



APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

SUPPLEMENTAL APPLICATION

INDIVIDUAL ATTORNEY INFORMATION

Please provide information here for each attorney who has joined your firm during the policy period. If you need more room, you may photocopy this page or attach additional pages. Please answer all questions completely.

Name of Applicant (The Firm): _____

1. Individual Attorney's Name: _____

Table with 6 columns: Social Security Number, Role (Owner, EP, NP, OF, E, OC), Joined Firm (M/D/Y), Admitted To Bar (M/Y), First Entered Private Practice (M/D/Y), and Have they met CLE Requirements or attended Continuing Education within the last year? (Y/N).

2. A. Have you been continuously insured for the past 3 years? [] YES [] NO
B. If "Yes," please complete the following insurance history:

Table with 4 columns: Insurance Company, Limits per Claim/Aggregate, Policy Period From / To, and rows for Current Year, Previous Year 1, and Previous Year 2.

C. (i) Does the individual's current policy have a prior acts exclusion? [] YES [] NO
(ii) If "Yes," what is the prior act's exclusion date? ___/___/___
Month Day Year
D. (i) Did this attorney ever purchase an Extended Reporting Period Coverage? [] YES [] NO
(ii) If "Yes," what was the effective date of the coverage? ___/___/___
Month Day Year [] YES [] NO
(iii) What is the length of the endorsement or coverage? _____ years

3. A. Any professional liability claims made against you, or any predecessor firm, during the past five years? [] YES [] NO
B. Any acts or omissions that may reasonably be expected to be the basis of a claim against you, or predecessor firm? [] YES [] NO
If "Yes" to either a or b, please complete supplemental Claim Form for each.

4. Has this attorney been refused admission to practice, disbarred, suspended or formally reprimanded, or been subject to any disciplinary proceedings, for any reason other than non-payment of dues, within the last 12 months? [] YES [] NO
If "Yes," please provide dates, allegations, outcome and date of reinstatement on a separate sheet of paper and attach to this application.

Applicant By _____ DATE _____
INDIVIDUAL ATTORNEY SIGNATURE PRINT NAME
SIGNATURE OF OFFICER OR PARTNER OF FIRM PRINT NAME OF OFFICER OR PARTNER
Application must be signed by duly authorized proprietor, partner, member or officer of the firm.