



REQUEST FOR EXTENDED REPORTING ENDORSEMENT

This form is to be used for requesting a quote for an Extended Reporting Endorsement (ERE), commonly called "tail coverage."

1. *To allow sufficient time for processing your request, please complete, sign, and date this form as soon as possible after being removed from a policy.
2. Please fax the completed form to (919) 677-9641 or email it to underwriting@lawyersmutualinc.com.
3. For questions, please call (919) 677-8900 or (800) 662-8843.

Applicant Name: _____ Bar Number: _____

Name of Firm Departing: _____ Policy Number: _____

Departure Date (last day worked at firm): _____

Reason:

- | | | | |
|-------------------------------|------------------------------|-----------------------------|---|
| retiring? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| leaving private practice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____
(e.g., in-house counsel, judicial, state government, etc.) |
| moving out of North Carolina? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| joining another firm? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____
Name of firm: |
| other? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____
(e.g., firm dissolving) |
| deceased? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (If yes, please contact the underwriting department.) |

Has any applicant's right to practice law in North Carolina been suspended or revoked or has an investigation or disciplinary proceeding(s) which could result in suspension or disbarment been instituted by the North Carolina State Bar? Yes No

Please provide a name and forwarding address, phone number, and email for the person responsible for payment of invoices for the ERE. Lawyers Mutual will send all billing information regarding this ERE to the forwarding address provided.

Name: _____ Email: _____

Address: _____ Phone: _____

Signature of Applicant/ Representative of the Estate of the Applicant

Date

*In accordance with the Insuring Agreement, **CONDITIONS - Extended Reporting Endorsement**, the quote must be accepted and additional premium paid within 30 days after removal from the policy or expiration of the policy.