



APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

SUPPLEMENT FOR ATTORNEYS NEW TO THE FIRM

Firm Name:	
Policy Number:	
Effective Date:	

I. Attorney Information

Differences between the date an attorney began practicing law for other than a corporate or governmental entity and the date the attorney was admitted to the Bar must be explained on a separate sheet of paper following the same format. Please list additional attorneys on a separate sheet of paper following the same format.

Attorney Name	Social Security #	Designation *	Average # of hours per week			States licensed to practice law
			1 - 10	11 - 25	26 +	
1						
2						
3						
4						
5						
6						

Designations:

A Associate
 CC Co-counsel
 D Director
 E Employee
 IC Independent Contractor
 MEM Member of Firm
 MGR Manager

O Owner
 OC Of Counsel
 OF Officer
 SP Solo Practitioner
 SPC Special Counsel
 STC Staff Counsel
 SHH Shareholder
 STH Stockholder

Partner Designations:

EP Equity Partner
 NP Non-equity Partner
 P Partner
 LLP Limited Liability Partner
 RP Retired Partner

Attorney Name	Years in Practice	# of Years with this firm	# of years of continuous malpractice coverage	Prior acts date	CNA Risk Mgmt Seminar Date	Bar Member?
1						<input type="checkbox"/> yes <input type="checkbox"/> no
2						<input type="checkbox"/> yes <input type="checkbox"/> no
3						<input type="checkbox"/> yes <input type="checkbox"/> no
4						<input type="checkbox"/> yes <input type="checkbox"/> no
5						<input type="checkbox"/> yes <input type="checkbox"/> no
6						<input type="checkbox"/> yes <input type="checkbox"/> no



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II. Review and Training of Attorneys New to the Firm

1. Please check the measures taken by the firm – **before** extending an offer to an attorney - to protect itself from claims arising from acts, errors or omissions committed by the attorney while at another firm:
- a. Verification of bar admission(s) a.
 - b. Investigation of outside interests, e.g., director and officer positions and controlling interests in entities other than the firm. b.
 - c. Investigation of possible and actual conflicts of interest, e.g., clients of prior firm(s) and equity interests in clients. c.
 - d. Require the purchase of an extended reporting period endorsement, if available. d.
 - e. Disclosure of past and potential claims. e.
 - f. Warranty letter regarding no known claims or potential claims. f.
 - g. Other (please describe): g.

2. Please check the measures taken by the firm – to protect itself from possible claims made against an attorney and the firm **after** the attorney is employed by or joins the firm:
- a. Training in office procedures, e.g., docket and conflict of interest systems, mail And confirmation letters. a.
 - b. Integration into the firm culture. b.
 - c. Periodic review of clients, matters and performance. c.
 - d. Other (please describe): d.
