

5020 Weston Parkway, Suite 200 Cary, North Carolina 27513 Post Office Box 1929 Cary, North Carolina 27512-1929

## **REQUEST FOR EXTENDED REPORTING ENDORSEMENT**

This form is to be used for requesting a quote for an Extended Reporting Endorsement (ERE), commonly called "tail coverage."

- 1. \*To allow sufficient time for processing your request, please complete, sign, and date this form as soon as possible after being removed from a policy.
- 2. Please fax the completed form to (919) 677-9641 or email it to <u>underwriting@lawyersmutualnc.com</u>.
- 3. For questions, please call (919) 677-8900 or (800) 662-8843.

Applicant Name:			Bar Number:		
Name of	Firm Departing:		Policy Number:		
Departure	e Date (last day worked at firm):				
Reason:	retiring?	□ Yes	□ No		
	leaving private practice?	□ Yes	🗆 No	(e.g., in-house counsel, judicial, state government, etc.)	
	moving out of North Carolina?	□ Yes	□ No		
	joining another firm?	□ Yes	🗆 No	Name of firm:	
	other?	□ Yes	🗆 No	(e.g., firm dissolving)	
	deceased?	□ Yes	□ No	(If yes, please contact the underwriting department.)	
revok	ny applicant's right to practice law ed or has an investigation or discip pension or disbarment been institu	linary proc	eeding(s)	which could result LI Yes LI No	
payment address pro	of invoices for the ERE: (Lawyers Mut	ual will send nd Lawyers N	all billing ir 1utual is una	and email for the person responsible for formation regarding this ERE to the forwarding able to reach the responsible payer at the address	
Name:		Email:			
Address:				Phone: ( )	

Signature of Applicant/ Representative of the Estate of the Applicant Date

\*In accordance with the Insuring Agreement, **CONDITIONS - Extended Reporting Endorsement**, the quote must be accepted and additional premium paid within 30 days after removal from the policy or expiration of the policy.