



**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): \_\_\_\_\_

Does the Firm employ any provisionally licensed attorneys? \_\_\_\_\_ (Y/N) If yes, how many? \_\_\_\_\_

**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 / <b><u>Office</u></b>	Bar No. & State	Admit Date	Date of Hire	Specialty Certified (Area)	<b><u>Status / Relationship</u></b>	<b><u>Prior Acts Date Requested</u></b>

**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, 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 Has New Lawyer withdrawn or had application declined for any professional liability policy or ever had any such policy non-renewed, cancelled, rescinded or coverage restricted?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 forgoing 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**