



DARWIN NATIONAL ASSURANCE COMPANY

9 Farm Springs Road, Farmington, CT 06032 · Tel. (860) 284-1300 · Fax (860) 284-1301

CAREER COVERAGE FOR SPECIFIC ATTORNEY SUPPLEMENT

Please complete a separate application for each attorney applying for career coverage.

1. Applicant: _____
2. Please complete the following with respect to the attorney applying for career coverage (“Applicant Attorney”):

Applicant Attorney	C/C*	Date(s) & State(s) Admitted	Date Joined Law Firm
*CLASSIFICATION CODES (indicate all that apply):			
O – Officers, Directors or Shareholders		P – Partners of Partnership	
E – Employed Attorneys (must be employee of the law firm)		IC – Independent Contractor	
S – Sole Proprietor		PT – Part Time	
C – Of Counsel Attorneys for whom coverage is desired			

3. Does at least one senior partner, officer or owner of the law firm review the cases that are brought into the law firm by the Applicant Attorney from the prior firm for potential claims or conflicts of interest? Yes No
4. Does the Applicant Attorney currently have career coverage? For purposes of this supplement, career coverage means coverage for any claims arising out of Legal Services performed by the Applicant Attorney prior to joining the Applicant law firm. Yes No

*If “Yes”, please attach proof of coverage under the current professional liability insurance policy.
If “No”, please attach a copy of the professional liability insurance declarations page for each prior firm.*

5. PRIOR FIRMS OF THE APPLICANT ATTORNEY:
 - a. Prior law firm information (attach separate sheet of paper if needed):

Name of Prior Law Firm	Dates of Association (From/To)	Number of Attorneys at Prior Law Firm
	/	/
	/	/
	/	/

b. List the areas practiced by Applicant Attorney at the prior law firm(s):

Areas of Practice	

c. Did any of the Prior Firms provide services in any of the following areas of practice:

- Entertainment Yes No
- Environmental Yes No
- Patent Prosecution or Patent Searches Yes No
- Federal Securities or Bonds Yes No
- Tax Opinions Yes No
- Real Estate Broker or Agent Services Yes No

d. Professional Liability Insurance Information:

Name of Prior Law Firm	Continuous Claims Made Attorneys Professional Liability Insurance?	Retro Date	Prior Law Firm Still Exists?	If No, did the carrier offer an Unlimited Extended Reporting Period?	If Unlimited ERP offered, did the prior law firm purchase?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. CLAIMS HISTORY:

a. After diligent inquiry, is the Applicant Attorney aware of any claims or suits arising out of legal services rendered at any of the Prior Firms listed in Question 5.a.? Yes No

If "Yes," how many? _____

b. After diligent inquiry, is the Applicant Attorney aware of any negligent act, error or omission that could result in a claim or suit arising out of legal services rendered at any of the Prior Firms listed in question (5) (a)? Yes No

If "Yes," how many? _____

If "Yes" to Questions (6)(a) or (6)(b) above, a CLAIM SUPPLEMENT must be completed for each claim or potential claim, in order for this application to be considered.

c. After diligent inquiry, has the Applicant Attorney ever had a disciplinary complaint filed with any court, administrative agency or regulatory body or been disbarred, suspended, reprimanded, sanctioned or held in contempt by any of the aforementioned entities? Yes No

If "Yes," please provide complete details on a separate sheet of paper.

WITHOUT LIMITING THE RIGHTS OF THE INSURER, ANY CLAIM, POTENTIAL CLAIM, RELATED CLAIM OR DISCIPLINARY PROCEEDING DISCLOSED OR WHICH SHOULD HAVE BEEN DISCLOSED IN RESPONSE TO QUESTIONS 6.a., b., or c. IS EXCLUDED FROM ANY PROPOSED INSURANCE.

NOTICE:

Applicant understands that the information submitted herein becomes part of the Applicant's Lawyers Professional Liability Insurance Application or Renewal Application and is subject to the same warranties, notices and conditions.

This application must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

Signature of Owner, Partner or Principal

Date

Print Name

Title

Licensed Agent

License Number