

**PROFESSIONAL LIABILITY INSURANCE  
ADD LAWYER INFORMATION SUPPLEMENT**

**Medmarc Casualty Insurance Company • PO Box 10809 • Chantilly, VA 20153-0809 • 800.356.6886 • 703.652.1300 • Fax 703.652.1389**

1. New Lawyer: \_\_\_\_\_ Name of Insured Firm: \_\_\_\_\_

New Lawyer Position in this Firm *	Average Hours Per week	State Bar Admissions	Year Admitted	Years in Practice	Area of Practice Specialty	Date of Hire
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\* Positions: "O" Owner/Officer/Partner "A" Associate/Employed Lawyer "OC" Of Counsel "IC" Independent Contractor

Name of Prior Firm	Exact Dates Associated From ( MDY) to (MDY)	Professional Liability Carrier	Primary Area of Practice	Position in Firm *
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2. Have you or your prior firm purchased an Extended Reporting Period Endorsement (ERP) on your behalf? ..... Yes ☐ No ☐

**If yes: ERP Effective from:** \_\_\_\_\_ **to** \_\_\_\_\_

3. Does your new firm (Insured Firm listed above) wish to provide prior acts coverage? (Prior acts coverage means coverage for acts or omissions that occurred prior to the Date of Hire listed in Question 1. above.) ..... Yes ☐ No ☐

**If yes, what retroactive date is being requested? Requested Retroactive Date:** \_\_\_\_\_ **(Please attach proof of insurance showing continuous coverage from this date to the date of hire.)**

4. Are you an employee of any organization other than the Insured Firm listed above? ..... Yes ☐ No ☐

**If yes, please explain:** \_\_\_\_\_

5. Within the last 6 years, have you acted as a director, officer, partner or trustee for, or exercised any form of managerial or fiduciary control over, any business enterprise other than the Insured Firm? ..... Yes ☐ No ☐

**If yes, please complete the Outside Interests Supplement.**

6. Have you ever been the subject of any investigation or disciplinary action regarding your license to practice law? ..... Yes ☐ No ☐

**If yes, please explain on a separate sheet.**

7. Have you ever had any professional liability insurance declined, cancelled, refused to renew, or accepted only on special terms? **If yes, please explain on a separate sheet.** ..... Yes ☐ No ☐

8. Have you ever been refused admission to the bar or any bar association, court or administrative agency? ..... Yes ☐ No ☐

**If yes, please explain on a separate sheet.**

9. In the past five (5) years have there been any claims or suits made against you regarding services you performed or failed to perform? **If yes, please complete a Claim Information Supplement.** ..... Yes ☐ No ☐

10. Are you aware of:

- a. any circumstance, act, error or omission which could be the basis of a claim or suit? ..... Yes ☐ No ☐
- b. any potential malpractice claim or suit reported to a previous insurance carrier? ..... Yes ☐ No ☐
- c. any adverse judgment which could be the basis of a claim or suit? ..... Yes ☐ No ☐
- d. any missed statute of limitations? ..... Yes ☐ No ☐

- e. any dissatisfaction with representation? ..... Yes ☐ No ☐
- f. any client, client representative or lawyer that has made an oral or written threat of filing a lawsuit or filing a grievance with a regulatory board? ..... Yes ☐ No ☐

**If yes to any of a. through f. above, please provide details on a separate sheet, and advise the number of potential claims.** \_\_\_\_\_

11. Have all claims, potential claims and incidents been reported to your current or former professional liability insurer? ..... Yes ☐ No ☐  
**If no, please note: To avoid loss of coverage, it is imperative that all known claims and/or circumstances, acts, errors or omissions that could result in a professional liability claim against you, your current firm, its predecessor firms or any lawyers in the firm be reported to your current insurer within the time period specified in your current policy.**

12. Have the firm's areas of practice changed with your addition to the firm? ..... Yes ☐ No ☐  
**If yes, please explain:** \_\_\_\_\_

13. Have you continued representation of any clients or cases from your prior law firm? ..... Yes ☐ No ☐  
a. Has each case been reviewed for potential conflicts of interest? ..... Yes ☐ No ☐  
b. Has each case been entered into all docket control systems? ..... Yes ☐ No ☐  
c. Has each case been reviewed for potential claims? ..... Yes ☐ No ☐  
d. Has each client been notified of the change in law firm? ..... Yes ☐ No ☐  
e. Has each client received an updated engagement/retention letter? ..... Yes ☐ No ☐  
**If no to any of the above, please explain on a separate sheet.**

