



**NEW LAWYERS  
SUPPLEMENTAL APPLICATION**

**Administered by:**  
PCM Services, LLC  
11 Hanover Square, 6<sup>th</sup> Fl.  
New York, NY 10005-2863

**APPLICANT'S INSTRUCTIONS:**

This form is to be completed for each new lawyer joining the Firm. If space is insufficient to answer any question fully, attach a separate sheet. Answer all questions completely.

1. Firm Name/Named Insured: \_\_\_\_\_
2. Date new lawyer joined the Firm: \_\_\_\_\_ 3. Policy Number \_\_\_\_\_
4. Please complete the following for the newly affiliated/applicant lawyer:

APPLICANT LAWYER'S NAME	DATE OF BIRTH MM/DD/YY	DATE ADMITTED TO THE BAR	DESIGNATION *	MAJOR AREA OF PRACTICE LAWYER'S SPECIALTY FOR THIS FIRM

\* Designation Codes: Partner (P) Lawyer (L) Of Counsel (OC) Independent Contractor (IC)

5. Have you ever been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, fined or held in contempt by any court, state or local bar association, administrative agency, or regulatory body? If Yes, provide complete details on a separate sheet, including a copy of the court's final opinion.  Yes  No
6. Have you had a disciplinary complaint or grievance made to any court, bar association, administrative agency or regulatory body in the past five (5) years that resulted in any formal censure or other formal action? If Yes, please provide complete details on a separate sheet.  Yes  No
7. a. Has any professional liability claim or suit been made in the past five (5) years against you?  Yes  No  
b. If Yes, indicate the total number of claims: \_\_\_\_\_
8. a. Do you know of any act, error, omission or Personal Injury that might reasonably be expected to result in a professional liability claim or suit against you?  Yes  No  
b. If Yes, indicate the total number of such incidents: \_\_\_\_\_

If Yes to Question 7. or Question 8. above, a Claim Information Supplemental Application must be completed for each claim or incident in order for this supplemental application to be considered.

**IMPORTANT NOTICE: Report all known claims and/or circumstances to the newly affiliated/applicant lawyer's current insurer. If any lawyer proposed for insurance has knowledge of an act, error, omission or Personal Injury that might reasonably be expected to result in a claim, then such claim is excluded from any coverage that may be provided by the Company. Further, failure to disclose such claim, or such act, error, omission or Personal Injury may result in any insurance being void and/or subject to rescission.**

The undersigned understands the information submitted herein becomes a part of the Applicant firm's Professional Liability Insurance Application and is subject to the same warranty and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Signature of Owner, Officer or Partner	Print or Type Name and Title	Date (month-day-year)
Signature of Attorney applying for coverage	Print or Type Name and Title	Date (month-day-year)