

# ADD ATTORNEY FORM

**Instructions:**

1. This form is to be completed by the Insured for each new attorney joining the firm.
2. If more than one attorney has joined the firm, complete a separate form for each attorney.
3. This form must be signed and dated on the bottom by the new attorney and by an authorized owner, officer, partner, shareholder or member of the firm.
4. **Please Type or Print in Ink.**

Firm Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Complete the following for the new attorney joining the firm:

| Attorney Name | D/C<br>* | Date of Birth<br>(Month/Day/Year) | Social Security No. | Years in Practice | Date Joined Firm | Prior Acts Exclusion Date |
|---------------|----------|-----------------------------------|---------------------|-------------------|------------------|---------------------------|
|               |          |                                   |                     |                   |                  |                           |

\* Designation Codes (D/C):

- O Owners, Directors, or Stockholders of the Applicant Firm who are Licensed Lawyers
- P Partners of a Partnership
- S Sole Practitioner
- E Employed Lawyers (Must be Employee of Applicant Firm)
- OC Of Counsel-Attorneys for Whom Coverage is Desired
- A Associate for Whom Coverage is Desired
- PTA Part-Time Attorney (Attorney Practicing Less than 25 Hours a Week)

Provide employment history for the past three (3) years: \_\_\_\_\_

Was lawyers professional liability insurance carried by the new attorney for his/her prior firm?

Yes  No If Yes, please provide the following:

| Past Years | Professional Liability Insurance Company | Policy Number | Prior Acts Exclusion Date | Limits of Liability Per-Claim/Aggregate | Policy Period (MM/DD/YYYY) to (MM/DD/YYYY) |
|------------|--|---------------|---------------------------|---|--|
| 1          |  |               |                           |   |  |
| 2          |  |               |                           |   |  |
| 3          |  |               |                           |   |  |

Please indicate prior acts coverage desired for the new attorney, keeping in mind that prior acts coverage is subject to underwriting review.

Full prior acts     No prior acts     Other prior acts exclusion date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month/Day/Year)

Has the new attorney or attorney's previous firm purchased an endorsement to extend claims reporting?     Yes     No (i.e., tail, extended reporting endorsement, ERP, etc.)

If Yes, please provide the following:

Effective date of Endorsement: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Length of Reporting Period: \_\_\_\_\_ Years/Month  
(Month/Day/Year)    (Circle One)

Is the new attorney aware of any professional liability claim made against him/her in the past five (5) years, or any incident, act, error or omission which might reasonably be expected to be the basis of a claim or suit arising out of their performance of professional services for others?     Yes     No

If Yes, a Supplemental Claim Information form must be completed for each claim or incident.

During the past five (5) years, has the new attorney had coverage declined, canceled or non-renewed by any professional liability insurer?     Yes     No

If Yes, please attach a short narrative explanation.

During the past five (5) years, has the new attorney been the subject of a reprimand, disciplinary action, or current investigation?     Yes     No

If Yes, please provide a copy of any such action.

Since January 1, 1990, has the new attorney had any equity interest or served as director, officer, partner, general counsel, or member of any committee of any Financial Institution (FI) which is a past or present client?     Yes     No

If Yes, please attach a short narrative explanation. (Include names of FI, dates of services, percent of equity, type of activities, etc.)

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It is agreed that the information contained herein is true and deemed incorporated into the Lawyers Professional Liability Application. Signing this form and tendering premium does not bind the Applicant or the Company to complete the insurance. The application must be signed to be considered for coverage.

X

\_\_\_\_\_  
Signature of Owner, Officer, Partner, Shareholder or Member

X

\_\_\_\_\_  
Date

X

\_\_\_\_\_  
Signature of Added Attorney

X

\_\_\_\_\_  
Date