14. As to all former clients for which you have entered an appearance, and who are no longer your clients, has a substitution of lawyer or withdrawal of appearance been completed? ..... Yes ☐ No ☐  
**If no, please explain on a separate sheet.**

15. During the past five (5) years, have you practiced in any of the following areas of law: Securities, Bond work, Intellectual Property, Financial Institutions (Regulatory), International (other than immigration), Antitrust, ERISA? ..... Yes ☐ No ☐  
**If yes, please describe on a separate sheet the nature of your practice in these areas.**

16. During the past ten (10) years, have you had any equity interest or served as director, officer, partner, general counsel, or member of any committee of any entity which is a past or present client? ..... Yes ☐ No ☐  
**If yes, please complete the Outside Interests Supplement.**

<b>Fraud Warning</b> – I acknowledge the applicable fraud warning for my state as shown on the Fraud Warning Notices Page. <input type="checkbox"/>
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### Consent to Conditions of Consideration of the Application for Insurance

I accept the following conditions during the processing and consideration of my application—regardless of whether or not I am granted insurance—and for the duration of the insurance which may be issued to me:

To the fullest extent permitted by law, I extend absolute immunity to, and release ProAssurance, its directors, officers, agents, employees and other authorized representatives from any and all liability for any acts pertaining to my application for insurance, including ultimate cancellation, rejection, or approval for insurance, and any communications, reports, records, statements, documents, or disclosures, including otherwise privileged or confidential information, made or given in good faith with respect to such application.

Signature of New Lawyer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Partner, Officer or Owner of Applicant Firm: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

Important: Incomplete or incorrect information could require retroactive upward premium adjustment and, in the event of a claim, could lead to a denial of coverage. The following is an Authorization to Release Information which requires your signature. Please read it carefully.

#### Authorization to Release Information

I, the undersigned hereby authorize my present and prior professional liability carriers, (including ProAssurance all affiliates), any and all attorneys who have represented me in connection with any claim of professional liability, and any other individuals, associations or entities having information regarding me, to release to ProAssurance upon its request, any information which in the judgment of any such person noted above, may have bearing upon my acceptability to ProAssurance as a professional liability risk, including but not limited to closed, pending or anticipated claims, underwriting or other information.

I hereby release and agree to hold harmless all persons or organizations, their agents, servants, and employees, ProAssurance, its directors, officers, employees and agents from any liability arising from releasing the above information, notwithstanding the fact that there may be errors, omissions, or mistakes contained in such released information.

I further agree that ProAssurance and all persons and organizations described above may rely upon a photo copy of this Authorization, which shall be of equal validity with the signed original.

I hereby declare and represent that the foregoing statements and particulars are, to the best of my knowledge and recollection, complete and that I have not willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof:

Signature of New Lawyer: \_\_\_\_\_ Date: \_\_\_\_\_

#### For Agent's Use Only (Where Required By Law)

Name of Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Agent's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### Fraud Warning Notices

Please read the fraud warning notice for your state:

**General Fraud Warning** – Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Alabama Fraud Warning** – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**Arizona Fraud Warning** – For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**California Fraud Warning** – For your protection, California law requires the following to appear on this form: any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado Fraud Warning** – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia Fraud Warning** – It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Delaware Fraud Warning** – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**Florida Fraud Warning** – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Idaho Fraud Warning** – Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

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

**Maine Fraud Warning** – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland Fraud Warning** – Any person who knowingly or willfully presents a false or fraudulent claim for payment for a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Massachusetts Fraud Warning** – A Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**Minnesota Fraud Warning** – A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire Fraud Warning** – Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**New Jersey Fraud Warning** – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico Fraud Warning** – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York Fraud Warning** – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio Fraud Warning** – Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma Fraud Warning** – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon Fraud Warning** – Any person who, with an intent to knowingly defraud or knowingly facilitate a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement or a material fact, may be guilty of insurance fraud.

**Pennsylvania Fraud Warning** – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Tennessee Fraud Warning** – It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**Vermont Fraud Warning** – Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Virginia Fraud Warning** – It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**Washington Fraud Warning** – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**West Virginia Fraud Warning** – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.