



AttorneyShield

PROFESSIONAL LIABILITY INSURANCE

Delete Lawyer Request Form

Complete this form for any lawyer who leaves the law firm after the current policy effective date.

Law Firm Name: _____

Policy No.: _____

GENERAL INFORMATION:

1. Name of Lawyer to be deleted: _____
 2. Deletion Effective Date: _____
 3. Is this lawyer retiring from the practice of law? ☐ Yes ☐ No
 4. Will the law firm replace this lawyer? ☐ Yes ☐ No
 5. Will the law firm name change? ☐ Yes ☐ No
- If yes, please provide law firm's new name:* _____

Please forward a copy of the law firm's revised letterhead.

Signature of Deleted Lawyer

Date

Signature and Title of Law Firm Representative

Date

Signature of Agent

Date

For residents of GA, IL, IN, IA, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto or knowingly helps with intent to defraud, commits a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Professional liability insurance offered through Attorney Shield is underwritten by Professional Solutions Insurance Company in GA, IL, IN, IA, OH and PA.