## **Career Coverage Supplement**

## N/A

This Supplement must be completed for each attorney seeking Career Coverage. Information should include all prior firms.

1. Please provide the following details on the attorney for whom Career Coverage is sought (use separate form for

eacn	attor	ney):

Name of Attorney	Date Joined Applicant Firm	Designation Code (1)	Year First Licensed to Practice	State(s) Admitted to Practice	Major Area of Practice for Applicant Firm

Note (1): Designation Code: [P = Partner / Member]; [E = Employed Lawyer]; [PT = Part Time Lawyer – working less than 26 hours per week]

2.

Name of Prior Firm	Start Date at Prior Firm	End Date at Prior Firm	Is Prior Still i Existen	n	Retro Date or Prior Acts Date at Prior Firm	Insurance Limits of Liability at Prior Firm
			Yes	No		
			Yes	No		
			Yes	No		
			Yes	No		
			Yes	No		

Please indicate if any of the following types of services related to mergers or acquisitions have been rendered by the Applicant Firm within the past five (5) years:

3.	Is the attorney for whom Career Coverage is sought aware of any claims or suits arising from professional legal services rendered at any of the above listed Prior Firms in Question 2. above?	Yes	No
	If "yes" to Question 3. above, please explain and provide details on a separate sheet of paper.		
4.	Is the attorney for whom Career Coverage is sought aware of any negligent act, error or omission that could result in a claim, suit or disciplinary matter arising from professional legal services rendered at any of the above listed Prior Firms in Question 2. above?	Yes	No
	If "yes" to Question 4. above, please explain and provide details on a separate sheet of paper.		
5.	Has the attorney for whom Career Coverage is sought had a disciplinary complaint filed in any court, administrative agency or regulatory body, or been disbarred, suspended, reprimanded, sanctioned or held in contempt by any court, administrative agency or regulatory body?	Yes	No

APPLICANT UNDERSTANDS THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

If "yes" to Question 5. above, please explain and provide details on a separate sheet of paper.

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Signature:	Title:	Date:	
Printed Name:	Name of firm:		