



# New Attorney Form

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

## GENERAL INFORMATION

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**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 | 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 or Suit 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.*

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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