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## NEW LAWYER SUPPLEMENT

- INSTRUCTIONS:**
- Please type or Print.
  - This form is to be completed by the insured for each new lawyer joining the firm.
  - 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 \_\_\_\_\_ **Number of hours worked per week**  
 C Of Counsel Attorney \_\_\_\_\_ **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