



MINNESOTA LAWYERS MUTUAL

INSURANCE COMPANY

ADDING AN ATTORNEY APPLICATION

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/Affiliation: _____

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

New Attorney's License ID (If not available, use last 4 digits of Social Security Number): _____

Attorney Status: ☐ Owner ☐ Partner ☐ Member ☐ Associate/Employee ☐ Of Counsel¹ ☐ Independent Contractor²

¹ Minnesota Lawyers Mutual defines "Of Counsel" as an attorney in an **advisory position with no client contact**. Coverage is intended for the retired or non-practicing attorney that acts in an advisory capacity only and has NO client contact.

² Minnesota Lawyers Mutual defines an "Independent Contractor" as an attorney who is **not an employee of your firm**, whom you hire to perform legal services on behalf of your clients. This does 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. If you qualify, is prior acts coverage desired? ☐ Yes¹ ☐ No²

* 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.)

¹ If yes to question 1, please answer a and b below.

² Go to Question 2

a. 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? ☐ Yes¹ ☐ No²

¹ If "Yes", provide the date the new attorney entered private practice (mo/yr) _____

² If "No", provide the date the new attorney was first continuously insured or his or her current Prior Acts Retroactive Date (mo/yr) _____

b. Please complete the following for the last five years:

Employer	Dates of Employment/Affiliation (mo/yr) to (mo/yr)		Position/Title	State(s) in Which the Attorney Practiced

2. 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
3. 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
4. Does/will this attorney consistently practice less than 81 hours a month on behalf of the Named Insured? ☐ Yes* ☐ No
 *If Yes, will the attorney maintain this limited practice for the next year? ☐ Yes ☐ No
5. 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: _____
6. 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: _____
7. List each state or country (other than the United States) in which the new attorney will practice law and the estimated percentage of their time spent in each state or country (other than the United States).
- | State or Country | Estimated Percentage of Attorney's Total Time |
|------------------|---|
| | % |
| | % |
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

You must report any known claim, lawsuit, incident, act, error, omission, situation, transaction or event that could reasonably support or lead to a claim or lawsuit in the future, to your current professional liability insurer before the claims-reporting period under that policy expires. Any claim or lawsuit arising from such known claim, lawsuit, incident, act, error, omission, situation, transaction or event would not be covered under the proposed insurance policy with Minnesota Lawyers Mutual Insurance Company.

9. Has the new attorney ever been disciplined publicly or privately for an ethics violation or does the new attorney have any pending ethics complaints? ☐ 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 new attorney aware of **any** incident (whether previously reported or not), which could **reasonably** result in a claim being made against the new attorney? The answer should include meritless cases, problematic situations, even if the client hasn't yet complained, and any claims whether or not in suit. ☐ Yes* ☐ No

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

The undersigned authorized representative of the firm agree to all of the following:

- Declares after diligent inquiry the above statements and particulars are true and no material facts have been suppressed or misstated.
- Acknowledges it is understood and agreed the completion of this application does not bind Minnesota Lawyers Mutual Insurance Company to issue the insurance
- If The Company accepts this application by issuing a policy, this application shall be the basis of the policy of insurance and incorporated therein. The policy will be issued in reliance on the information contained in the application and all such information is deemed to be "material".
- The applicant hereby certifies all known claims, lawsuits incidents, and disciplinary investigations have been reported to the present and previous insurance carriers and the applicant has no knowledge of any threatened litigation or existing fact or situation which could result in a claim being filed against the applicant.
- Failure by the applicant to report any known claim, lawsuit, incident, or disciplinary investigation or any known facts which may result in a claim, to current or previous insurers may result in the declination of coverage for these matters by current or previous insurers.
- By signing this application you agree that we may contact you.

Date of Application

New Attorney's Signature

Owner, Partner or Authorized Officer Signature

PLEASE KEEP A COPY OF THIS FORM FOR YOUR FILE