



New Attorney Form

1. Name of Legal Entity insured (as referenced on your letterhead): _____

GENERAL INFORMATION

PLEASE COMPLETE A SEPARATE FORM FOR EACH ATTORNEY THAT JOINS YOUR FIRM DURING THE POLICY PERIOD.

2. Please complete the following chart for the new attorney:

Attorneys Name & Date of Hire	Position in Firm	Primary Area of Practice	Hours to be Worked Per Week with your firm	Month/Year Admitted to Bar (List State Bar(s))	Years in Private Practice

3. Please complete the following chart:

Name of Prior Firm	Dates of Association	Position in Firm	Primary Area of Practice	Insurance Carrier	Limits of Liability	Firm Still in Existence (y/n)

4. In the past five years, has the new attorney been made aware of a claim or circumstances that could result in a claim against said attorney?..... Yes No
If yes, a separate Claim Supplement must be completed for each claim or incident.

5. Has the new attorney had a disciplinary complaint filed with any court, administrative agency or regulatory body or been disbarred, suspended, reprimanded, sanctioned or held in contempt by any of the aforementioned entities?..... Yes No
If yes, please provide details:

6. In the past five years, has the new attorney ever had professional liability or similar insurance declined, cancelled or non-renewed (MISSOURI RESIDENTS DO NOT ANSWER)?..... Yes No
If yes, please provide details:

7. Has the new attorney ever purchased an extended reporting period endorsement?..... Yes No
If yes, please provide details.

Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

Signature (Partner, Member, Officer, Shareholder) _____ Date _____

Name (Print) _____ Title _____