



New Attorney Supplement

Lawyers Professional Liability Insurance

INSTRUCTIONS:

- A. This form is to be completed for *each* attorney who has joined the firm during the policy period.
- B. If additional space is needed to answer any question fully, please attach a separate sheet.

Name of Firm: _____

The following information must be completed for each attorney joining the firm.

Attorney's Name	Date of Birth	Month and Year Admitted to Bar (List State Bar)	*Years in Private Practice	Primary Area of Practice (PAP)	% of Attorneys Billings from PAP	Location of Practice (State)	Month & Year Joined This Firm

1. Provide a copy of the attorney's resume. Attached
2. If the information is not part of the attorney's resume, please attach a narrative description detailing all areas of law in which the attorney has practiced during the past five years. Attached
3. If the attorney listed above is "of counsel" to the firm, please complete the following:
 - a. Is separate Lawyers Professional Liability coverage maintained? Yes No
 - b. Does the attorney have a separate practice or represent clients outside of the firm? Yes No
4. In the past five years, has the attorney ever been the subject of a professional liability claim or suit? ***If yes, please complete a Claim Supplement for each claim or incident.*** Yes No
5. Does the attorney know of any incident, circumstances, acts, errors, omissions or personal injury that could result in a professional liability claim against the attorney? ***If yes, please complete a Claim Supplement for each claim or incident.*** Yes No
6. Has any insurance carrier ever canceled or refused to renew any professional liability policy for the attorney? ***If yes, please provide details on a separate addendum.*** Yes No
7. Has the attorney ever been refused admission to practice, disbarred, suspended, reprimanded, sanctioned or held in contempt by any court, administrative agency or regulatory body? ***If yes, please provide details on a separate addendum.*** Yes No
8. Has the attorney had a disciplinary complaint made to any court, administrative agency, or regulatory body in the past 5 years? ***If yes, please provide details on a separate addendum.*** Yes No
9. Does the attorney serve as an outside director or officer, and have any ownership interest in a business of a client. ***If yes, please complete an outside interest supplement.*** Yes No

I declare that the information submitted herein is true to the best of my knowledge and I understand that it becomes a part of my Professional Liability Application.

Signature of Applicant
(Must be signed by a Managing Partner, or Officer of the Firm)

Title

Date