

# DEPARTING ATTORNEY FORM

## Instructions:

1. This form is to be completed by the Insured for each attorney leaving the firm.
2. This form must be signed and dated on the bottom by both the departing attorney and by an authorized owner, officer, partner, shareholder or member of the firm.
3. **Please Type or Print in Ink.**

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Firm Name: \_\_\_\_\_

Current Policy Number: \_\_\_\_\_

Name of Departing Attorney: \_\_\_\_\_

Date departing attorney is leaving the firm and should be deleted from this policy: \_\_\_\_\_

Is the departing attorney retiring?  Yes  No

If Yes, please have the departing attorney contact us regarding the purchase of his/her own professional liability policy so that he/she may avoid a gap in coverage.

Is the departing attorney leaving to join another firm?  Yes  No

If Yes, please have the departing attorney contact us regarding information concerning his/her prior acts coverage and the possibility of preserving that coverage at his/her new firm to avoid gap in coverage.

**Please provide a forwarding address and a business phone number for the departing attorney:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone (Include Area Code): ( \_\_\_\_\_ ) \_\_\_\_\_

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

X  
\_\_\_\_\_  
Date

X  
\_\_\_\_\_  
Signature of Departing Attorney

X  
\_\_\_\_\_  
Date