

**INTELLECTUAL PROPERTY LAWYERS PROFESSIONAL LIABILITY  
NEW ATTORNEY INFORMATION SUPPLEMENTAL APPLICATION**

**INSTRUCTIONS:**

- A. This form is to be completed by the Named Insured for each new attorney joining the firm.
- B. If space is insufficient to answer questions fully, continue on a separate sheet of paper and indicate the question number.
- C. Answer all questions completely.
- D. This supplemental application must be signed and dated by the New Attorney, and also the proprietor, partner, member or officer of the Named Insured authorized to procure and bind insurance for the firm.

**This Supplement will form a part of the basic application submitted for the firm named below.**

1. A. Named Insured of Expiring Policy (or Renewal Applicant, if different):

\_\_\_\_\_

\_\_\_\_\_

B. Policy Number: \_\_\_\_\_

C. Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

2.

Lawyer Name	Designation Code*	Years in Practice	State(s) / Year(s) Admitted	Specialty(ies) **

- \* **Designation Codes:**
- O = Officer, Director or Shareholder of the Corporation
  - P = Partner of a Partnership
  - CA = Contract Attorney
  - E = Employed Attorney (must be employee of applicant)
  - OC = Of Counsel attorney for whom coverage is desired

\*\* **Specialties:** Refer to Question 11B of the Named Insured's Renewal Application.

3. On what date did you commence employment with the Named Insured or Renewal Applicant above? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

4. List the lawyers professional liability insurance policies under which you have been insured for each of the past five (5) years, including any periods of NO coverage. If the insurance coverage was through another law firm, only list firm name and dates of employment.

From: MM/DD/YY	To: MM/DD/YY	Insurance Company	Limit of Liability	Retention/ Deductible
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			

11. Outside Director, Officer, Fiduciary\* or Equity Interest Positions (Continued from Page 2)

C. If you answered "yes" to either Part A or B above, please complete the following table:

* Position Held:	D	=	Director	C	=	Consultant	FM	=	Fiduciary Management Control
	O	=	Officer	E	=	Employee	F	=	Fiduciary
	T	=	Trustee	P	=	Partner	OI	=	Ownership Interest

Name of Lawyer, Spouse or Family Member.	Name /Nature of Business	Position Held* (see above) and Date of Affiliation	Client of Lawyer <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Professional Services Performed	Total % Equity Interest Held	% of Lawyer's Annual Income	D&O Insurance Or Indemnity Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Notice:** It is represented that the information contained herein is true and deemed incorporated into the Named Insured's Lawyers Professional Liability Insurance Application. I/We hereby authorize the release of claim information from any prior insurer to Certain Underwriters at Lloyd's of London.

**Notice to New Jersey, New York and Pennsylvania Applicants:** "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. Under New York law, such person shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation."

Signature of New Attorney \_\_\_\_\_ Date \_\_\_\_\_

Signature of Proprietor, Partner, Member or Officer of the Named Insured \_\_\_\_\_ Date \_\_\_\_\_

5. Within the last (5) years, have you been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, otherwise disciplined, or held in contempt by any court, administrative agency or regulatory body? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide complete details on a separate sheet, including a copy of the court's order.

6. Have you ever been the subject of a disciplinary complaint being made to by any court, administrative agency or regulatory body? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide complete details on a separate sheet, including a copy of the court's order.

7. Within the last (5) years, has any professional liability claim or suit been made against:

A. you individually, or any firm of which you were a sole proprietor? Yes \_\_\_\_\_ No \_\_\_\_\_

B. any firm of which you were a Partner, Officer, Director or Shareholder, an employee or an Of Counsel? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Do you know of any claim, circumstance, incident, act, error or omission arising out of the performance of professional services for others which might reasonably be the basis for a claim or suit against:

A. you individually, or any firm of which you were a sole proprietor? Yes \_\_\_\_\_ No \_\_\_\_\_

B. any firm of which you were a Partner, Officer, Director or Shareholder, an employee or an Of Counsel? Yes \_\_\_\_\_ No \_\_\_\_\_

**IT IS AGREED THAT, IF SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM OR SUIT ARISING THERE FROM WILL BE EXCLUDED FROM THIS PROPOSED COVERAGE.**

If you answer "yes" to **Question 7** or **Question 8** above, a **Supplemental Claim Information Form** must be completed for each claim or incident in order for your application to be considered.

9. Have all matters disclosed in questions 7 or 8 above been reported to your former or current insurer(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Have you had professional liability insurance or similar insurance declined, canceled, non-renewed, or issued only on restricted terms in the last five years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide complete details on a separate sheet.

11. Outside Director, Officer, Fiduciary\* or Equity Interest Positions

A. Do you (and / or your spouse or immediate family member) serve as a director or officer, in a **fiduciary\*** capacity, or have any ownership interest in the business of a client? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Do you serve as a director, officer, trustee, consultant, employee or partner of, or exercise any **fiduciary\*** management control over any business or organization other than that of a client? Yes \_\_\_\_\_ No \_\_\_\_\_

\* **Fiduciary** means an administrator, conservator, executor, guardian, trustee receiver, escrow agent or any similar capacity.

**If "yes", to either Part A or B above, complete Part C on the following page.**