



MINNESOTA LAWYERS MUTUAL

INSURANCE COMPANY

DELETING AN ATTORNEY

Instructions:

- *This form is to be completed when an attorney leaves the firm during the policy term.*
- *Keep a copy of this form for your file.*
- *Submit the original to Minnesota Lawyers Mutual Insurance Company after it has been signed and dated:
Minnesota Lawyers Mutual Insurance Company; 333 South 7th Street, Suite 2200; Minneapolis, MN 55402*

(Please type or print)

Firm Name: _____

Policy Period: _____ Policy Number: _____

Deleted Attorney's Name: _____

Final Date of Employment: _____

I hereby declare that the above statements and information are true and that I have not suppressed or misstated any facts. I understand that the submission of this form will result in the deletion of the aforementioned attorney from the Named Insured's insurance contract with Minnesota Lawyers Mutual Insurance Company.

Managing Partner/Owner Signature

Date