



**APPLICATION FOR LAWYERS  
PROFESSIONAL LIABILITY INSURANCE**

**SUPPLEMENT FOR LAWYERS NEW TO THE FIRM**

Insured Firm Name:	
Policy Number:	
Effective Date:	

**I. Information to be completed by the Lawyer new to the Firm**

Differences between the date you began practicing law for other than a corporate or governmental entity and the date you were admitted to the Bar must be explained on an attachment.

Lawyer Name	Bar Member #	Designation	Average # of hours per week expected to work for the Firm			States licensed to practice law
			1 - 10	11 - 25	26 +	

**Designations:**

A	Associate	M	Member	OC	Of Counsel
E	Employee	O	Officer/Shareholder	IC	Independent Contractor
		P	Partner		

- A. What is the date you were admitted to the Bar? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- B. What is the date you began in Private Practice? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- C. What is the date you joined this firm? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- D. How long have you continuously carried lawyer's professional liability coverage? \_\_\_\_\_ years
1. Have you been continuously insured for the past five (5) years with no gaps in coverage?  Yes  No
- a) If yes, does your current policy contain a prior acts exclusion date?  Yes  No
- b) If yes, provide the specific date & a copy of the endorsement if available \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- E. Provide the following details relative to your insurance history by completing the chart:

Prior Insurance History	Insurance Company	Limits of Liability Per Claim/Aggregate	Policy Term From/To mm/dd/yy	Firm Name Policy was issued to	Your Position in the Firm	Date you left this Firm
Current Year						
Previous Year 1						
Previous Year 2						
Previous Year 3						
Previous Year 4						

- F. During the past five years, has any insurance company cancelled or refused to renew your professional liability policy or any policy for a firm you were previously affiliated with? If yes, please provide details on a separate sheet.  Yes  No
- G. Are you aware of any professional liability claim made against you in the past five 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, a Claim Supplement must be completed for each claim/incident.  Yes  No



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- H. Have you ever been disbarred, suspended, formally reprimanded or subject to any disciplinary inquiry, complaint or proceeding for any reason other than the nonpayment of dues? If yes, or if such is in process, complete Disciplinary Details on a Claims Supplement.  Yes  No
- I. Are you a director, officer or employee of, or do you hold an equity interest in a business, firm or entity which is or was a client of yours? If yes, please provide us with the client's name and business; your position, percentage of equity interest and management role as well as the annual amount of billings.  Yes  No
- J. Are you a director, officer or employee of, or do you hold an equity interest in a business, firm or entity other than the law firm under whose policy you are requesting coverage? If yes, for each entity, please provide us with the name of the entity, your position, and the dates of affiliation.  Yes  No

You agree to the following: i) the Company will use the information contained in this application in underwriting; ii) the Company will rely upon the truth and accuracy of the representations contained herein; iii) the statements and information contained herein are true and accurate to the best of your present knowledge; and iv) said application will be deemed attached to and incorporated into any policy or endorsement the Company may issue pursuant to it.

Signature of Lawyer New to the Firm \_\_\_\_\_ Date \_\_\_\_\_

**II. Information to be completed by a Principal of the Firm**

- A. Will the addition of this lawyer affect the practice areas of the Firm by any significant percentage?  Yes  No  
If yes, please provide details on a separate attachment.
- B. Please check all measures taken by the firm **before** extending an offer to this new lawyer, in order to protect the Firm from claims arising from acts, errors or omissions committed by the lawyer while at another law firm:  
 verification of bar admission(s)  investigation of outside interests  investigation of possible/actual conflicts  
 disclosure of past and potential claims  warranty letter regarding no known claims or potential claims  
 require the purchase of an extended reporting period endorsement (if available)  other (describe separately)
- C. Please check all measures the Firm will take to protect itself from possible claims made against this lawyer and the firm **after** an offer is accepted by this lawyer and he/she joins the Firm:  
 training in office procedures  integration into the firm culture  periodic review of clients, matters and performance  
 other: detail \_\_\_\_\_
- D. Please check the type of **prior acts coverage** the Firm desires for this lawyer. *NOTE: this choice is subject to underwriting approval by the Company and proof of continuous professional liability insurance coverage.*
  - 1. Lateral Hire Exclusion Coverage/Named Insured Coverage:** The Firm desires to limit coverage to services rendered on behalf of the Firm. The Firm understands that services performed prior to the date of hire with the Firm are not eligible for coverage under the policy. A Specific Lateral Hire Exclusion will attach to the policy for this lawyer that will limit coverage to services rendered on behalf of the Named Insured with an effective date equal to the date of hire with the Firm.
  - 2. Exclusion of Prior Acts Coverage:** The Firm desires to exclude from coverage all services performed prior to the date of hire with the Firm. The Firm understands that coverage may extend to this lawyer for services rendered outside of the Named Insured Firm and for which the Firm may not receive remuneration. The date of hire will be the Named Individual Retroactive Date for this lawyer.
  - 3. Extension of Prior Acts Coverage:** The Firm desires to extend coverage for all services rendered by this lawyer back to the date of first continuous insurance coverage. The Firm understands that such coverage exposes itself to possible claims for which the Firm received no remuneration. The Firm accepts that such claims could result in deductible obligations and may impact future underwriting and insurability of the Firm.

Signature of principal \_\_\_\_\_ Date \_\_\_\_\_