



NEW ATTORNEY SUPPLEMENT

Firm Name:	
Policy Number:	

Name of New Attorney	New Attorney Relation To Firm (Select One)					
	A	Associate	MEM	Member of Firm	RP	Retired Partner
	CC	Co-Counsel	MGR	Manager	SP	Solo-Practitioner
	D	Director	NP	Non-equity Partner	SPC	Special Counsel
	E	Employee	O	Owner	STC	Staff Counsel
	EP	Equity Partner	OC	Of Counsel	SHH	Shareholder
	IC	Independent Contractor	OF	Officer	STH	Stockholder
	LLP	Limited Liability Partner	P	Partner		

Average # of hours per week	State(s) licensed to practice law	Years in Practice	Date the attorney was hired / began practicing law for the firm (mm/dd/yy)	# of years of continuous malpractice coverage	Prior Acts Date (can be found on previous policy)	Date CNA Risk Mgmt Seminar Attended (mm/dd/yy)	Bar Member? <input type="checkbox"/> YES <input type="checkbox"/> NO

1. Did the attorney begin practicing law on a date different from the date admitted to the bar? YES NO
 If YES, please provide details: _____
2. Has the attorney been refused admission to practice, disbarred, suspended or formally reprimanded, or been subject to any disciplinary inquiry, complaint or proceeding for any reason other than non-payment of dues within the past five years? YES NO
 If YES, please provide details: _____
3. Has a professional liability claim been made in the past five years against the attorney or any predecessor firm? YES NO
 If YES, please complete the Claim / Incident Supplement.
4. Please advise if these measures were taken by the firm before extending an offer to the attorney. These measures protect the firm:

a. Verification of bar admission(s)	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Investigation of outside interests, e.g., director and officer positions and controlling interests in entities other than the firm.	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Investigation of possible and actual conflicts of interest, e.g., clients of prior firm(s) and equity interests in clients.	<input type="checkbox"/> YES <input type="checkbox"/> NO
d. Require the purchase of an extended reporting period endorsement, if available.	<input type="checkbox"/> YES <input type="checkbox"/> NO
e. Disclosure of past and potential claims.	<input type="checkbox"/> YES <input type="checkbox"/> NO
f. Warranty letter regarding no known claims or potential claims.	<input type="checkbox"/> YES <input type="checkbox"/> NO
g. Other, please describe:	<input type="checkbox"/> YES <input type="checkbox"/> NO



5. Please advise if these measures were taken by the firm to protect from possible claims after the attorney is employed by or joins the firm:

- a. Training in office procedures, e.g., docket and conflict of interest systems, mail and confirmation letters. YES NO
- b. Integration into the firm culture. YES NO
- c. Periodic review of clients, matters and performance. YES NO
- d. Other, please describe: _____

6. Coverage Information

- a. Advise of the type of coverage desired for the attorney. (Subject to underwriting approval and continuous professional liability insurance coverage.)
 - i. Inclusion of Prior Acts: The firm elects to extend coverage for all legal services performed by this attorney back to the date admitted to the bar or to any Individual Retroactive date currently held by the attorney. (This date can be found on the attorney's current policy.) YES NO
 - ii. Exclusion of Prior Acts: The firm elects to exclude from coverage services performed prior to the date of hire. A Named Individual Retroactive Date endorsement will be added to the policy for the attorney indicating the date of hire as the "prior acts date". YES NO
- b. Has the attorney been continuously insured for the past 5 years? YES NO
If YES, please provide details below:

Prior Insurance History	Insurance Carrier	Limit Per Claim / Aggregate	Policy Term From / To mm/dd/yy	Employer / Previous Firm
Current Year				
Previous Year 1				
Previous Year 2				
Previous Year 3				
Previous Year 4				

7. Please advise if in the past 5 years the attorney has provided legal services in connection with the following practice areas. (If YES, related supplements must be completed. Supplements can be printed from our website www.Gilsbarpro.com or requested by calling 800-906-9654.)

- a. Securities YES NO
- b. Entertainment YES NO
- c. Intellectual Property YES NO
- d. Mass Tort / Class Action / MDL YES NO

8. Of Counsel / Independent Contractor Information (Complete only if relevant)

- a. If the attorney has an individual lawyers' professional liability policy separate from the firm does he / she intend to maintain this policy? YES NO
If yes, please provide a declarations page, certificate of insurance or written verification including carrier, limits and policy period.
- b. Explain the relationship between the attorney and the firm. _____

I/We affirm that the information contained herein is true and complete to the best of my / our knowledge and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy.

Signature of Applicant Attorney

Date

Signature & Title of Principal or Partner

Date