

*New Lawyer Supplemental Application*

*Underwritten by The Hanover Insurance Company*

**INSTRUCTIONS**

Whenever used in this Application, the term **Firm** shall mean the **Named Insured** proposed for insurance, and **You** or **Your(s)** shall mean the persons and entities proposed for insurance unless otherwise stated.

**A. GENERAL INFORMATION**

1. Name of **Firm**: \_\_\_\_\_
2. Name of New Lawyer: \_\_\_\_\_
3. Date of Hire: \_\_\_\_\_
4. \_\_\_\_\_

Bar/Registration Number	State of Licensure	Date Admitted

5. What is the total number of hours of continuing legal education the New Lawyer has completed in the last year? \_\_\_\_\_
6. Position:    ☐ Owner    ☐ Employee    ☐ Of Counsel    ☐ Independent Contractor
  - a. Does the New Lawyer work exclusively for the **Firm**? ☐ Yes ☐ No
  - b. How many hours per week does the New Lawyer work for the **Firm**? \_\_\_\_\_
  - c. Does the New Lawyer have independent professional liability insurance coverage? ☐ Yes ☐ No
7. What areas of practice will the New Lawyer be performing for the **Firm**, and how many years of experience does the New Lawyer have in each practice area?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. RISK MANAGEMENT**

8. Does the New Lawyer have an interest of more than 15% in any company as a partner, member, principal or stockholder of any business enterprise or any entity not named on this application? ☐ Yes ☐ No  
*If "Yes", please complete the Outside Interest Questionnaire*
9. Does the New Lawyer serve as director, officer, trustee, consultant, or in any other capacity for a firm client? ☐ Yes ☐ No  
*If "Yes", please complete the Outside Interest Questionnaire*

**C. LOSS INFORMATION**

10. During the past 5 years, has any professional liability claim or suit ever been made against the New Attorney, or involving the New Attorney against any of the New Attorney's current or former firms? ☐ Yes ☐ No  
*If "Yes", please indicate how many: \_\_\_\_\_ and submit 5 year loss runs.*
11. Does the New Attorney know of any incident, negligent act, error or omission, or other circumstance that could result in a claim or suit against the New Attorney, or involving the New Attorney against any of the New Attorney's current or former firms? ☐ Yes ☐ No

12. Does the New Attorney know of any fact, circumstance, or situation that might reasonably give rise to a **Claim** that would fall within the scope of the proposed coverage? ☐Yes ☐No  
*If "Yes" to 10., 11. or 12. above, please complete a Claim Supplement for each matter.*
13. During the past five years has the New Attorney been subject to any disciplinary inquiry, complaint, grievance, or proceeding, for any reason including non-payment of dues? ☐Yes ☐No
14. Has the New Attorney ever been refused admission to practice, disbarred, suspended, formally reprimanded, or sanctioned in any other way? ☐Yes ☐No  
*If "Yes" to question 13. or 14. above, please complete the Disciplinary Questionnaire.*

**IMPORTANT:** Without prejudice to any of **Our** other rights and remedies, all of **You** understand and agree that if any such fact, circumstance or situation exists, which is not disclosed in response to the questions above, any claim or action arising from such fact, circumstance or situation is excluded from coverage under the proposed policy.

#### **D. DECLARATIONS, NOTICE AND SIGNATURES**

The undersigned, acting on behalf of the **Firm**, represents that the statements set forth in this Application are true and correct and that thorough efforts were made to obtain requested information from all of **You** to facilitate the proper and accurate completion of this Application.

The undersigned agree that the information provided in this Application and any material submitted herewith are the representations of all of **You** and that they are material and are the basis for issuance of the insurance **Policy** provided by **Us**. The undersigned further agree that the Application and any material submitted herewith shall be considered attached to and a part of the **Policy**. Any material submitted with the Application shall be maintained on file (either electronically or paper) with **Us**.

It is further agreed that:

- If any of **You** discover or become aware of any material change which would render the Application inaccurate or incomplete between the date of this application and the **Policy** inception date, notice of such change will be reported in writing to **Us** as soon as practicable;
- Any **Policy** issued will be in reliance upon the truthfulness of the information provided in this Application.
- The signing of this Application does not bind the **Firm** to purchase insurance.

The information requested in this Application is for underwriting purposes only and does not constitute notice to **Us** under any policy of a **Claim** or potential **Claim**. If the Supplemental Application for coverage is accepted, it will be documented by an endorsement to the **Policy**.

**GENERAL FRAUD NOTICE:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO ARIZONA AND MISSOURI APPLICANTS:** Claim Expenses are Inside the Policy Limits. All claim expenses shall first be subtracted from the limit of liability, with the remainder, if any, being the amount available to pay for damages.

**NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO CALIFORNIA APPLICANTS:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the

purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO IDAHO AND OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO KANSAS APPLICANTS:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to, or by an insurer, purported insurer or insurance agent or broker, any written statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**NOTICE TO MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MICHIGAN APPLICANTS:** Any person who knowingly and with intent to defraud an insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime and subjects the person to criminal and civil penalties.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who knowingly includes any false or misleading information on an application for an insurance policy or files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NOTICE TO NEW HAMPSHIRE APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

**NOTICE TO NEW MEXICO AND RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and with intent to defraud or solicit another to defraud any insurance company: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO VERMONT APPLICANTS:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Note:** This Application must be signed by the New Lawyer proposed for this insurance and a representative of the **Firm** acting as the authorized representative of all of **You**.

<b>Date</b>	<b>Signature/Title</b>
_____ (mm/dd/yyyy)	_____ (New Lawyer Signature)

<b>Date</b>	<b>Signature/Title</b>
_____ (mm/dd/yyyy)	_____ (Chief Executive Officer, President, Chief Financial Officer, Managing Partner or Owner)