



# MINNESOTA LAWYERS MUTUAL

®

INSURANCE COMPANY

## CHANGE IN FIRM NAME

### Instructions:

- This form is to be completed by any insured when a name change occurs during the policy term.
- If space is insufficient to answer any questions fully, use reverse side of this page or attach separate sheet.
- Submit this form to Minnesota Lawyers Mutual at the following address after it has been signed and dated: Minnesota Lawyers Mutual; 333 South 7th Street, Suite 2200; Minneapolis, MN 55402

(Please type or print)

1. Current name shown in Item 1. of the Declarations: \_\_\_\_\_

\_\_\_\_\_

2. Policy number: \_\_\_\_\_

3. Name changed to: \_\_\_\_\_

\_\_\_\_\_

4. Effective date of name change: \_\_\_\_\_

5. Please explain the exact nature of the change: \_\_\_\_\_

\_\_\_\_\_

6. Number of attorneys, regardless of status, who are members of the insured firm and who will continue to be members of the new firm: \_\_\_\_\_

7. Please list all firm members who are leaving:

Name

Last day of employment

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Managing Partner

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date