



NEW ATTORNEY SUPPLEMENT

Insured Firm Name: _____

Policy Number: _____

Name of New Attorney: _____

Requested Effective Date of Coverage: _____

- 1) Date of Hire: _____
- 2) Date Admitted to Bar: _____
- 3) Please indicate the projected annual hours the new attorney will work for the Named Insured: _____
- 4) Position in Firm: Officer/Director Shareholder Partner Employed Attorney Of Counsel Independent Contractor
- 5) What percentage of time will the Applicant Attorney spend in the following areas: (If none, please check here)

Bankruptcy	___%	Entertainment	___%	Real Estate	___%
Consumer Collections	___%	Copyright/ Patent/ Trademrk	___%	Securities or Bonds	___%
Class Action/Mass Tort	___%	Oil & Gas	___%	Taxation	___%
Financial Institution	___%	Plaintiff Litigation	___%	Wills, Estates & Trusts	___%

****Complete the appropriate supplement if any of the above areas are new to the firm.**

- 6) Check one of the following: **(This question must be answered for the underwriting process to continue).**
 - Coverage is requested only for services provided on behalf of the Named Insured. (Coverage will be limited to services provided effective the date of hire and thereafter).
 - The Named Insured requests to extend coverage for services rendered while this attorney was associated with any prior law firm(s).
If selected, please enter the requested individual prior acts date: _____
 Provide verification of the individual prior acts date via expiring declarations page and/or relevant endorsements.
Additional premium will be charged for any extension of coverage.

STOP IF YOU ARE NEW TO THE PRACTICE OF LAW, SKIP QUESTIONS 7-14 AND PROCEED TO THE SIGNATURE PORTION OF THE SUPPLEMENT.

- 7) Prior professional liability insurance history:

Name of Prior Firm	Dates of Employment	Position O/D, S, P, A, OC, IC	Professional Liability Carrier	Is Firm Still in Existence?	Can you Confirm Continuous Coverage?
				<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

- 8) Has the applicant attorney been employed by a firm that purchased an Extended Reporting Period endorsement (ERP)? Yes No
If yes, provide the carrier, effective date, and length of the ERP: _____
- 9) In the past five (5) years, have the applicant attorney ever represented issuers, underwriters, or affiliates thereof with respect to the issuance, offering or sale of securities or bonds? Yes No
If yes, please complete the Securities Supplement.

10) In the past five (5) years, has the applicant attorney served as a Director, Officer, Trustee, Partner or Employee or had an ownership interest or financial interest in any entity (other than those listed in Question 7. above)? Yes No

If yes, please complete the grid below, using a separate sheet if more space is needed.

Attorney's Name	Name of Organization	Nature of Clients Business	Profit or Non-Profit	% of Firm Billings	% of Equity Interest	Position(s) Held	Legal Services Provided	Separate D&O Insurance in Place?

11) In the past five (5) years, has any insurance carrier canceled or refused to renew the professional liability insurance policy covering the applicant attorney or any firm the applicant attorney belonged to for any reason other than the carrier's withdrawal from the market (not applicable in Missouri)? Yes No

If yes, please provide details, including the name of the carrier, the dates and the reason for this action.

12) In the past five (5) years, has the applicant attorney been the subject of a bar complaint, bar grievance, denied the right to practice, suspended from practice, disbarred, reprimanded or had other disciplinary action by any court or administrative agency? Yes No

If yes, please provide details, including all official bar correspondence on the matter and five (5) years of currently valued carrier loss runs.

13) How many professional liability claims and/or potential claims have been made or reported against the applicant attorney in the past five (5) years (or earlier, if the claim is still open)? _____

If any, please provide a Claim Supplement for each matter and five (5) years of currently valued carrier loss runs.

14) Is the applicant attorney aware of an act or omission that might reasonably be expected to be the basis of a claim against him or her, or any prior employer resulting from the applicant attorney's services? Yes No

If yes, please provide a Claim Supplement and five (5) years of currently valued carrier loss runs.

****It is recommended that you report any incidents, acts, errors or omissions to your current carrier. Please note, that any incident, act, error, or omission of which you are currently aware will not be covered by a subsequently issued claims-made policy.**

I understand that the information submitted in this supplement becomes a part of my E&O application and is subject to the same warranties and conditions.

Print Name

Title

Signature of Applicant Attorney

Date

Print Name

Title

Signature of Owner, Partner, Principle, Officer, or Member of the Applicant Firm

Date

INCOMPLETE, UNSIGNED AND UNDATED APPLICATIONS WILL BE RETURNED FOR COMPLETION.