



**APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
PREDECESSOR FIRM SUPPLEMENT**

Predecessor Firm means any sole proprietorship, partnership, professional corporation, professional association, limited liability corporation or limited liability partnership engaged in legal services and to whose financial assets and liabilities the Applicant Firm/Named Insured is the majority successor in interest, retained 50% or more of the lawyers, or was previously deemed to be a predecessor firm under a policy issued by CNA.

Complete the requested information only if a firm or firms for which the Applicant/Named Insured firm is applying for coverage qualifies as a predecessor firm. Submit completed supplement for underwriting consideration. There is no need to complete this supplement if CNA already has the Predecessor Firm on record. Check with your State Administrator or agent/broker.

Firm Name: _____

Policy Number: _____ **Effective Date (m/d/yyyy):** _____

Predecessor Firm 1 – answer all questions with respect to the Predecessor Firm only

1. Predecessor Firm Name _____
2. Type of Entity: Sole Proprietorship, Partnership, PC, PA, LLC, LLP, Other (specify other) _____
3. Date of initial formation ____/____/____ **3a.** Number of attorneys at initial formation _____
4. Date of dissolution or separation ____/____/____ **4a.** Number of attorneys at dissolution or separation _____
5. Describe the circumstances under which this firm changed, including a name change. _____

6. Provide the number of years this firm was continuously insured for malpractice claims _____
7. Name the professional liability carrier at the time of this change _____
8. Predecessor Firm Prior Acts Date ____/____/____ Full Prior Acts NA
9. Was an ERP purchased? **Yes** **No**
- 9a.** If Yes, provide dates of coverage ____/____/____ to ____/____/____ or Unlimited

Predecessor Firm 2

1. Predecessor Firm Name _____
2. Type of Entity: Sole Proprietorship, Partnership, PC, PA, LLC, LLP, Other (specify other) _____
3. Date of initial formation ____/____/____ **3a.** Number of attorneys at initial formation _____
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6. Provide the number of years this firm was continuously insured for malpractice claims _____
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9. Was an ERP purchased? **Yes** **No**
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