

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. Review and answer all applicable questions.

Section I (page 1) is to be completed by the lawyer new to the Named Insured Firm.

Section II (page 2) 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 refe	erred to as Firm)	
Policy Number		Policy Effective Date
Name of Lawyer new to the Fi	irm	
Section I. To be completed by	by the lawyer new to	the Named Insured Firm
1. Date you joined/were hired/	rejoined the Firm	
2. Your Designation at this Fire	•	loyee□ Independent Contractor□ Member/Manager/Stockholder□ unsel□ Partner/Officer/Director□
3. Were you previously affiliate	ed with this Firm? Y	es□ No□ If yes, provide dates of prior affiliation:
Dates of prior affiliation	on from	to
b. If working less than 26+ w	veekly hours, do you a	ng at this Firm? 1-10□ 11–25□ 26+□ (full-time) anticipate the hours will increase to full time in the next year? Yes□ No□
5. List all states in which you a	are licensed, active ar	nd in good standing to practice law and corresponding date of admittance (mm/yy)
State:		·
Admitted:/	/	/
6. Are you licensed to practice	e law in federal court?	? Yes□ No□ If yes, what type of law do you practice?
	If you are seeking ac	ate of domicile or in a state the Firm has an active branch office, explain your plans dmittance by reciprocity, provide reciprocity rules in the Firm's state, expected
8.a. Provide date you entered	Private Practice	_// Provide date you left your most recent prior firm//
b. Provide number of years	you have been contir	nuously insured with no gaps for lawyer's professional liability coverage
9. List Bar Association Affiliation	ons and Bar Member	Numbers
		d/or pending matters from your current practice? Yes□ No□ NA□ (new admittee) ange in firms? Yes□ No□
11. Provide an overview of yo	our areas of practice	
	ably be expected to be	n made against you or naming you in the past five years, or any incident, act, or e the basis of a claim or suit, arising out of the performance of professional services If yes, a Claim Supplement must be completed for each claim/incident.
13. Have you ever been disba any reason?		mally reprimanded or subject to any disciplinary inquiry, complaint or proceeding for If yes, or if such is currently pending/in process, complete a Disciplinary Supplement.
14. Are you employed in any of "Yes", answer the following:		affiliated with another entity, including a solo practice, other than this Firm? Yes□ No□
Entity	Role	Weekly Hours Worked at this Entity

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SECTION II. To be completed by a 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 limit coverage to services rendered on behalf of are not eligible for coverage under the policy, services rendered on behalf of the Named Insured	of the Named Insured Firm A Specific Lateral Hire Ex	m and und xclusion w	lerstands that service will attach to the police	es performe by for this ne	ed prior to the date of hire with the Fi ew lawyer that will limit coverage to		
□Exclusion of Prior Acts-Inclusion of performed by this new lawyer prior to the date rendered outside of the Named Insured Firm Retroactive Date for this lawyer.	of hire with the Named In	nsured Fire	m and understands	that coverag	ge may extend to this lawyer for serv	ices	
☐Extension of Prior Acts: The Named I first continuous insurance coverage. The Name Firm received no remuneration. The Named underwriting and insurability of the Named Insurability	ed Insured Firm understa Insured Firm accepts t	ands that s that such	such coverage expo	ses the Firr t in deduct	n to claims for which the Named Instible obligations and may impact fu	ured	
B. Firm Practice and Procedures							
With the addition of this lawyer, will the practice not previously represented to the			by any significant yes, please explai			ı of	
2. Is the lawyer bringing clients to the Firm If new clients will be brought, detail the co)□	
3. If this lawyer is not yet licensed in the F lawyer be performing and do you have ex						_	
4. Check all measures taken by the firm b	_		-				
☐disclosure of past and potential claims	☐require the purchase				nent		
□investigation of possible/actual conflicts	□warranty regarding no				□verification of bar admission(s)		
☐disclosure of any disciplinary complaints	☐investigation of outsid	de interest	S		other (describe separately)		
5. Check measures the Firm will take after	er an offer is accepted	by this la	awyer and he/she	joins the F	irm:		
☐training in office procedures ☐integration in	to the firm culture $oldsymbol{\square}$ perio	odic reviev	w of clients, matters	and perform	nance 🖵 other: detail		
6. Will this lawyer be listed on Firm's lette	rhead? Yes□	No□ 1	N/A□ (no lawyers a	are listed or	Firm's letterhead)		
7. Will this lawyer be listed on Firm's web	site? Yes□	No□ N	√A☐ (Firm has no	website or	does not list lawyers)		
8. Will this lawyer expand the Firm's terri			·				
Warranty and Signature-to be read, signature	gned and currently d	ated by	the lawyer new to	o the Firm	and a principal of the Named		
Insured Firm. We agree to the following: i) the Company will upon the truth and accuracy of the representat best of your present knowledge; and iv) said st Company may issue pursuant to it.	ions contained herein; iii)) the state	ments and information	on containe	d herein are true and accurate to the)	
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 <u>continuously</u> carried	years					
2. Have you been	continuously insured wit	Yes□ No□					
3. Does your curre	ent policy contain a prior		Yes□ No□				
Provide specific	date & a copy of the en	dorsement if available					
4. Provide the folloand all endorse	owing details relative to yments.	your insurance history l	by completing the cha	rt and attach a copy	of your current D	eclarations	
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 let	
Current Year							
Previous Year 1							
Previous Year 2							
Previous Year 3							
Previous Year 4							
for a firm you we for a firm you we far. Are you a directly yours?	t five years, has any insivere previously affiliated ector, officer or employed ctor, officer or employee	with? Yes□ No□ I e of, or do you hold ar Yes□ No□ of, or do you hold an e	NA□ If yes, please point a line of the plant interest in a line of the plant interest in a business.	provide details on a so pusiness, firm or enti siness, firm or entity i	eparate sheet. by which is or wante	as a client of	
7. Over the past f	ive years, what areas of		If yes to either question	on, complete the Clie	nt Information Su	upplement.	
Warranty and Signsured Firm.	gnature–to be read, si	gned and currently d	ated by the lawyer i	new to the Firm and	d a principal of	the Named	
Company will rely herein are true an	ollowing: i) the Company upon the truth and accu d accurate to the best of nto any policy or endors	racy of the representat your present knowled	ions contained herein ge; and iv) said suppl	; iii) the statements a emental application v	and information	contained	
Signature of Law	yer New to the Firm			Date			
Signature of Named Insured Principal				Date			

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