



**LAWYERS
MUTUAL**

LIABILITY INSURANCE
COMPANY OF
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CHANGE OF BUSINESS NAME FORM

1. Within 10 days of a change in the firm's name, please complete this form.
2. Please fax the completed form to (919) 677-9641 or email it to underwriting@lawyersmutualinc.com.
3. For questions, please call (919) 677-8900 or (800) 662-8843.

Prior Firm Name: _____ Policy Number: _____

***New** Firm Name: _____

Address: _____
Street Address or PO Box

City County State & Zip

Effective Date: _____

Firm Website: _____

*New Firm Name: Please provide the name of the firm as indicated on the filing with the Corporations Division of the NC Department of the Secretary of State and/or the NC State Bar, if a filing is required. If you request that the policy be issued to a trade name, please provide the trade name as filed with the NC State Bar as well as the registered legal name.

Please attach a copy of the firm's new letterhead.

Signature of Partner, Director, Officer or Owner

Date