





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

**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 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. Is the lawyer bringing clients to the Firm? Yes  No  If yes, will you require a new Engagement Letter of the client? Yes  No  If new clients will be brought, 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 all 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.**

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** \_\_\_\_\_