



ADDITIONAL ATTORNEY APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

1. Please have the firm and each newly hired attorney complete this application within 30 days of hire.
2. Please email the completed application to underwriting@lawyersmutualinc.com.
3. For questions, please call (919) 677-8900 or (800) 662-8843.

PART 1: TO BE COMPLETED BY THE FIRM.

Firm Name: _____ Policy Number: _____

Office Address: _____

Full Name of Additional Attorney: _____

Date Joined/Joining Firm as a Licensed Attorney: _____

Position Within Firm: _____ Estimated Hours to be Worked/Week: _____

Area of Practice, if known: _____

Claims-made policies typically begin coverage for new attorneys on the date they join your firm. If this attorney is currently insured by Lawyers Mutual, indicate whether you are requesting to add this attorney to your policy with coverage for legal services he or she rendered prior to joining your firm. All requests must be approved by the Company.** Yes No

Signature of Managing Attorney

Date

***There are risks associated with requesting coverage for prior acts of newly hired attorneys. Please contact our Underwriting department for more information regarding the risks.*

PART 2: TO BE COMPLETED BY THE NEWLY HIRED ATTORNEY.

Date of Birth: _____ Gender: Male Female

Office Email: _____

Law School Attended: _____

North Carolina License Information: _____
Year, Bar No.

Additional License Information, if any: _____
Year, State, Bar No. _____
Year, State, Bar No.

Previous Insurance (last 5 years)

CARRIER: _____

EFFECTIVE DATE: _____

Name of Previous Employer, if any: _____

For questions 1-10, please attach, on a separate paper, an explanation for any "Yes" response.

1. Have you ever been refused admission to practice, reprimanded, disbarred, or suspended (including voluntary suspension) by any court or State Bar? Yes No
2. Have you ever been convicted of a felony or a crime involving moral turpitude? Yes No
3. Are you aware of any grievance or sanction awarded against you, with any court, or administrative agency, State Bar, or other regulatory body? Yes No If yes, attach all documentation.
4. Are you aware of any professional liability claim(s) or suit(s) made against you, or action filed against you, or claim paid on behalf of you? Yes No If yes, attach all documentation.
5. Are you aware of any circumstance, act, error, or omission which could result in a professional liability claim against you? Yes No If yes, please attach a copy of the notice to your insurance carrier.
6. Has any prior professional liability insurance coverage been declined, cancelled, non-renewed, or offered with a deductible clause higher than standard or premium surcharge because of claims? Yes No
7. Are you a partner, associate, employed lawyer, of counsel, independent contractor, or contract lawyer of a law firm other than the named firm? Yes No If yes, please name firm.
8. Are you an independent contractor, contract lawyer, or employee of any entity other than the named firm? Yes No If yes, please list employer and describe the nature of employment and percentage of total time devoted to this activity.
9. Have you ever entered into any contract or agreement, written or oral, guaranteeing results of any professional service rendered by you or by persons under your supervision? Yes No
10. Do you plan on soliciting and/or representing clients in matters or handling cases in states other than North Carolina? Yes No

I hereby declare that the foregoing statements and particulars are true and I have not suppressed or misstated facts and I agree that this application shall be the basis of the contract with The Company; and it is agreed that all representations contained herein are material as a matter of law, and that I will immediately notify The Company, said representations being deemed continuing, of any change in facts occurring prior to issuance pursuant hereto.

It is understood that this is an application for insurance and not an insurance binder.

Signature of Newly Hired Attorney

Date