

## LAWYERS PROFESSIONAL LIABILITY NEW ATTORNEY SUPPLEMENT

1. Firm Name: \_\_\_\_\_

2. Please complete the below for the New Attorney:

Name of New Attorney	Designation (P, A, OC, IC, PD)	Date of Hire (mm/yyyy)	States of Bar Admission	Year Admitted to the Bar	Average Weekly Hours

Designations: P = Partner, A = Associate, OC = Of Counsel, IC = Independent Contractor, PD = Per Diem

Name of Prior Employer (list all for last five years)	Dates of Employment	Job Title / Description

Anticipated Areas of Practice at Insured Firm	% of Billable Hours

3. Will the New Attorney be performing services related to Class Actions, Financial Institutions, Intellectual Property, Public Companies, REITs, the SEC, or be providing any investment advice? ☐ Yes ☐ No

4. Does the New Attorney own, manage, or have financial control or equity interest in, or act as a director, officer, partner, or trustee for, or exercise any managerial or fiduciary control over, any entity other than the firm? ☐ Yes ☐ No

a. **If yes, please complete the Outside Interest Supplemental Application**

5. If Yes to any question 7.a. – 7.d., a **Claim Supplement** for each matter must be provided:

- In the past five (5) years, have any professional liability claims been made or any lawsuits or disciplinary actions been brought against the New Attorney? ☐ Yes ☐ No
- Has the New Attorney ever been denied the ability to practice law, suspended, disbarred, reprimanded, censured, sanctioned, held in contempt, or had any disciplinary action taken against them? ☐ Yes ☐ No
- Has the New Attorney ever had professional liability insurance coverage declined, cancelled, refused, or non-renewed? ☐ Yes ☐ No
- Is the New Attorney aware of any facts, circumstances, incidents, acts, errors, omissions, or personal injuries that could be the basis of a professional liability claim against them? ☐ Yes ☐ No

6. Is the New Attorney covered under an Extended Reporting Period (ERP)? ☐ Yes ☐ No

a. If Yes, indicate the: ERP Effective Date: \_\_\_\_\_ ERP Expiration Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Firm: \_\_\_\_\_