

For your convenience, the following form(s) has been created in a "fillable" pdf format. When using the **full copy** of Adobe Acrobat Versions 4.0 or higher you will be able to complete the form and send via [e-mail to one of our representatives](#). If you are using the Acrobat Reader you will be able to complete the form and print it and fax it back to us @ (973) 669-2399. Please remember that we require a copy of **all** signature pages be signed and faxed and/or mailed to our office. Call us toll free with any questions at 877-396-3501.

# NEW LAWYER INFORMATION

**INSTRUCTIONS:**

1. This form is to be completed by the Insured for each new lawyer joining the firm.
2. If space is insufficient to answer any questions fully, attach separate sheet.
3. Answer all questions completely.

(PLEASE TYPE OR PRINT)

1. Firm Name (if Partnership or corporation, show complete firm name).

Effective Date Desired: \_\_\_\_\_

Policy Number: \_\_\_\_\_

2A. Complete the following for each new lawyer joining the firm:

Name	Social Security #	Design. Code	Yr. Admitted to Bar (Mo./Yr.)	Yrs. In private practice	Members in good standing of the following Bar Assoc.	Lawyer's Individual Specialty

- \* Designation Codes:
- O Officers, Directors or Shareholders of the corporation
  - P Partners of a partnership
  - C Of Counsel attorneys for whom coverage is desired
  - E Employed lawyers (must be employee of applicant)
  - PT Part-time (works less than 1,000 hours per year)

PAST YEARS	PROFESSIONAL LIABILITY INSURANCE COMPANY -	POLICY NUMBER	LIMIT OF LIABILITY PER CLAIM/AGGREGATE	POLICY PERIOD (Mo./Day/Year)
1.				
2.				
3.				
4.				
5.				

**\*\* Provide any information pertaining to the purchase of an Extended Reporting Period Endorsement.**

2B. Does your current policy (if applicable) have a prior acts restriction?     Yes     No

If "Yes", please give the Date:

3. Are you aware of any professional liability claim made against you in the past 5 years, or any incident, act, or omission which might reasonably be expected to be the basis of a claim or suit, arising out of your performance or professional services for others?

Yes     No    (if "Yes", Supplemental Claim Information Form must be completed for each claim or incident).

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4. Has any insurance carrier denied, canceled or refused to renew your lawyers professional liability coverage (other than for loss of market)?

Yes     No    If "Yes", please provide details.

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5. Have you ever been refused admission to practice, disbarred, suspended from practice, or formally reprimanded by any court or administrative agency?

Yes     No    If "Yes", please provide date and explanation of any such action.

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6. Provide employment history for the past five years and your individual specialty.  
If no prior acts coverage is contemplated, you may omit questions 7-9.

Yes     No    If "Yes", please provide details.

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7. (a) In the past 5 years have you served as director, officer, partner or employee of any past or present client?

Yes     No

(b) Have you ever had or currently have, any equity interest in any past or present client?

Yes     No

If "yes" to (a) or (b) above, please complete the outside interest supplemental application.

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8. In the past 5 years, have you provided any professional services to, acted as a director, or served on an internal committee of a financial institution (defined as a savings and loan, bank, credit union, savings association, building and loan association or any other banking institution, holding company or affiliate thereof)?

Yes     No    (if "Yes", please complete the Financial Institution Supplemental application).

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9. In the past 5 years, have you performed any legal services in connection with the offer and sale of securities?

Yes     No    (if "Yes", please complete the SEC Supplemental application).

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The Lawyers Professional Liability Program has been organized as a purchasing group located and domiciled in Illinois, pursuant to legislation enacted by Congress known as the Federal Liability Risk Retention Act of 1986. You will automatically become a member of the Purchasing Group once your completed application has been approved and your premium payment has been received.

**Warranty:** It is warranted that the information contained herein is true and deemed incorporated into the Lawyer Professional Liability Application. I/We hereby authorize the release of claim information from any prior insurer to Interstate Insurance Group.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Producer Name  
JP Flanagan Corporation

Signing this form and tendering premium does not bind the applicant or the Company to complete the insurance. The application must be signed to be considered for coverage.

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Signature of Owner, Officer or Partner of Firm

Date

New Attorney Signature

Date