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NEW LAWYER SUPPLEMENT

- INSTRUCTIONS:**
1. Please type or Print.
 2. This form is to be completed by the insured for each new lawyer joining the firm.
 3. If more space is needed, please provide details on firm letterhead.

1. Firm Name _____

2. Lawyer Name _____ State Bar Card Number _____

Date Admitted to Bar	Month/Day/Year Attorney Joined the Firm	Date of Birth	Social Security #	States Licensed to Practice	Primary Area of Practice

3. What is the new lawyer's position in the firm? (check one)
- O Officer, Director or Shareholders
 P Partner
 A Associate or Employed Attorney
 T Part time Attorney
 C Of Counsel Attorney
- _____ Number of hours worked per week
 _____ Number of hours worked per week

4. Provide work history for last 5 years:

Firm Name/Entity	City & State	Position	From	To

5. Is the attorney affiliated with any other law firm(s)? Yes No
 If yes, provide name of firm(s): _____

6. During the past 5 years, has any claim or suit been brought against the attorney, or do they have knowledge of any wrongful act, which might serve as the basis for a future claim? Yes No
 If yes, provide complete details on firm letterhead.

7. Has the attorney ever been refused admission to a state bar, disbarred, suspended from practice, indicted or convicted of a criminal charge, or reprimanded by any court, administrative agency or bar association? Yes No
 If yes, provide complete details on firm letterhead.

✓

 Signature of Owner, Officer or Partner of the Firm

✓

 Date

✓

 New Lawyer Signature

✓

 Date