



**PRIOR ACTS EXTENSION – SPECIFIC
LAWYERS AT SPECIFIED FIRMS
SUPPLEMENTAL APPLICATION**

Administered by:
PCM Services, LLC
11 Hanover Square, 6th Fl.
New York, NY 10005-2863

APPLICANT'S INSTRUCTIONS:

Please provide the following information with respect to each lawyer requesting coverage for liability while associated with any previous law firm which is not the Named Insured or a predecessor firm/predecessor in business of the Named Insured. If space is insufficient to answer any question fully, attach a separate sheet. Answer all questions completely.

APPLICANT FIRM: _____

1. Name of lawyer: _____
2. Name of previous Law Firm(s): _____
3. Please indicate time period during which you were associated with each Law Firm listed in 2. above, and all of your corresponding areas of practice:

LAW FIRM	DATE OF HIRE	DATE OF DEPARTURE	AREAS OF PRACTICE

4. Were you a partner or owner of any of the Firm(s) listed in Question 2. above? Yes No
 5. a. Has any professional liability claim or suit been made against you at any time during the past five (5) years, arising from your activities while you were a member or associate of any of the Firm(s) listed in Question 2. above, or any other Firm? Yes No
 - b. Do you know of any act, error, omission or Personal Injury that might reasonably be expected to result in a professional liability claim or suit against you? Yes No
- If Yes, indicate the total number of such incidents _____
- c. If Yes to either Question 5.a. or 5.b., please complete a Claim Information Supplemental Application.

The undersigned understands the information submitted herein becomes a part of the Applicant firm's Professional Liability Insurance Application and is subject to the same warranty and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Signature of Owner, Officer or Partner Print or Type Name and Title Date (month-day-year)

Signature of Attorney applying for coverage Print or Type Name and Title Date (month-day-year)

