

Southern Lawyers Insurance Program

***This is a Claims Made Policy. Please read it carefully.
Lawyers Professional Liability Policy***

NEW LAWYER INFORMATION:

Firm Name: _____

Lawyer's Name: _____

Date of Hire	Bar ID #	Number of years in private practice	Percentage of practice outside of state where licensed
_____	_____	_____	_____

Have you been charged with a crime? No Yes – please attach explanation

Have you been the subject of a formal complaint, reprimand or disciplinary action or refused admission to the bar by any bar association, court or administrative agency? No Yes – please attach explanation

Has any professional liability claim or suit been made against you within the past 5 years?
 No Yes – please attach explanation

Do you know of any circumstance, act, error or omission that could result in a professional liability claim against you or your previous firm? No Yes – please attach explanation

Have you had psychological, emotional, drug or alcohol abuse problems within the past 5 years?
 No Yes – please attach explanation

*The undersigned hereby declares that the above statements and particulars are true, that no facts have been suppressed or misstated. The undersigned also understands and agrees that **no coverage will be provided for acts, errors or omissions occurring prior to the above hire date** unless the firm requests prior acts coverage and such coverage is added by endorsement. Approval of this addition to the policy is subject to underwriting review and approval by the Underwriters. This form must be signed by both the new lawyer and a firm partner, director, officer or owner.*

New Lawyer Signature

Date: _____

Partner, Director, Officer or Owner Signature

Date: _____