



CorePointe Insurance Company
800 Superior Ave East, 21st Floor
Cleveland, OH 44114

LAWYERS PROFESSIONAL LIABILITY MID-TERM NEW LAWYER NOTIFICATION FORM

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| Name of New Lawyer: | | Bar Number: | |
| Firm Name: | | State(s) Admitted: | |
| Date of Hire: | | Date First Admitted: | |
| Status: | <input type="checkbox"/> Of Counsel <input type="checkbox"/> Associate/Employee <input type="checkbox"/> Partner / Owner / Member <input type="checkbox"/> Independent Contractor | | |
| Do you practice part time? | | If yes, average # of hours per week: | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Please answer the following: | | | |

1. a) Has the applicant ever provided legal services involving publicly traded securities or securities that are not exempt from registration? Yes No
 b) If yes, will you be performing these types of services at this firm? Yes No
If yes, please provide a description of services and clients on a separate sheet of paper.
2. a) Has the applicant ever been involved in class action or mass tort litigation? Yes No
 b) If yes, will you be performing these types of services at this firm? Yes No
If yes, please explain on a separate sheet of paper.
3. a) Has the applicant provided services to, or sat on the board of, a financial institution? Yes No
 b) If yes, will you be performing these types of services at this firm? Yes No
If yes, please complete a financial institution supplement.
4. a) Has the applicant ever provided patent, trademark or other intellectual property services? Yes No
 b) If yes, will you be performing these types of services at this firm? Yes No
If yes, please complete the intellectual property supplement.
5. Is the applicant an officer, director, shareholder, member, employee, or exercise fiduciary control over an entity other than the firm named above? Yes No
If yes, please complete an outside interest supplement.
6. In the past ten years, have any claims or suits been made against you or are you aware of any incidents, facts, circumstances, acts or omissions that could result in a claim? Yes No
If yes, a complete Claim Supplement form must be provided for each claim, suit or incident.
7. a. Have you ever been the subject of any reprimand or disciplinary action or refused admission to the bar, any bar association, court or administrative agency? Yes No
 b. Is there any criminal conviction or criminal investigation or proceeding pending against you? Yes No
If yes, give a detailed explanation on a separate sheet and attach to this form. Attached
8. a. Have you been continuously insured for professional liability? Yes No
If yes, provide a copy of your current policy declarations including retroactive date. Attached
 b. Have you ever had an insurance company cancel, non-renew, or restrict your coverage? Yes No
If yes, give a detailed explanation on a separate sheet and attach to this form. Attached
 c. Are you covered under an Extended Reporting Period Endorsement? Yes No
If yes, please provide: Inception Date: _____ Expiration Date: _____

9. Please describe your top three areas of practice for this firm:

| Area of Practice | % of Billable Hours |
|------------------|---------------------|
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10. Provide your employment history for the past five years, or attach a copy of your CV or resume. Attached

| Name of Employer | Date Started | Date Ended | Job Description |
|------------------|--------------|------------|-----------------|
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I declare that the information above is true to the best of my knowledge.

No. of Claim Supplements I have submitted with this form: _____ .

New Lawyer Signature

Date

FRAUD WARNING

ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.