



<b>Name of New Lawyer:</b>		<b>Bar Number:</b>	
<b>Lawyer Email Address:</b>		<b>Lawyer Phone No.:</b>	
<b>Firm Name:</b>		<b>State(s) Admitted:</b>	
<b>Date of Hire:</b>		<b>Date First Admitted:</b>	
<b>Status:</b>	<input type="checkbox"/> Of Counsel <input type="checkbox"/> Associate/Employee <input type="checkbox"/> Partner / Owner / Member <input type="checkbox"/> Independent Contractor		
Do you practice part time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, average # of hours per week:</b>	
<b>Please answer the following:</b>			

1. a) Has the applicant ever provided legal services involving publicly traded securities or securities that are not exempt from registration?  Yes  No  
 b) If yes, will you be performing these types of services at this firm?  Yes  No  
**If yes, please provide a description of services and clients on a separate sheet of paper.**
2. a) Has the applicant ever been involved in class action or mass tort litigation?  Yes  No  
 b) If yes, will you be performing these types of services at this firm?  Yes  No  
**If yes, please explain on a separate sheet of paper.**
3. a) Has the applicant provided services to, or sat on the board of, a financial institution?  Yes  No  
 b) If yes, will you be performing these types of services at this firm?  Yes  No  
**If yes, please complete a financial institution supplement.**
4. a) Has the applicant ever provided patent, trademark or other intellectual property services?  Yes  No  
 b) If yes, will you be performing these types of services at this firm?  Yes  No  
**If yes, please complete the intellectual property supplement.**
5. Is the applicant an officer, director, shareholder, member, employee, or exercise fiduciary control over an entity other than the firm named above?  Yes  No  
**If yes, please complete an outside interest supplement.**
6. In the past ten years, have any claims or suits been made against you or are you aware of any incidents, facts, circumstances, acts or omissions that could result in a claim?  Yes  No  
**If yes, a complete Claim Supplement form must be provided for each claim, suit or incident.**
7. a. Have you ever been the subject of any reprimand or disciplinary action or refused admission to the bar, any bar association, court or administrative agency?  Yes  No  
 b. Is there any criminal conviction or criminal investigation or proceeding pending against you?  Yes  No  
**If yes, give a detailed explanation on a separate sheet and attach to this form.**  Attached
8. a. Have you been continuously insured for professional liability?  Yes  No  
**If yes, provide a copy of your current policy declarations including retroactive date.**  Attached  
 b. Have you ever had an insurance company cancel, non-renew, or restrict your coverage?  Yes  No  
**If yes, give a detailed explanation on a separate sheet and attach to this form.**  Attached  
 c. Are you covered under an Extended Reporting Period Endorsement?  Yes  No  
**If yes, please provide:** Inception Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
9. **Please describe your top three areas of practice for this firm:**

Area of Practice	% of Billable Hours

10. Provide your employment history for the past five years, or attach a copy of your CV or resume.  Attached

Name of Employer	Date Started	Date Ended	Job Description

I declare that the information above is true to the best of my knowledge.

No. of Claim Supplements I have submitted with this form: \_\_\_\_\_

\_\_\_\_\_  
New Lawyer Signature

\_\_\_\_\_  
Date