



**LAWYERS'
MUTUAL**
INSURANCE COMPANY

Lawyers Professional Liability Insurance - Supplemental Application

For Adding a New Lawyer to an Existing Claims Made & Reported Policy

GENERAL INFORMATION

Policyholder Firm Name: _____ Confirm Total Number of Lawyers: _____

Policy Number (if known): _____ Confirm Total Number of Staff: _____

Principal Business Address: _____

Does the Firm have a Satellite office(s): _____ (Y/N) If yes, Provide Address(es): _____

Confirm Top 3 Areas of Practice (AOP):

AOP No. 1: _____ - _____% AOP No. 2: _____ - _____% AOP No. 3: _____ - _____%

NEW LAWYER INFORMATION

Requested Effective Date for coverage for New Lawyer: _____

Explain if the Date of Hire for any New Lawyer is Different from the Requested Effective Date for Coverage: _____

| Lawyer Name - Work Email / <u>Office</u> | Bar No. & State | Admit Date | Date of Hire | Specialty Certified (Area) | <u>Status / Relationship</u> | <u>Prior Acts Date Requested</u> |
|--|-----------------|------------|--------------|----------------------------|------------------------------|----------------------------------|
| | | | | | | |

Office: Designate at which office Lawyer primarily works - **P** = Principal Office; **S** = Satellite office

Status: **FT** = Full Time or **PT** = Part Time (working 20 hours or less per week)

Relationship: **E** = Employee/Member of Firm; **DR** = Discovery Referee; **IC** = Independent Contractor; **IHC** = In House Counsel; **OC** = Of Counsel; **PD** = Private Public Defender; **PROS** = Private Prosecutor

Prior – **MUST Attach Current Insurance DECLARATION Pages to Confirm Prior Acts Date Requested**

CLAIMS/DISCIPLINE EXPERIENCE

1. Does the New Lawyer or Firm have any knowledge of any error, omission or disagreement with any client which might reasonably give rise to a claim or suit against him or her? If yes, explain. ___ Yes ___ No
2. Has any claim(s) been made against the New Lawyer arising from the performance of professional services during the past 10 years? If yes, please complete **Claim Supplement (s)**. ___ Yes ___ No
3. Has New Lawyer withdrawn or had application declined for any professional liability policy or ever had any such policy non-renewed, cancelled, rescinded or coverage restricted? If yes, explain. ___ Yes ___ No
4. Have any disciplinary proceedings been brought by the State Bar of California or any other state bar against the New Lawyer? If yes, explain. ___ Yes ___ No
5. Has the New Lawyer been charged/convicted of any State or Federal offense? If yes, explain. ___ Yes ___ No

OTHER INTERESTS

Does the New Lawyer own a controlling interest in any present or potential client of the Applicant or Policyholder? ____ Yes ____ No
Is the New Lawyer currently engaged in any business venture with any person or entity to whom the Applicant or Policyholder also provides professional legal services? ____ Yes ____ No
Is the New Lawyer a director, officer, trustee or employee of any organization/business entity (other than the Policyholder) including any bank, trust company, mortgage and loan association, building or savings and loan association, title guarantee or real estate company or corporation? ____ Yes ____ No

IMPORTANT NOTE

Any Lawyer who becomes a stockholder in, partner of, employee of, or Of Counsel to the Named Insured during the policy period is covered solely with respect to acts on behalf of the Named Insured. A Lawyer shall be an Insured pursuant to sub-section 1.9(c) of the policy if, and only if, the Named Insured has given notice of the name of such Lawyer to the Company in writing within thirty (30) days after the date of such Lawyer becoming a stockholder in, partner of, employee of, or Of Counsel to the Named Insured, and such Lawyer has submitted appropriate underwriting information promptly upon request by the Company, and such information has been approved by the Company.

The foregoing responses are true and complete. We understand that the Company will rely upon the accuracy of this application and that the Company retains the right to rescind any policy which is issued based upon an application containing false or incomplete information. We hereby authorize the release and exchange of information involving underwriting and claims matters between the Company and our past and present carriers and we appoint the Company our attorney-in-fact for obtaining such information. We hereby authorize the State Bar of California to release information to the Company concerning membership, certifications and disciplinary proceedings. We agree any person or organization furnishing information to the Company pursuant to this authorization will not be liable for furnishing such information, even if the information is inaccurate or untrue.

THIS APPLICATION WILL BE CONSIDERED ONLY IF ALL QUESTIONS ARE ANSWERED, LETTERHEAD IS ATTACHED, AND THE APPLICATION IS SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT FIRM. APPLICANT MUST REPORT ANY CHANGES IN THESE ANSWERS OF WHICH IT BECOMES AWARE AFTER SIGNING THIS APPLICATION BUT BEFORE THE EFFECTIVE DATE OF THE POLICY. IF APPLICANT BECOMES AWARE OF ANY ACTUAL OR POTENTIAL CLAIM AFTER SIGNING THIS APPLICATION AND BEFORE THE EFFECTIVE DATE OF THE POLICY, SUCH ACTUAL OR POTENTIAL CLAIM WILL NOT BE COVERED UNDER THIS POLICY.

Signature (Owner, Partner, or Officer): _____ Tax ID Number: _____

Print Name & Title: _____ Date: _____

Signature (New Lawyer): _____

Print Name & Title: _____ Date: _____

For clarification, please contact our Underwriters at - 1 (800) 252-2045