



Additional Attorney Request

1. Name of Firm _____

2. New Attorney Information

Attorney Name	Designation*	State Licensed to practice law	ANNUAL Hours worked	Joined Firm MM/DD/YYYY	# of years in practice

3. Will any attorney be performing professional services outside of the Named Insured? Yes No

4. Does the firm anticipate handling any new areas of practice due to the new hire? Yes No

5. After inquiry of all new attorneys, within the past 5 years has any attorney:

- a. been the subject of any regulatory investigation or inquiry; suspended or disbarred from practice; or charged, indicted or been convicted of any criminal charge? Yes No
- b. know of any professional liability claims made against the firm, its affiliates or its personnel? Yes No
- c. become aware of any act, error or omission or fee dispute which might become the basis of a claim against the firm or its personnel? Yes No

Signature

Date