

**LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION  
 ADD ATTORNEY MID-TERM**

Medmarc Casualty Insurance Company • 14280 Park Meadow Drive • Suite 300 • Chantilly, VA 20151-2219 • 800.356.6886 • 703.652.1300

Firm Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

- This form is to be completed by each new attorney joining the firm.
- This form must be signed and dated by the new attorney and an owner, officer, partner or member of the firm.

1. Applicant Information.

New Attorney Name	Position*	Hours worked per week	Bar Admission Date	Years in Practice	Area of Practice Specialty	Date Joined Firm (M/D/Y)
						/ /

\* Positions: "O" Owner/Officer/Partner "A" Associate/Employed Lawyer "OC" Of Counsel "IC" Independent Contractor

2. Please provide your employment history for the past five years.

Name of Prior Firm	Exact Dates Associated From (M/D/Y) to (M/D/Y)	Professional Liability Carrier	Primary Area of Practice	Position in Firm*
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	/ / - / /			

3. Does your new firm (Insured Firm listed above) wish to provide prior acts coverage? (Prior acts coverage means coverage for acts or omissions that occurred prior to the Date of Hire listed in Question 1. above.) ..... Yes  No

**If yes, what retroactive date is being requested? Requested Retroactive Date: \_\_\_\_\_ (Please attach proof of insurance showing continuous coverage from this date to the date of hire.)**

4. During the past five years, have you ever:

- a. been the subject of any investigation or disciplinary action? Yes  No
- b. had any professional liability insurance declined, cancelled, refused to renew, or accepted only on special terms? Yes  No
- (not applicable to Missouri applicants)** ..... Yes  No

**If yes, please explain:** \_\_\_\_\_

5. In the past five (5) years have there been any claims or suits made against you regarding services you performed or failed to perform? **If yes, please complete a Claim Information Supplement.** ..... Yes  No

6. Are you aware of any:

- a. circumstance, act, error or omission which could be the basis of a claim or suit? ..... Yes  No
- b. adverse judgment which could be the basis of a claim or suit? ..... Yes  No
- c. missed statute of limitations? ..... Yes  No

**If yes to any of the above, please provide details on a separate sheet, and advise the number of potential claims.**

7. Have all claims, potential claims and incidents been reported to your current or former professional liability insurer? Yes  No

**Fraud Warning Notice:** Any person who, with intent to defraud or knowing that he 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.

**Applicant's Authorization and Certification**

The undersigned authorized partner, officer or owner of the applicant firm acknowledges that the statements herein are true, and understands that this Company is relying on the accuracy of such information in determining eligibility and qualification for insurance.

Completing and signing this application does not bind coverage. Coverage will not be bound, nor will a policy be issued, until the applicant signifies acceptance of the Company's premium quotation. This application and all information and representations made by the applicant in connection with this application are considered physically attached to and part of the policy, if issued.

Signature of Partner, Officer or Owner of Applicant Firm: \_\_\_\_\_ Date: \_\_\_\_\_

Print or Type Name: \_\_\_\_\_ Title: \_\_\_\_\_

**For Agent's Use Only (Where Required By Law)**

Name of Agency: \_\_\_\_\_

Agency Telephone  
Address: \_\_\_\_\_ Number: \_\_\_\_\_

Agent's  
Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_