



REQUEST FOR ATTORNEY REMOVAL

1. Within 30 days of departure, this form must be completed, signed, and dated by an authorized owner, officer, or partner of the firm for each departing attorney.
2. Please email the completed application to underwriting@lawyersmutualinc.com.
3. For questions, please call (919) 677-8900 or (800) 662-8843.

Firm Name: _____ Policy Number: _____

Office Address: _____
Street Address or PO Box

City _____ County _____ State and Zip _____

Full Name of Departing Attorney: _____

Date attorney is to be removed from the policy (effective 12:01 am): _____

Has your firm notified the departing attorney, in writing, of the date he/she will be removed from the firm's policy?

Yes No. *If no, please send this information to the departing attorney.*

Is the departing attorney:

retiring? Yes No Unknown

leaving private practice? Yes No Unknown

moving out of North Carolina? Yes No Unknown

leaving to practice on his/her own? Yes No Unknown

leaving to join another firm? Yes No Unknown

Name of firm, if known:

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

Please provide a forwarding address, phone number, and email for the departing attorney so that we may contact the attorney regarding his/her insurance coverage.

Address: _____

Phone: _____ Email: _____

Signature of Authorized Owner, Officer, or Partner

Date