

NEW LAWYER INFORMATION

Firm Name: _____

Lawyer's Name: _____

Lawyer's Email Address: _____

Date of Hire (as a lawyer)	Florida Bar Number	Number of years in private practice	Board Certified by The Florida Bar?	Total % of practice in Dade, Broward & Palm Beach Counties

1. Will you be handling out of state matters on behalf of the above named firm? No Yes - please attach explanation including which states, nature of matters and percentage of receipts

2. Have you ever been charged with a crime? No Yes - please attach explanation

3. Have you ever been the subject of an admonishment, reprimand or other disciplinary action by any bar association, court or administrative agency? No Yes - please attach explanation

4. Has any professional liability claim or suit been made against you within the past 5 years? No Yes - please complete the Supplemental Claim Form

5. Do you know of any circumstance, act, error or omission that could result in a professional liability claim against you? No Yes - please complete the Supplemental Claim Form

The undersigned certifies that all responses are true, accurate, and complete and no material fact has been suppressed or misstated. The undersigned also understands and agrees that no coverage will be provided for acts, errors or omissions occurring prior to the above hire date unless the firm requests prior acts coverage and such coverage is added by endorsement.

New Lawyer Signature

Date

Partner, Officer or Owner Signature

Date