

P.O. Box 6000
 LONGVIEW, TEXAS 75608-6000
 PHONE: 800.423.5297



4000 TECHNOLOGY CENTER
 LONGVIEW, TEXAS 75605-2697
 FAX: 800.545.4844

It's WHO WE ARE It's WHAT WE DO
 AIM@ATTORNEYSINSURANCE.COM WWW.ATTORNEYSINSURANCE.COM

DEPARTING ATTORNEY FORM

- INSTRUCTIONS:**
1. Please type or print.
 2. This form is to be completed by the insured for each attorney departing the firm.

1. Firm Name: _____

2. Name of Departing Attorney: _____

3. Date Departing Attorney is leaving and should be deleted from this policy: _____
Month/Day/Year

4. Is the Departing Attorney retiring? Yes No

If Yes, please have the retiring attorney contact us for further instructions regarding the non-practicing extended reporting period.

5. Is the Departing Attorney leaving to practice on his/her own? Yes No

If Yes, please have the Departing Attorney contact us regarding the purchase of his/her own professional liability policy so that he/she may **avoid a gap in coverage.**

6. Is the Departing Attorney departing attorney leaving to join another firm? Yes No

If Yes, please have the Departing Attorney contact us regarding information concerning his/her prior acts coverage and the possibility of preserving that coverage at his/her new firm to **avoid a gap in coverage.**

Please provide a forwarding address and a business phone number for the Departing Attorney:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: () _____

✓

Signature of Owner, Officer or Partner of the Firm

✓

Date