

LEGAL MUTUAL LIABILITY INSURANCE SOCIETY OF MARYLAND

502 Washington Avenue, Suite 650
Baltimore, MD 21204-4520

Tel: 800-638-8947
Fax: 800-287-6800

ADDITIONAL ATTORNEY SUPPLEMENTAL APPLICATION

This form is to be completed by the insured for each new attorney joining the firm.

1. Named Insured _____ Policy No. _____

2. Name of new attorney: _____ Date joined the firm: _____

3. Name(s) of attorney(s) to be deleted: _____ Date left the firm: _____

4. Complete the following for each new attorney joining the firm:

Attorney Name	Designation (See Below)	State/Month/Year Admitted to Bar	No. of Years in Private Practice	Primary Area of Practice

Designation Code: P=Partner / O=Officer / E=Employed Associate / C=Of Counsel

5. Please list all prior positions, each place of employment, professional liability insurer and dates of employment:

Position	Employer	Insurer	Dates of Employment

If an Extended Reporting Period ("Tail") Endorsement was purchased, please provide the effective date, term and who is insured by the endorsement.

6. a. Have any claims or suits ever been made against the attorney joining the firm? ___ Yes ___ No

b. Is the attorney joining the firm aware of any circumstances, act, error or omission that may result in a claim or suit against them? ___ Yes ___ No

7. Has the attorney joining the firm ever been disbarred, suspended, sanctioned or reprimanded by any court, administrative agency or regulatory body? ___ Yes ___ No

8. Has the attorney joining the firm ever had their professional liability insurance cancelled or non-renewed? ___ Yes ___ No

If "Yes" to questions 6, 7 or 8, please provide details on a separate sheet.

9. a. Is the attorney joining the firm a title insurance agent? ___ Yes ___ No

b. Is the attorney joining the firm a director, officer, partner or employee of another entity? ___ Yes ___ No
If "Yes", please provide details on a separate sheet.

Signature of Attorney joining the firm Date

Signature of Owner, Officer or Partner Date