



# MINNESOTA LAWYERS MUTUAL

INSURANCE COMPANY

## ADDING AN ATTORNEY

### Instructions:

- This form is to be completed when an attorney joins the firm during the policy term.
- If space is insufficient to answer any questions fully, use reverse side of this page or attach separate sheet.
- 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: \_\_\_\_\_

New Attorney Name: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

New Attorney's E-mail: \_\_\_\_\_ Number of Years in Private Practice: \_\_\_\_\_

New Attorney's License ID or Social Security Number: \_\_\_\_\_

Status (Partner, Associate, Of Counsel<sup>1</sup> or Independent Contractor<sup>2</sup>): \_\_\_\_\_

<sup>1</sup> Minnesota Lawyers Mutual defines an "Of Counsel" as an attorney in an advisory position with no client contact. Coverage is intended for the retired or non-practicing attorney.

<sup>2</sup> Minnesota Lawyers Mutual defines an "Independent Contractor" as an attorney who is not an employee of your firm, who you hire to perform legal services on behalf of your clients. This would not include a co-counsel or referral arrangement.

**Note: Coverage for an "Of Counsel" or "Independent Contractor" is only for services performed on behalf of the insured firm.**

1. Was the new attorney insured prior to joining this firm?  Yes  No
2. Has the new attorney been continuously insured for the past 5 years of private practice or since entering private practice if he or she has been in private practice less than 5 years?  Yes<sup>1</sup>  No<sup>2</sup>  
<sup>1</sup> If "Yes", provide the date the new attorney entered private practice (mo/yr) \_\_\_\_\_  
<sup>2</sup> If "No", provide the date the new attorney was first continuously insured or his or her current Prior Acts Retroactive Date (mo/yr) \_\_\_\_\_
3. If you qualify, is prior acts coverage desired? \*  Yes  No  
\* Prior acts coverage is significant in that there will be no coverage for claims made which arise out of acts, errors or omissions which occurred prior to the Prior Acts Retroactive Date. The new attorney may or may not have coverage for past acts elsewhere. Please consider this decision carefully. (There is an additional charge for prior acts coverage.)
4. Does the new attorney spend 25% or more of his or her time as a city or county attorney?  Yes\*  No  
\* If "Yes", is coverage desired for this work?  Yes  No
5. Does the new attorney spend 25% or more of his or her time as a public defender?  Yes\*  No  
\* If "Yes", is coverage desired for this work?  Yes  No

**Continued on Back**

6. Does the new attorney engage in any business other than the practice of law? Do not include teaching, property leasing or farming.  Yes  No  
If "yes", please describe: \_\_\_\_\_

7. In addition to your professional services to or on behalf of the Named Insured, are you engaged in the practice of law for any other law firm and/or entity?  Yes\*  No  
\* If "yes", please describe: \_\_\_\_\_

8. a. In the past 5 years, has the new attorney engaged in any mass tort or class action cases?  Yes  No  
*\* Do not include cases in which the only involvement was a referral where no fee was or will be retained, and the applicant firm or the attorney performed no work on that matter.*

b. Has the new attorney represented any clients with respect to the sale or issuance of debt or equity securities in the past 48 months? \*  Yes  No  
*\* Do not include isolated transactions involving only insiders or fewer than 4 persons, such as may occur in the organization of a corporation or limited partnership, where no notice or filing is required with the SEC or state agency.*

**CLAIMS, POTENTIAL CLAIMS AND DISCIPLINE**

AS DEFINED BY THE POLICY, THE TERM "CLAIM" MEANS A DEMAND OR SUIT RECEIVED BY THE INSURED FOR MONEY OR SERVICES. IT ALSO MEANS ANY INCIDENT WHICH COULD REASONABLY SUPPORT SUCH A DEMAND OR ANY COMMUNICATION OR NOTICE TO THE INSURED OF A POTENTIAL CLAIM.

9. Has the new attorney ever been disciplined publicly or privately for an ethics violation?  Yes  No

10. Have any claims been made that involve the new attorney while at any previous firm(s) within the last 5 years?  Yes  No

11. Is the the new attorney aware of **any** incident which could **reasonably** result in a claim being made against the new attorney?  Yes  No

**If "Yes" to questions 9, 10 or 11 please give full details and provide copies of relevant documents.**

I hereby declare that the above statements and information are true and that I have not suppressed or misstated any facts. I agree that this application shall be the basis of a possible subsequent endorsement to the Named Insured's insurance contract with Minnesota Lawyers Mutual Insurance Company. If the Company accepts this form by adding the attorney to the policy, this application shall be part of the basis of the policy of insurance and incorporated therein.

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
New Attorney's Signature

\_\_\_\_\_  
Owner Partner or Authorized Officer Signature

**PLEASE KEEP A COPY OF THIS FORM FOR YOUR FILE**