



MISSOURI NEW LAWYER INFORMATION SUPPLEMENT

INSTRUCTIONS: This form is to be completed when any attorney joins the Insured during the policy period. Please make additional copies as necessary.

Name of Insured Firm: _____

1. Please complete the following schedule for the new attorney:

| Attorney's Name | D-C* | Hours Worked Per Week for OC's/IC's | State and Year Admitted to Bar | Date Started in Private Practice (mm/dd/yy) | Date Joined Applicant Firm (mm/dd/yy) | Attended Continuing Education within the past year? |
|-----------------|------|-------------------------------------|--------------------------------|---|---------------------------------------|--|
| | | | | ___/___/___ | ___/___/___ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Please provide the new attorney's employment and insurance history for the past five (5) years:

| Name of Prior Firm | D-C* | Dates of Association (From/To) | Insurance Carrier | Limits of Liability | Firm still in Existence? |
|--------------------|------|--------------------------------|-------------------|---------------------|--|
| | | ___/___ | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | ___/___ | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | ___/___ | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

***Designation Code:**

| | | |
|-------------------------------|-----------------------------|-----------------------|
| O = Owner/Officer/Shareholder | IC = Independent Contractor | A = Associate |
| P = Partner | OC = Of Counsel | S = Sole Practitioner |
| RP = Retired Partner | | |

3. In the past five (5) years, has the new attorney been made aware of a claim or circumstances that could result in a claim against said attorney? Yes No
*If "Yes", a separate **Supplemental Claim Form** must be completed for each claim or incident and indicate how many are attached _____.*

4. Has the new attorney had a disciplinary complaint filed with any court, administrative agency or regulator body or been disbarred, suspended, reprimanded, sanctioned or held in contempt by any of the aforementioned entities? Yes No
If "Yes", please provide details:

5. Has the new attorney ever purchased an extended reporting period endorsement? Yes No
If Yes, please provide date: ___/___/___ Attach a copy of the endorsement.
(Month/Day/Year)

SIGNING THIS FORM DOES NOT BIND THE APPLICANT FIRM OR THE COMPANY TO COMPLETE THE INSURANCE.

| | | |
|--|-------|------|
| SIGNATURE OF OWNER, PARTNER OR OFFICER | TITLE | DATE |
|--|-------|------|