



Complete this application supplement for each lawyer requesting coverage for services performed at a non-Predecessor Firm.

Law Firm Name: \_\_\_\_\_

1. Please provide the following information:

Lawyer's Name	Date First Admitted	Number of years in private practice	Date of Hire	Retroactive Date

2. Please provide a complete employment history for the lawyer noted above (in chronological order).

Previous Law Firm	Major Area of Practice	Start Date	End Date

3. Has the lawyer's major area of practice changed in the past 5 years? **If yes, provide details.** ..... ☐ Yes ☐ No

\_\_\_\_\_

4. a. Did this lawyer bring any previous cases or clients into the Law Firm? ..... ☐ Yes ☐ No

- b. If yes, were all cases and clients reviewed by an owner, partner or office of the Law Firm for potential claims and/or conflicts of interest? **If no, provide details.** ..... ☐ Yes ☐ No

\_\_\_\_\_

5. Did the lawyer maintain continuous Professional Liability coverage with each prior employer? ..... ☐ Yes ☐ No  
**If no, provide details.** \_\_\_\_\_

\_\_\_\_\_

6. Has the lawyer or any of the prior law firms ever purchased an Extended Reporting Period (tail) endorsement? **If yes, provide a copy of the ERP endorsement.** ..... ☐ Yes ☐ No

7. Is the lawyer noted above aware of:

- A professional liability claim made in the past 5 years (either still open or closed)? ..... ☐ Yes ☐ No
- 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 or act or omission referenced above. You will be required to complete an Incident/Claims Supplement for each claimant listed.**

\_\_\_\_\_

**PLEASE NOTE:** Lateral hire and/or Career Coverage can potentially expose the Law Firm to claims made as a result of services rendered on behalf of an unrelated, non-predecessor law firm, diminish the Law Firm's limit of liability and/or require payment of a deductible. Please carefully evaluate and discuss this exposure with your agent.

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).

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Soliciting Agent

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

