



725 Heartland Trail, Suite 300
Madison, WI 53717

LAWYERS PROFESSIONAL LIABILITY INSURANCE

Additional Lawyer Application

This Application is for a Claims Made and Reported Insurance Policy

Please complete this application for each lawyer who joins your firm during the policy period and was not named in your policy application.

Firm Name: _____

Lawyer's Name: _____ Lawyer State Bar Number: _____

Lawyer status: Full-Time Part-time _____ hours per month

Please use the following designations:

"O" Officer, Director, or Shareholder
"P" Partner

"E" Employed lawyer
"C" Of Counsel or Part-time lawyer

Date Lawyer Joined Firm _____ Designation _____

Year Admitted to Wis. Bar _____ Years in Practice _____

1. Has any professional liability claim or suit ever been made against the lawyer named above?
 Yes Please attach explanation. No
2. Is the lawyer named above aware of any professional liability claim or any claim incident, act or omission that a reasonably prudent lawyer might expect to be the basis of a claim or suit?
 Yes Please attach explanation. No
3. Is the lawyer named above a former shareholder or partner in any previous law firm?
 Yes Please identify firm(s). No
4. If the answer to question 3 is yes:
Is the lawyer named above aware of any professional liability claim or any claim incident, act or omission in any previous firm that a reasonably prudent lawyer might expect to be the basis of vicarious liability to this lawyer?
 Yes Please attach explanation. No
5. If the lawyer named above was affiliated with other firms during the past five years, list the name of each firm and the years the lawyer was affiliated with each firm.
6. Is the lawyer named above currently a member of any law firm?
 Yes Please identify firm(s). No

