

NEW ATTORNEY SUPPLEMENTAL APPLICATION

Firm Name: _____

Policy Number: _____

APPLICANT'S INSTRUCTIONS:

This form is to be completed by the Applicant (the Firm shown above) for each new attorney joining the Firm. **A copy of the new attorney's resume must also be provided.** If the space provided is insufficient to answer any question fully, please attach a separate sheet. Answer all questions completely and accurately.

NEW ATTORNEY'S NAME	SOCIAL SECURITY #	C/C*	Jurisdiction(s) admitted to practice, and year admitted	Years in Practice	Attorney's primary area(s) of practice	Date Joined Firm

* CLASSIFICATION CODES (indicate all that apply):

O – Officer, Director or Shareholder of the Firm

P – Partner

PT – Part Time Attorney

E – Employed Attorney

OC – Of Counsel Attorney

IC – Independent Contractor

NOTICE TO APPLICANT: A SOCIAL SECURITY NUMBER IS REQUIRED. THE UNDERWRITER MAY USE THIS INFORMATION TO OBTAIN A CREDIT REPORT. BY PROVIDING A SOCIAL SECURITY NUMBER, THE ATTORNEY PROPOSED FOR INSURANCE CONSENTS TO THIS USE.

1. The following questions must be answered after inquiry is made of the new attorney:

a. Has the new attorney ever had an insurance company cancel, refuse to renew or accept only on special terms, any professional liability insurance?

NO

YES – Please explain on a separate sheet.

b. Has the new 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?

NO

YES – Please explain on a separate sheet.

c. Has any professional liability claim or suit ever been made against the new attorney, or against any prior firm while a member of the prior firm:

during the past 5 years?

NO

YES – If yes, how many? _____ Please give full details for EACH CLAIM on Supplemental Claim Form.

during the past 6-10 years in which damages, a settlement or a judgment of \$100,000 or greater has been paid?

NO

YES – If yes, how many? _____ Please give full details for EACH CLAIM on Supplemental Claim Form.

Without limiting the rights of the Insurer, any Claim or Related Claim disclosed or which should have been disclosed in this question is excluded from any proposed insurance.

d. Does the new attorney know of any facts, circumstances, acts, errors or omissions that could result in a professional liability claim against them?

NO

YES – If yes, how many? _____ Please give full details for EACH INCIDENT on Supplemental Claim Form.

Without limiting the rights of the Insurer, any Claim arising from a matter disclosed or which should have been disclosed in response to this question is excluded from any proposed insurance.

2. In the past 5 years, has the new attorney acted or been involved in the capacities listed below?
 NO
 YES – Please complete the following:

Type of Capacity	Percent of time to be devoted to activity	Professional Liability Carrier	Expiration Date- (mo/day/yr)
a. Accountant			
b. Real Estate Agent or Broker:			
c. Title Abstractor / Searcher			
d. Title Agent			

3. Has the new attorney acted, or will the new attorney act, in one of the following capacities? If Yes, please provide details including the percentage of time involved in this activity on a separate sheet of paper.

a. Public Defender? No Yes
b. A Prosecuting Attorney for any state, county or municipality? No Yes
c. An in-house attorney of any corporation, municipal, county or state department or board? No Yes
d. An Arbitrator or Mediator? No Yes

4. Outside Interests

a. In the past 5 years, has the new attorney served , or is the new attorney currently serving, as a director, officer, partner or employee of any past or present client? No Yes

b. Has the new attorney had, or does the new attorney currently have, an equity interest in any past or present client?
 No Yes

If the response to either 4a or 4b is YES, complete the Outside Interests Supplement.

5. 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)	Can you confirm continuous coverage? (Yes/No)

6. Is the new attorney covered under an Extended Reporting Period Endorsement?
 No Yes
If Yes, provide pertinent dates: Inception Date _____, Expiration Date _____.

NOTICE

Applicant understands the information submitted herein becomes a part of the Applicant's Lawyer Professional Liability Insurance Application or Renewal Application and is subject to the same representations and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act

Signature of New Attorney Date

Signature of Owner, Partner or Principal Print Name and Title Date