



**ALLIED WORLD INSURANCE COMPANY**  
 1690 New Britain Avenue, Suite 101 Farmington CT 06032 · Tel. 860-284-1300 · Fax 860-284-1319

**ALLIED WORLD LPL ASSURE  
 LAWYERS PROFESSIONAL LIABILITY INSURANCE POLICY  
 NEW ATTORNEY SUPPLEMENT**

*Please complete a separate application for each attorney joining the firm.*

1. Applicant Law Firm: \_\_\_\_\_
2. Please complete the following with respect to the attorney joining the firm ("Applicant Attorney"):

Applicant Attorney Name	C/C*	State(s) admitted to the bar	Date(s) admitted to the bar	Date Joined Applicant Law Firm	Hours worked per week for the Applicant Law Firm
<b>*CLASSIFICATION CODES (indicate all that apply):</b>					
<b>O – Officers, Directors or Shareholders</b>		<b>P – Partners of Partnership</b>		<b>IC – Independent Contractor</b>	
<b>E – Employed Attorneys (must be employee of the law firm)</b>		<b>PT – Part Time</b>		<b>S – Sole Proprietor</b>	
<b>C – Of Counsel Attorneys for whom coverage is desired</b>					

3. Does at least one senior partner, officer or owner of the law firm review the cases that are brought into the law firm by the Applicant Attorney from the prior firm for potential claims or conflicts of interest?  Yes  No
4. Has this attorney ever had an insurance company cancel, refuse to renew or accept only on special terms any professional liability insurance?  Yes  No
5. Is this attorney covered under an Extended Reporting Period Endorsement?  
*If "Yes", provide pertinent dates:* Inception Date \_\_\_\_\_  
 Expiration Date \_\_\_\_\_

6. PRIOR FIRMS OF THE APPLICANT ATTORNEY:

a. Prior law firm information (*attach separate sheet of paper if needed*):

Name of Prior Law Firm	Date Joined Prior Firm	Date Left Prior Firm	Number of Attorneys at Prior Law Firm	Did prior firm carry continuous Claims Made LPL Insurance?	Prior firm still exists?
				<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

b. List the areas practiced by Applicant Attorney at the prior law firm(s): (*attach separate sheet of paper if needed*)

**Areas of Practice**

\_\_\_\_\_

\_\_\_\_\_

c. Does the Applicant Attorney provide services in any of the following areas of practice:

- |                                 |  |  |  |
|---------------------------------|--|--|--|
| Certified Public Accountant     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Investment/Financial Advisor                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Construction Defect Litigation  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Patent Prosecution, Search, Litigation, Opinions   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Entertainment/Sports            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Real Estate Broker or Agent Services               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Environmental                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Securities or Bonds (excluding private placements) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Foreclosure                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tax Exchanges / 1031                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Insurance Bad Faith (Plaintiff) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tax Shelter Advice/Opinions                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| International Law/Clients       | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |

7. CLAIMS HISTORY

After diligent inquiry:

- a. Is the Applicant Attorney aware of any claims or suits arising out of legal services rendered at any of the Prior Firms listed in Question 6.a.?  Yes  No  
*If yes, how many?* \_\_\_\_\_
- b. Is the Applicant Attorney aware of any acts, circumstances, errors or omissions that a reasonable person engaged in the practice of law would recognize might be expected to be the basis of a professional liability claim arising out of legal services provided by the Applicant Attorney for any prior law firm or entity?  Yes  No  
*If yes, how many?* \_\_\_\_\_

- c. Has the Applicant Attorney been the subject of any bar complaint, investigation or disciplinary proceeding within the past 5 years?  Yes  No
- d. Has the Applicant Attorney ever been disbarred, suspended, or refused admission to the bar by any bar association, court or administrative agency?  Yes  No
- e. Is there any criminal conviction or pending criminal indictment, proceeding or investigation against the Applicant Attorney?  Yes  No

*If yes to any question in Item 7, please complete the Allied World Claims/Discipline/Criminal Supplement.*

**WITHOUT LIMITING THE RIGHTS OF THE INSURER, ANY CLAIM, POTENTIAL CLAIM, RELATED CLAIM OR DISCIPLINARY PROCEEDING IS CLOSED OR WHICH SHOULD HAVE BEEN DISCLOSED IN RESPONSE TO QUESTIONS 7.a., b., or c. IS EXCLUDED FROM ANY PROPOSED INSURANCE.**

**NOTICE:**

**Applicant understands that the information submitted herein becomes part of the Applicant's Lawyers Professional Liability Insurance Application or Renewal Application and is subject to the same warranties, notices and conditions.**

**This application must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.**

\_\_\_\_\_  
Signature of Owner, Partner or Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Licensed Agent

\_\_\_\_\_  
License Number