



# AttorneyShield

PROFESSIONAL LIABILITY INSURANCE

## New Lawyer Supplement

Complete the following information for any lawyer who joins the law firm after the current policy effective date.

Law Firm Name: \_\_\_\_\_ Policy No.: \_\_\_\_\_

### NEW LAWYER INFORMATION

1. New Lawyer Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_
2. States Licensed: \_\_\_\_\_
3. Primary State Bar: \_\_\_\_\_ Date Admitted: \_\_\_\_\_
4. Is the new lawyer an:
 

<input type="checkbox"/> Owner	<input type="checkbox"/> Partner	<input type="checkbox"/> Employee
<input type="checkbox"/> Of Counsel	<input type="checkbox"/> Independent Contractor	

 Please estimate the total number of hours to be billed annually: \_\_\_\_\_
5. Did this lawyer have prior coverage\*? ..... ☐ Yes ☐ No  
**If yes, complete the following questions:**
  - Did the lawyer have a prior acts (retroactive date) exclusion? ..... ☐ Yes ☐ No  
**If yes, what is the prior acts exclusion date?** \_\_\_\_\_
  - Did the lawyer purchase Extended Reporting Period (ERP) coverage\*? ..... ☐ Yes ☐ No  
**If yes, what is the effective date of the ERP coverage?** \_\_\_\_\_
  - If no, does the law firm intend to pick up coverage for this lawyer's past acts?** ..... ☐ Yes ☐ No  
*\*Provide a copy of the lawyer's current declaration page and/or ERP endorsement for Underwriting consideration.*
6. New lawyer's primary area of practice: \_\_\_\_\_
7. Will the new lawyer have any percent of practice in the following areas (check all that apply):
 

<input type="checkbox"/> Entertainment/Sports	<input type="checkbox"/> Class Action/Mass Tort	<input type="checkbox"/> Investment Counseling/Money Management
<input type="checkbox"/> Banking/Financial Institutions	<input type="checkbox"/> Securities	<input type="checkbox"/> None of the above
8. Has the new lawyer:
  - Ever been subject to a disciplinary complaint, grievance, request for investigation, or is any such proceeding currently pending? ..... ☐ Yes ☐ No
  - Ever been refused admission to practice, disbarred, suspended from practice, formally reprimanded, privately warned or admonished by any court, administrative agency or hearing panel? ..... ☐ Yes ☐ No  
**If yes to any of the above, provide copies of the complaint, including the response and resolution.**
  - Had any claims made/reported in the past 5 years, or been made aware of an act or omission that might reasonably be expected to be the basis of a claim? ..... ☐ Yes ☐ No  
**If yes, please list the claimant's name for each claim made in the past five years. You will be required to complete an Incident/Claims Supplement for each claimant listed.**

For residents of all states except CO: 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.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Professional liability insurance offered through Attorney Shield is underwritten by Professional Solutions Insurance Company (doing business in California as PSIC Insurance Company).

\_\_\_\_\_  
New Lawyer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Title of Law Firm Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Soliciting Agent (Please Print Full Name)

\_\_\_\_\_  
Agency Name



**Mail to:**  
14001 University Avenue  
Clive, Iowa 50325

**Questions:**  
Phone: 800-510-8240  
Fax: 800-480-2232