bar Association(s) of which you are a member in good standing: ABA, Illinois, Chicago Bar Assoc.
- b. If you are admitted to practice in jurisdictions other than your office location, please provide the percentage of the firm's annual revenue generated from each jurisdiction(s).

14. Previous employment since admission to Bar:

Start/End Dates (mm/dd/yyyy)	Employer/Position	State	Insurance Carrier
-	Neal A. Puckett	VA	ALPS
-	USMC - Defense Counsel	Gov't/ Fed	None
-			
-			

15. Are you a salaried employee of any organization other than the applicant firm? ** Yes No
If yes, please explain

16. Do you serve as director or officer, or do you exercise any fiduciary control over any business enterprise other than the applicant firm including profit and not for profit organizations? ** Yes No

a. If yes, please list enterprise(s), nature of the business and position held on separate attachment, and note whether any "Directors and Officers" liability insurance is maintained.

b. Are any of these enterprises clients of the applicant firm? Yes No

17. Do you perform any professional legal services for any other entity other than the Named Insured firm shown in item number one of the Firm Application? ** Yes No
If yes, please provide the name of the other entity.

** REFER TO POLICY EXCLUSIONS REGARDING THESE EXPOSURES.

Attorney's Signature

Date: ___ / ___ / ___