

NEW ATTORNEY SUPPLEMENTAL APPLICATION

Firm Name: _____

Policy Number: _____

APPLICANT'S INSTRUCTIONS:

This form is to be completed by the Applicant (the Firm shown above) for each new attorney joining the Firm. **A copy of the new attorney's resume must also be provided.** If the space provided is insufficient to answer any question fully, please attach a separate sheet. Answer all questions completely and accurately.

NEW ATTORNEY'S NAME	C/C*	Jurisdiction(s) admitted to practice, and year admitted	Years in Practice	Attorney's primary area(s) of practice	Date Joined Firm

* CLASSIFICATION CODES (indicate all that apply):

O – Officer, Director or Shareholder of the Firm	E – Employed Attorney
P – Partner	OC – Of Counsel Attorney
PT – Part Time Attorney	IC – Independent Contractor

1. The following questions must be answered after inquiry is made of the new attorney:

- a. Has the new attorney ever had an insurance company cancel, refuse to renew or accept only on special terms, any professional liability insurance?
 - NO
 - YES – Please explain on a separate sheet.

- b. Has the new attorney ever been the subject of a reprimand or disciplinary action or refused admission to the bar by any bar association, court or administrative agency, or is there a pending complaint, investigation or disciplinary matter against the new attorney?
 - NO
 - YES – Please explain on a separate sheet.

- c. Has any professional liability claim or suit ever been made against the new attorney, or against any prior firm while a member of the prior firm:
 - during the past 5 years?
 - NO
 - YES – If yes, how many? _____ Please give full details for EACH CLAIM on Supplemental Claim Form.
 - during the past 6-10 years in which damages, a settlement or a judgment of \$100,000 or greater has been paid?
 - NO
 - YES – If yes, how many? _____ Please give full details for EACH CLAIM on Supplemental Claim Form.

Without limiting the rights of the Insurer, any Claim or Related Claim disclosed or which should have been disclosed in this question is excluded from any proposed insurance.

- d. Does the new attorney know of any facts, circumstances, acts, errors or omissions that could result in a professional liability claim against them?
 - NO
 - YES – If yes, how many? _____ Please give full details for EACH INCIDENT on Supplemental Claim Form.

Without limiting the rights of the Insurer, any Claim arising from a matter disclosed or which should have been disclosed in response to this question is excluded from any proposed insurance.

2. In the past 5 years, has the new attorney acted or been involved in the capacities listed below?
 NO
 YES – Please complete the following:

Type of Capacity	Percent of time to be devoted to activity	Professional Liability Carrier	Expiration Date- (mo/day/yr)
a. Accountant			
b. Real Estate Agent or Broker:			
c. Title Abstractor / Searcher			
d. Title Agent			

3. Has the new attorney acted, or will the new attorney act, in one of the following capacities? If Yes, please provide details including the percentage of time involved in this activity on a separate sheet of paper.

a. Public Defender? No Yes
b. A Prosecuting Attorney for any state, county or municipality? No Yes
c. An in-house attorney of any corporation, municipal, county or state department or board? No Yes
d. An Arbitrator or Mediator? No Yes

4. Outside Interests

a. In the past 5 years, has the new attorney served, or is the new attorney currently serving, as a director, officer, partner or employee of any past or present client? No Yes

b. Has the new attorney had, or does the new attorney currently have, an equity interest in any past or present client?
 No Yes

If the response to either 4a or 4b is YES, complete the Outside Interests Supplement.

5. New Attorney's professional liability insurance history:

Name of Prior Firm	Dates of Employment	Position (use Classification Codes above)	Professional Liability Carrier	Is Firm still in existence? (Yes/No)	Can you confirm continuous coverage? (Yes/No)

6. Is the new attorney covered under an Extended Reporting Period Endorsement?
 No Yes
If Yes, provide pertinent dates: Inception Date _____, Expiration Date _____.

THE UNDERSIGNED AUTHORIZED PARTNER, DIRECTOR OR OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE THE APPLICATION IS EXECUTED AND THE TIME THE PROPOSED INSURANCE POLICY IS BOUND OR COVERAGE COMMENCES, THE NAMED INSURED WILL IMMEDIATELY NOTIFY THE COMPANY IN WRITING OF SUCH CHANGES. THE COMPANY RESERVES ITS RIGHTS TO MODIFY OR WITHDRAW ITS PROPOSAL.

THE UNDERSIGNED AUTHORIZED PARTNER, DIRECTOR OR OFFICER REPRESENTS ON BEHALF OF THE NAMED INSURED AND ALL PERSONS / ENTITIES FOR WHOM INSURANCE IS BEING SOUGHT THAT TO THE BEST OF HIS / HER KNOWLEDGE AND BELIEF AFTER DILIGENT INQUIRY, THE STATEMENTS SET FORTH HEREIN AND ATTACHED HERETO ARE TRUE. IT IS UNDERSTOOD THAT THE STATEMENTS IN THIS APPLICATION, INCLUDING MATERIALS SUBMITTED TO OR OBTAINED BY THE UNDERWRITER ARE MATERIAL TO THE ACCEPTANCE OF THE RISK, AND RELIED UPON BY THE UNDERWRITER.

NOTICE TO ARKANSAS, MINNESOTA, AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME.

NOTICE TO COLORADO APPLICANTS: 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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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.

NOTICE TO DISTRICT OF COLUMBIA, MAINE, TENNESSEE, AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: 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, WHICH IS A CRIME.

NOTICE TO LOUISIANA AND NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO NEW JERSEY 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 MATERIALLY 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR SUCH VIOLATION.

NOTICE TO OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO OREGON AND TEXAS APPLICANTS: ANY PERSON WHO MAKES AN INTENTIONAL MISSTATEMENT THAT IS MATERIAL TO THE RISK MAY BE FOUND GUILTY OF INSURANCE FRAUD BY A COURT OF LAW.

NOTICE TO 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 MATERIALLY 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.

NOTICE TO WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

Must be signed in ink and dated by Partner, Director or Officer.

If the policyholder wishes to present inquiries or obtain information about coverage or to provide assistance in resolving complaints, please contact Darwin Professional Underwriters at (860) 284-1300.

Applicant understands the information submitted herein becomes a part of the Applicant's Lawyer Professional Liability Insurance Application or Renewal Application and is subject to the same representations and conditions.

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

Signature of New Attorney Date

Signature of Owner, Partner or Principal Print Name and Title Date

Licensed Agent License Number

If the policyholder wishes to present inquiries or obtain information about coverage or to provide assistance in resolving complaints, please contact Darwin Professional Underwriters at (860) 284-1300.