



LAWYERS
MUTUAL

LIABILITY INSURANCE
COMPANY OF
NORTH CAROLINA

1001 Winstead Drive, Suite 285 | Cary, North Carolina 27513
Post Office Box 1929 | Cary, North Carolina 27512-1929
919.677.8900 | 800.662.8843 | www.lawyersmutualnc.com

ADDITIONAL ATTORNEY APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

1. Please have the firm and each newly hired attorney complete this application within 30 days of hire.
2. Please fax the completed application to (919) 677-9641 or email it to underwriting@lawyersmutualnc.com.
3. For questions, please call (919) 677-8900 or (800) 662-8843.

Part 1: To be completed by the firm.

Firm Name: _____ Policy Number: _____

Office Address: _____

Full Name of Additional Attorney: _____

Date Joined/Joining Firm as a Licensed Attorney: _____

Position Within Firm: _____ Estimated Hours to be Worked/Week: _____

Area of Practice, if known: _____

If this attorney was previously or is currently insured by Lawyers Mutual, do you want the attorney to be considered for Prior Acts Coverage?* Yes No

Signature of Managing Attorney

Date

*Claims-made policies typically afford coverage for attorneys of the firm commencing on the date they join the firm. In some instances coverage may also be extended to a newly hired attorney under your firm's policy for work done by that attorney at a prior firm if the attorney was previously or is currently insured by Lawyers Mutual. There are benefits and risks associated with requesting prior acts coverage for newly hired attorneys. If you have any questions, please contact us for more information.

Part 2: To be completed by the newly hired attorney.

Date of Birth: _____ Male Female

Office Email: _____

Law School Attended: _____

North Carolina License Information: _____
Year, Bar No.

Additional License Information, if any: _____
Year, State, Bar No. Year, State, Bar No.

Previous Insurance (last 5 years)
CARRIER: _____

EFFECTIVE DATE: _____

Name of Previous Employer, if any: _____

For questions 1-10, please attach, on a separate paper, an explanation for any "Yes" response.

1. Have you ever been refused admission to practice, reprimanded, disbarred, or suspended (including voluntary suspension) by any court or State Bar?
 Yes No
2. Have you ever been convicted of a felony or a crime involving moral turpitude?
 Yes No
3. Are you aware of any grievance, or sanction awarded against you, with any court, or administrative agency, State Bar, or other regulatory body?
 Yes No If yes, attach all documentation.
4. Are you aware of any professional liability claim(s) or suit(s) made against you, or action filed against you, or claim paid on behalf of you?
 Yes No If yes, attach all documentation.
5. Are you aware of any circumstance, act, error, or omission which could result in a professional liability claim against you?
 Yes No If yes, please attach a copy of the notice to your insurance carrier.
6. Has any prior professional liability insurance coverage been declined, cancelled, non-renewed, or offered with a deductible clause higher than standard, or premium surcharge, because of claims?
 Yes No
7. Are you a partner, associate, employed lawyer, of counsel, independent contractor, or contract lawyer of a law firm other than the named firm?
 Yes No If yes, please name firm.
8. Are you an independent contractor, contract lawyer, or employee of any entity other than the named firm?
 Yes No If yes, please list employer and describe the nature of employment and percentage of total time devoted to this activity.
9. Have you ever entered into any contract or agreement, written or oral, guaranteeing results of any professional service rendered by you or by persons under your supervision?
 Yes No
10. Do you plan on soliciting and/or representing clients in matters or handling cases in states other than North Carolina?
 Yes No

I hereby declare that the foregoing statements and particulars are true and I have not suppressed or misstated facts and I agree that this application shall be the basis of the contract with The Company; and it is agreed that all representations contained herein are material as a matter of law, and that I will immediately notify The Company, said representations being deemed continuing, of any change in facts occurring prior to issuance pursuant hereto.

It is understood that this is an application for insurance and not an insurance binder.

Signature of Newly Hired Attorney

Date