

NEW LAWYER INFORMATION

Firm Name: _____

Lawyer's Name: _____

Lawyer's Email Address: _____

Lawyer's Relationship with Firm: _____

Date of Hire (as a Lawyer)	Florida Bar #	Years in private practice	Board Certified by The Florida Bar?	Top 3 Counties That You Practice in <u>30% OR MORE</u> (and the % in each)
				1- % 2- % 3- %

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

2. Have you ever been charged with a crime? ☐ No ☐ Yes - 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 – Attach Explanation.

4. Has any professional liability claim or suit been made against you within the past 5 years? ☐ No ☐ Yes - Complete the Claim Supplement.

5. Do you know of any circumstance, act, error or omission that could result in a professional liability claim against you? ☐ No ☐ Yes - Complete the Claim Supplement. *Any such claims are not covered under this policy.*

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.

Lawyer's Signature

Date

Partner, Officer or Owner Signature

Date

FLPL-NEWLAWYER