



## 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 email the completed application to [underwriting@lawyersmutualinc.com](mailto: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?  Yes  No

leaving private practice?  Yes  No \_\_\_\_\_  
(e.g., in-house counsel, judicial, state government, etc.)

moving out of North Carolina?  Yes  No

joining another firm?  Yes  No \_\_\_\_\_  
Firm Name:

deceased?  Yes  No *If the attorney is deceased, please contact the underwriting department.*

other?  Yes  No \_\_\_\_\_  
(e.g., firm dissolving)

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: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
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.