



LAWYERS DEFENSE PLAN

PROFESSIONAL LIABILITY INSURANCE FOR LAW FIRMS

NEW LAWYER INFORMATION SUPPLEMENT

1. New Lawyer: _____ Name of Insured Firm: _____

2.

New Lawyer Position in this Firm *	Hours Per week	State Bar Admissions	Year Admitted	Years in Practice	Area of Practice Specialty	Date of Hire
						/ /

* Positions: Officer, Partner, Employed Associate, Of Counsel, Independent Contractor

Name of Prior Firm	Exact Dates Associated From (MDY) to (MDY)	Professional Liability Carrier	Position in Firm *	Is this firm a Predecessor Firm** of the Named Insured?	Provide prior acts coverage if available**
	/ / - / /			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	/ / - / /			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	/ / - / /			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	/ / - / /			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	/ / - / /			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**A Predecessor Firm is any legal entity that was engaged in the practice of law to whose financial assets and liabilities the Named Insured is the majority successor in interest. If the Prior firm is not a Predecessor Firm of the Named Insured, prior acts coverage cannot be provided.

3. Has an Extended Reporting Period Endorsement (ERP) been purchased for any of the above? Yes No
If Yes: ERP purchased for: _____

ERP Effective from: _____ to _____

4. Are new lawyer an employee of any organization other than the Insured firm? Yes No
If yes, please explain below.

5. Within the last 6 years, has new lawyer acted as a director, officer, partner or trustee for or exercise any form of managerial or fiduciary control over any business enterprise other than the Insured's Firm? Yes No
If Yes, complete the Outside Interest Supplement.

6. Has new lawyer ever been denied the right to practice, suspended from practice, disbarred, reprimanded or had other disciplinary action taken against you by any court or administrative agency? Yes No
If Yes, provide details by separate attachment.

7. Has new lawyer ever had any application for Professional Liability Insurance declined, cancelled or non-renewed? Yes No
If Yes, provide details by separate attachment.

8. If in the past six (6) years, have there been any claims or suits made against new lawyer for services he or she performed? Yes No
If Yes, complete the Claim Information Supplement.

New Lawyer: _____

9. Is new lawyer aware of:
- a. any circumstance, act, error, omission or personal injury which could be the basis of a claim or suit? . Yes No
 - b. any potential malpractice claim or suit reported to a previous insurance carrier? Yes No
 - c. any adverse judgment which could be the basis of a claim or suit? Yes No
 - d. any missed statute of limitations? Yes No
 - e. any dissatisfaction with representation? Yes No

If Yes to any of the above, complete the **Claim Information Supplement**, and advise the number of potential claims.

10. Have the firm's areas of practice changed with the addition of this new lawyer? If yes, please explain. ... Yes No

11. Has new lawyer you continued representation of any clients or cases from your prior law firm? Yes No
- a. Has each case been reviewed for potential conflicts of interest ? Yes No
 - b. Has each case been entered into all docket control systems? Yes No
 - c. Has each case been reviewed for potential claims? Yes No
 - d. Has each client been notified of the change in law firm? Yes No
 - e. Has each client received an updated engagement / retention letter? Yes No

If No to any part of question 11, provide details on a separate attachment.

12. As to all former clients for which new lawyer had entered his or her appearance, and who are no longer his or her clients, has a substitution of attorney or withdrawal of appearance been completed? Yes No

If No, provide details on a separate attachment.

NOTICE:

To avoid loss of coverage, all known circumstances, acts, errors or omissions that could result in a claim against the applicant or its predecessor firms, must be reported to the new lawyer's current insurer as soon as possible, but prior to the end of the policy period.

- The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or that should be known, and agrees that this application will be included in the basis of any coverage and a part of any policy that may be issued by the Company.
- The execution of this application does not bind the undersigned to purchase any coverage offered, nor does the receipt and/or review of this application bind the Company to offer coverage or issue a policy.
- The undersigned understands and accepts that any policy issued will provide coverage on a Claims Made and Reported basis.

Signature of New Lawyer

Date

Signature of Partner, Officer or Owner

Date