



APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

SUPPLEMENT FOR ATTORNEYS NEW TO THE FIRM

Firm Name:	
Policy Number:	
Effective Date:	

I. Attorney Information

Differences between the date an attorney began practicing law for other than a corporate or governmental entity and the date the attorney was admitted to the Bar must be explained on a separate sheet of paper following the same format.

Attorney Name	Social Security #	Designation *	Average # of hours per week			States licensed to practice law
			1 - 10	11 - 25	26 +	

Designations:

A Associate
 CC Co-counsel
 D Director
 E Employee
 IC Independent Contractor
 MEM Member of Firm
 MGR Manager

O Owner
 OC Of Counsel
 OF Officer
 SP Solo Practitioner
 SPC Special Counsel
 STC Staff Counsel
 SHH Shareholder
 STH Stockholder

Partner Designations:

EP Equity Partner
 NP Non-equity Partner
 P Partner
 LLP Limited Liability Partner
 RP Retired Partner

Does the OC, STC, CC, SPC or IC have his/her own individual LPL policy? If yes, please provide a copy	Date Admitted to Bar	Date Started Private Practice	Date Joined Firm	Prior acts date	CNA Risk Mgmt Seminar Date	Bar Member?
<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No

II. Attorney Insurance Information

Has this attorney been continuously insured for the past 5 years? Yes No

If yes, please complete the following insurance history:

Prior Insurance History	Insurance Carrier	Limit Per Claim/Aggregate	Policy Term From/To mm/dd/yy	Employer / Previous Firm
Current Year				
Previous Year 1				
Previous Year 2				
Previous Year 3				
Previous Year 4				



**APPLICATION FOR LAWYERS
PROFESSIONAL LIABILITY INSURANCE**

SUPPLEMENT FOR ATTORNEYS NEW TO THE FIRM

III. Please answer all questions completely.

1. During the past 5 years, has any insurer canceled or refused to renew this lawyer's professional liability policy? If yes, please provide details on a separate sheet. Yes No

2. Is this lawyer aware of any professional liability claim made against him/her in the past 5 years, or any incident, act, or omission which might reasonably be expected to be the basis of a claim or suit, arising out of the performance of professional services for others? If yes, the Supplemental Claim information form must be completed for each claim or incident. Yes No

3. Has this lawyer ever been disbarred, suspended, formally reprimanded or subject to any disciplinary inquiry, complaint or proceeding for any reason other than nonpayment of dues? If yes, or if such is in process, provide details on a separate sheet. Yes No

4. Is this lawyer a director, officer, or employee of or hold an equity interest in a firm or entity which is a client of either your firm or such lawyer? If yes, please provide us with the client's name and business; attorney's position and/or amount of equity interest and management role as well as the annual amount of billings. Yes No

5. Please indicate the type of prior acts coverage desired for this new lawyer. Note, this is subject to underwriting approval and continuous professional liability insurance coverage.
 - a. **Career Coverage:** The firm desires to extend coverage for all services rendered back to the Date Admitted to Bar, subject to any coverage limitations currently for this firm. a.
 - b. **Exclusion of Prior Acts:** The firm desires to exclude from coverage services performed prior to the date of hire; therefore, the date of hire will be the Named Individual Retroactive Date for this attorney. b.
 - c. **Lateral Hire Exclusion:** The firm desires to limit coverage to services rendered only on behalf of the firm; therefore, the Specific Lateral Hire Exclusion will apply to this attorney. c.

6. Please circle all the measures taken by the firm – **before** extending an offer to this attorney - to protect itself from claims arising from acts, errors or omissions committed by the attorney while at another firm:

a) verification of bar admission(s), **b)** investigation of outside interests, **c)** investigation of possible and actual conflicts of interest, **d)** require the purchase of an extended reporting period endorsement, if available, **e)** disclosure of past and potential claims, **f)** warranty letter regarding no known claims or potential claims, **g)** other _____

7. Please circle all the measures taken by the firm to protect itself from possible claims made against this attorney and the firm **after** the attorney is employed by or joins the firm:

a) training in office procedures, **b)** integration into the firm culture, **c)** periodic review of clients, matters and performance, **d)** other _____

Signature of new attorney _____ Date _____

Signature of principal _____ Date _____