

- NAVIGATORS INSURANCE COMPANY (NAV)
- NAVIGATORS SPECIALTY INSURANCE COMPANY (NSIC)



# LAWYERS PROFESSIONAL LIABILITY

## NEW ATTORNEY SUPPLEMENT

Named Insured: \_\_\_\_\_ Navigators Policy Number: \_\_\_\_\_  
 Named of New Attorney: \_\_\_\_\_ Requested Effective Date of Coverage: \_\_\_\_\_

**THE FOLLOWING QUESTIONS MUST BE COMPLETED BY AN OWNER, OFFICER OR PARTNER OF THE FIRM:**

1. Please indicate the projected annual hours the new attorney will work for the Named Insured: \_\_\_\_\_
2. What will be the New Attorney's area of practice? **(Please list the area and the percentage of time devoted to each area):** \_\_\_\_\_

**Please complete the appropriate supplement if the New Attorney will be handling matters from any of the following areas: Class Actions/Mass Torts; Collections; Entertainment; Financial Institution; Intellectual Property (Copyright/Patent/Trademark); Personal Injury Plaintiff; Real Estate; Securities or Bonds; Taxation; or Wills, Estates & Trusts.**

3. Check one of the following: (This question must be answered for the underwriting process to continue).
  - Coverage is requested only for services provided on behalf of the Named Insured. (Coverage will be afforded for services provided effective date of hire. There will be NO individual prior acts for the added attorney).
  - The Named Insured requests to extend coverage for services rendered while this attorney was associated with any prior law firm(s).  
***If selected, please enter the requested individual's prior acts date:*** \_\_\_\_\_  
 Please provide proof of coverage from the requested date to the current date.  
**A premium assessment may be made for any extension of coverage.**

**THE FOLLOWING QUESTIONS MUST BE COMPLETED BY THE NEW ATTORNEY:**

4. a. Position in Firm (check one):  Officer/Director     Shareholder     Partner  
 Employed Attorney     Of Counsel     Independent Contractor
- b. Date of Hire: \_\_\_\_\_ Date Admitted to Bar: \_\_\_\_\_
- c. Have you ever been denied the right to practice, suspended from practice, disbarred, reprimanded or had other disciplinary action against you by any court or administrative agency? . . . . .  Yes  No  
***If yes, please provide details, including dates and current status.***
5. a. Prior Professional Liability Insurance History:

Name of Prior Firm	Dates of Employment	Position O/D, S, P, A, OC, IC	Professional Liability Carrier	Is Firm Still in Existence?	Can you confirm Continuous Coverage
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- b. Was an Extended Reporting Period (ERP) endorsement purchased for any firm named above?  
 Yes  No If yes, Carrier: \_\_\_\_\_ Effective Dates from: \_\_\_\_\_ to: \_\_\_\_\_
- c. How many years have you been continuously insured by an Attorneys Professional Liability Insurance Policy? \_\_\_\_

d. Have you ever had any Attorneys Professional Liability Insurance Policy cancelled or nonrenewed?

Yes  No (Missouri applicants need not respond)

**If yes, please provide details, including name of Carrier, dates and reason for this action.**

\_\_\_\_\_  
\_\_\_\_\_

6. Are you an Employee of any organization other than the Named Insured? . . . . .  YES  NO

**If yes, please provide a detailed narrative:** \_\_\_\_\_

7. a. Do you serve, or have you served, in the past five years, as a Director, Officer, Trustee, Partner, or Employee of any entity? . . . . .  YES  NO

b. Do you have a financial interest in any entity? . . . . .  YES  NO

**If yes to "a" or "b", please complete the Outside Interest Supplement.**

8. Have you, in the past five years, ever represented issuers, underwriters, or affiliates thereof with respect to the issuance, offering or sale of securities or bonds? . . . . .  YES  NO

**If yes, please complete the Securities Supplement.**

9. a. How many claims, incidents, demands and/or disciplinary matters, have been alleged against you, reported to an insurance carrier or otherwise active in the last five years? \_\_\_\_\_

b. In the past five years, how many claims or incidents have been alleged, or otherwise active, against attorneys in your firm (past and present that you have not included in 9.a.)? \_\_\_\_\_

**Please enter a numeric answer and complete supplemental for each claim or incident referred to in Question 9.**

I understand that the information submitted in this supplement becomes a part of my E&O application and is subject to the same warranties and conditions.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**INCOMPLETED, UNSIGNED AND UNDATED APPLICATIONS WILL BE RETURNED FOR COMPLETION.**