

725 Heartland Trail, Suite 300 Madison, WI 53717

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.

Fi	m Name:			
La	wyer's Name:	Lawyer State Bar Number:		
La	wyer status: 🛛 Full-Time 🗌 Part-time	hours per month		
Pl		oyed lawyer ounsel or Part-time lawyer		
Da	te Lawyer Joined Firm	Designation		
Ye	ar Admitted to Wis. Bar	Years in Practice		
 Has any professional liability claim or suit ever been made against the lawyer named above? Yes Please attach explanation. No 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 of Yes Please identify firm(s).	or partner in any previous law firm?		
4.		onal liability claim or any claim incident, act or omission in any ght expect to be the basis of vicarious liability to this lawyer?		
5.	If the lawyer named above was affiliated with oth and the years the lawyer was affiliated with each	er firms during the past five years, list the name of each firm firm.		
6.	Is the lawyer named above currently a member of Yes Please identify firm(s).	any law firm?		

with yours?	with yours?			
2	Please attach explanation.	□ No		
services this lawyer	ed above, do you want your current policy to pro rendered prior to joining your firm? Additional premium will be charged. No premium will be charged for the remainder			
2	ed above ever been subject to disciplinary action Please attach explanation.	or reprimand?		
2	ed above ever been canceled or refused insuranc Please attach explanation.	e by any insurance carrier?		
	ned above serve as an officer or director of any in Please attach explanation.	nstitution that is also a client of your firm?		
12. Does the lawyer named above hold any stock or have any financial interest in any institution that is also a client of your firm?				
Tes Yes	Please attach explanation.	□ No		
	ned above currently have lawyers professional li			
14. Has the lawyer named above been interviewed by someone in your firm for the purpose of identifying possible conflicts of interest?				
□ Yes		□ No Please attach explanation.		
Representation	The above information has been reviewed and i	s certified to be correct.		
We understand that the information submitted on this application becomes a part of the policy for professional liability insurance and is subject to the same terms and conditions.				

(signature of owner, partner or officer of the firm)

(signature of lawyer named above)

(date)