



Westchester Fire Insurance Co.

**PRIOR ACTS EXTENSION – SPECIFIC
LAWYERS AT SPECIFIED FIRMS
SUPPLEMENTAL APPLICATION**

Administered by:
THE PLUS COMPANIES

APPLICANT’S INSTRUCTIONS:

Please provide the following information with respect to each Attorney requesting coverage for liability while associated with any previous law firm which is not the Named Insured or a predecessor firm of the Named Insured. If space is insufficient to answer any question fully, attach a separate sheet. Answer all questions completely.

APPLICANT FIRM: _____

1. Name of attorney: _____
2. Name of previous Law Firm(s): _____
3. Please indicate time period during which you were associated with each Law Firm listed in 2. above, and all of your corresponding areas of practice:

LAW FIRM	DATE OF HIRE	DATE OF DEPARTURE	AREAS OF PRACTICE

4. Were you a partner or owner of any of the Firm(s) listed in Question 2. above? Yes No
5. a. Has any professional liability claim or suit been made against you at any time during the past five (5) years, arising from your activities while you were a member or associate of any of the Firm(s) listed in Question 2. above or any other Firm? Yes No
- b. Do you know of any circumstance, situation, act, error or omission that could result in a professional liability claim or suit against you? Yes No
- c. If Yes to either Question 5.a. or 5.b., please complete a Claim Information Supplemental Application.

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)