



Please complete form, print, and fax or mail with attachments. If more space is needed for any response, use a separate sheet.

ProAssurance Casualty Company • 125 Flat Creek Trail, Fayetteville, GA 30214
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LAWYERS PROFESSIONAL LIABILITY INSURANCE NEW LAWYER INFORMATION

This is a Claims-made policy. Please read it carefully.

Firm Name: _____

New Lawyer's Name: _____

Date of Hire	Georgia Bar ID	Number of years in private practice	% of practice in Fulton, Cobb, Douglas, Clayton, Dekalb, Gwinnett

Have you been charged with a crime? No Yes (If yes, please attach explanation)

Have you been the subject of a formal complaint, reprimand or disciplinary action or refused admission to the bar by any bar association, court or administrative agency?
 No Yes (If yes, please attach explanation)

Has any professional liability claim or suit been made against you within the past five years?
 No Yes (If yes, please attach explanation)

Do you know of any circumstance, act, error or omission that could result in a professional liability claim against you or your previous firm? No Yes (If yes, please attach explanation)

Have you had psychological, emotional, drug or alcohol abuse problems within the past five years? No Yes (If yes, please attach explanation)

The undersigned hereby declares that the above statements and particulars are true, that no facts have been suppressed or misstated. The undersigned also understands and agrees that **no coverage will be provided for acts, errors or omissions occurring prior to the above hire date** unless the firm requests prior acts coverage and such coverage is added by endorsement.

New Lawyer Signature Date: _____

Partner, Director, Officer or Owner Signature Date: _____