



# NEW ATTORNEY SUPPLEMENT

**Applicant:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**INSTRUCTIONS:**

This form is to be completed by the Applicant (the law firm shown above) for each new attorney joining the law firm. If additional space is necessary to fully respond to any questions, please attach a separate sheet.

New Attorney's Name	C/C*	Jurisdiction(s) admitted to practice, and year admitted	Years in Practice	Attorney's primary area(s) of practice	Date Joined Firm
<p>* <b>CLASSIFICATION CODES</b> (indicate all that apply):</p> <p><b>O</b> – Officer, Director or Shareholder                      <b>E</b> – Employed Attorney</p> <p><b>P</b> – Partner    <b>OC</b> – Of Counsel Attorney</p> <p><b>PT</b> – Part Time Attorney    <b>IC</b> – Independent Contractor</p>					

1. The following questions must be answered after inquiry is made of the New Attorney:

a. Has this attorney ever had an insurance company cancel, refuse to renew or accept only on special terms, any professional liability insurance?  Yes  No  
*If "Yes", please explain on a separate sheet.*

b. Has this attorney ever been the subject of a reprimand or disciplinary action or refused admission to the bar by any bar association, court or administrative agency, or is there a pending complaint, investigation or disciplinary matter against the new attorney?  Yes  No  
*If "Yes", please explain on a separate sheet.*

c. Has any professional liability claim or suit ever been made against this attorney, or against any prior firm while a member of the prior firm:  Yes  No  
 During the past 5 years? How many? \_\_\_\_\_  
*If "Yes", please complete a Claim Supplement.*

d. Does the new attorney know of any facts, circumstances, acts, errors or omissions that could result in a professional liability claim against them?  Yes  No  
 If yes, how many? \_\_\_\_\_  
*If "Yes", please complete a Claim Supplement.*

***Without limiting the rights of the Insurer, any claim or related claim disclosed or which should have been disclosed in response to this question is excluded from any proposed insurance.***

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2. In the past 5 years, has the new attorney acted or been involved in the capacities listed below?

Yes  No

*If "Yes", please complete:*

Type of Capacity	Percent of time to be devoted to activity	Professional Liability Carrier	Expiration Date (mo/day/yr)
Certified Public Accountant			
Real Estate Agent or Broker			
Title Agent / Title Abstractor / Searcher			
Investment or Financial Advisor			

3. New Attorney's professional liability insurance history:

Name of Prior Firm	Dates of Employment	Position (use Classification Codes above)	Professional Liability Carrier	Is Firm still in existence? (Yes/No)	Continuous Coverage Confirmed? (Yes/No)

4. Is this attorney covered under an Extended Reporting Period Endorsement?

Yes  No

*If "Yes", provide pertinent dates:* Inception Date \_\_\_\_\_  
Expiration Date \_\_\_\_\_

**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