



**SUPPLEMENTAL APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE  
FOR LAWYERS NEW TO THE NAMED INSURED FIRM**

**Directions:** All lawyers new to the Named Insured Firm must complete this supplement. It must be currently signed and dated by both the lawyer new to the Firm and a principal of the Named Insured Firm  
**Section I** is to be completed by the lawyer new to the Named Insured Firm.  
**Section II** is to be completed by a principal of the Named Insured Firm.  
**Section III (page 3) need only be completed if Extension of Prior Acts Coverage is requested for acts prior to the date of hire.**

Named Insured Firm (also referred to as Firm): \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Effective Date: \_\_\_\_\_

Name of Lawyer new to the Firm: \_\_\_\_\_

**Section I. To be completed by the lawyer new to the Named Insured Firm**

1. Date you joined/were hired/rejoined the Firm: \_\_\_\_\_

2. Your Designation at this Firm: Associate/Employee  Independent Contractor  Member/Manager/Stockholder   
Of Counsel  Partner/Officer/Director

3. Were you previously affiliated with this Firm? Yes  No  If yes, provide dates of prior affiliation:  
 Dates of prior affiliation from \_\_\_\_\_ to \_\_\_\_\_

4. What are your anticipated weekly hours to be working at this Firm 1-10  11-25  26+

5. List all states in which you are licensed, active and in good standing to practice law and corresponding date of admittance (mm/yy)

State: \_\_\_\_\_

Admitted: \_\_\_/\_\_\_ \_\_\_/\_\_\_ \_\_\_/\_\_\_ \_\_\_/\_\_\_ \_\_\_/\_\_\_

6. Are you licensed to practice law in federal court? Yes  No  If so, what type of law do you practice? \_\_\_\_\_

7. If you are not currently licensed in this Firm's state of domicile or in a state the Firm has an active branch office, explain your plans and timeframe for admittance. If you are seeking admittance by reciprocity, provide reciprocity rules in the Firm's state, expected timeframe for approval and current status.

8. Provide the date you entered Private Practice: \_\_\_\_\_

9. List Bar Association Affiliations and Bar Member Numbers: \_\_\_\_\_

10. Will you be bringing to the Firm any clients and/or pending matters from your current practice? Yes  No  NA  (newly admitted)

Provide an overview of your areas of practice: \_\_\_\_\_

11. Are you aware of any professional liability claim made against you or naming 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? Yes  No  If yes, a Claim Supplement must be completed for each claim/incident.

12. Have you ever been disbarred, suspended, formally reprimanded or subject to any disciplinary inquiry, complaint or proceeding for any reason? Yes  No  If yes, or if such is currently pending/in process, complete a Disciplinary Supplement.

13. Are you employed in any capacity or otherwise affiliated with another entity, including a solo practice, other than this Firm? Yes  No  If "Yes", answer the following:

Entity: \_\_\_\_\_ Role: \_\_\_\_\_ Weekly Hours Worked: \_\_\_\_\_



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**SECTION II. To be completed by Firm Principal of the Named Insured Firm**

**A. Coverage:** Carefully review the three coverage options below and check the option the Firm desires to extend to this new lawyer: Note that extension of prior acts is subject to Company Underwriting approval, *completion of Section III* and proof of continuous professional liability insurance.

**Named Insured Coverage—Limited to Services Rendered on behalf of the Named Insured Firm:** The Named Insured Firm desires to limit coverage to services rendered on behalf of the Named Insured Firm and 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 new lawyer that will limit coverage to services rendered on behalf of the Named Insured Firm with an effective date equal to the date of hire with the Named Insured Firm.

**Exclusion of Prior Acts—Inclusion of Moonlighting Coverage:** The Named Insured Firm desires to exclude from coverage all services performed by this new lawyer prior to the date of hire with the Named Insured Firm and 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.

**Extension of Prior Acts:** The Named Insured Firm desires to extend coverage for all services rendered by this new lawyer back to the date of first continuous insurance coverage. The Named Insured Firm understands that such coverage exposes the Firm to claims for which the Named Insured Firm received no remuneration. The Named Insured Firm accepts that such claims could result in deductible obligations and may impact future underwriting and insurability of the Named Insured Firm. Additional premium may be required to extend this coverage if approved by the Company.

**B. Firm Practice and Procedures**

1. With the addition of this lawyer, will the Firm's practice areas change by any significant percentage or will the Firm take on an area of practice not previously represented to the Company? Yes  No  *If yes, please explain the anticipated changes.*

2. If this lawyer is bringing any clients to the Firm, detail the conflicts checks the Firm will perform and actions to be taken if a conflict is identified:

3. If this lawyer is not yet licensed in the Firm's state of domicile or in a state a Firm branch office is located, what functions will this lawyer be performing and do you have expectations on state licensure? Provide an explanation and timeframe of licensure.

4. Check all measures taken by the firm **before** extending an offer to this new lawyer:

- disclosure of past and potential claims       require the purchase of an extended reporting period endorsement
- investigation of possible/actual conflicts       warranty regarding no known claims/potential claims       verification of bar admission(s)
- disclosure of any disciplinary complaints       investigation of outside interests       other (describe separately)

5. Check measures the Firm will take **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 \_\_\_\_\_

6. Will this lawyer be listed on Firm's letterhead?      Yes  No  N/A (no lawyers are listed on Firm's letterhead)

7. Will this lawyer be listed on Firm's website?      Yes  No  N/A (Firm has no website or does not list lawyers)

8. Will this lawyer expand the Firm's territory or create an additional office location for the Firm? Yes  No  If yes, describe.

**Warranty and Signature—to be read, signed and currently dated by the lawyer new to the Firm and a principal of the Named Insured Firm.**

We agree to the following: i) the Company will use the information contained in this supplemental 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 supplemental 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** \_\_\_\_\_

**Signature of Named Insured Principal** \_\_\_\_\_ **Date** \_\_\_\_\_



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**Section III. To be completed by the lawyer new to the Named Insured Firm ONLY IF the coverage desired is the Extension of Prior Acts Coverage as noted in Section II.A.3 on page 2 of this supplement. Note, this coverage is subject to Company Underwriting review and, if approved, additional premium may be required.**

1. How long have you continuously carried lawyer's professional liability coverage? \_\_\_\_\_ years
2. Have you been continuously insured with no gaps in coverage? Yes  No
3. Does your current policy contain a prior acts exclusion date? Yes  No   
Provide specific date & a copy of the endorsement if available \_\_\_\_\_

4. Provide the following details relative to your insurance history by completing the chart and attach a copy of your current Declarations and any endorsements.

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						

5. 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? Yes  No  NA  *If yes, please provide details on a separate sheet.*
- 6a. 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? Yes  No
- 6b. Are you a director, officer or employee of, or do you hold an equity interest in a business, firm or entity including another law firm? Yes  No  *If yes to either question, complete the Client Information Supplement.*
7. Over the past five years, what areas of practice have you been involved in?  
\_\_\_\_\_  
\_\_\_\_\_

**Warranty and Signature—to be read, signed and currently dated by the lawyer new to the Firm and a principal of the Named Insured Firm.**

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

**Signature of Named Insured Principal** \_\_\_\_\_ **Date** \_\_\_\_\_