



Westchester Fire Insurance Co.

### NEW LAWYERS SUPPLEMENTAL APPLICATION

Administered by:  
THE PLUS COMPANIES

#### 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 (If partnership or corporation, show complete firm name): \_\_\_\_\_
2. Date new lawyer joined the Firm: \_\_\_\_\_ 3. Policy Number \_\_\_\_\_
4. Please complete the following for the newly affiliated lawyer:

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 circumstance, situation, act, error or omission that could result in a professional liability claim 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 your Application to be considered.

**IMPORTANT NOTICE: All known claims and/or circumstances that could result in a professional liability claim are specifically excluded from coverage. Report all such claims and/or circumstances to your current insurer. If any circumstance, act, error, or omission exists that could result in a professional liability claim, then such claim and/or any claim arising from such an act, error, omission or circumstance is excluded from coverage that may be provided under this proposed insurance. Further, failure to disclose each claim, act, error, omission or circumstance may result in the proposed insurance being void and/or subject to rescission.**

I understand the information submitted herein becomes a part of my 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)