

**AILA Insurance Program
Underwritten by AIX Specialty Insurance Company
Surplus Lines**

Lawyers Professional Liability Insurance

NEW LAWYER SUPPLEMENT

1. Named Insured:

2. Lawyer Name:

3. Address of Practice:

4. Date of Birth: _____

5. Date of Hire: _____

6. Bar / Registration Number(s), State(s) and Date(s) licensed: (use an additional sheet if necessary)

7. Status: Owner Employee Of Counsel Independent Contractor

If your status is "Of Counsel," please provide the following information:

a. Do you work exclusively for the applicant firm? Yes No

b. How many hours per week do you work for the applicant firm? _____

c. Do you have independent professional liability insurance coverage? Yes No

8. What is the average # of hours per week you work? _____

9. Do you have more than 5% ownership in one or more publicly traded companies or more than 15% ownership in one or more companies that are not publicly traded and which are firm clients? Yes No

If you answered "yes," please complete an Outside Interest Supplement.

10. What is the total number of hours of continuing legal education you have completed in the last year?

11. Are you aware of any incident, fact, circumstance, act or omission that could result in a professional liability claim against you? Yes No

If yes, how many? _____

Name(s) of Claimant(s): _____

Please complete a Claim Supplement for each circumstance.

12. In the past five (5) years, has any professional liability claim been made or suit brought against you? Yes No

If yes, how many? _____

Name(s) of Claimant(s): _____

Please complete a Claim Supplement for each claim or suit.

13. Have you been the subject of any of the following disciplinary actions or investigations/proceedings? Yes No

Currently pending investigations/proceedings Reprimand or Censure

Suspension Imposition of a fine

Been refused admission to the bar or any bar association, court or administrative agency

If "yes," provide copies of the complaint, all correspondence with the disciplinary body, and any final orders.

I represent that the statements above are true and complete to the best knowledge of all persons to be insured and that I have not suppressed or misstated any facts, and I/we understand that this supplement becomes part of the application.

_____ Lawyer Signature	_____ Printed Name/Title	_____ Date
_____ Officer/Principal Signature	_____ Printed Name/Title	_____ Date
_____ Agent Signature	_____ Printed Name/License Number	_____ Date