

# Departing Attorney – Application for Lawyers Professional Liability Insurance Policy



AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY

THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY.  
IF ISSUED, PLEASE READ YOUR POLICY CAREFULLY.

This document is part of the application for Lawyers Professional Liability Insurance Policy. Answer all questions. If space is insufficient to answer any question fully, attach a separate sheet.

A separate Departing Attorney Application form is to be completed by the Applicant for each Attorney leaving the firm and must be signed and dated by the departing Attorney and a principal, partner or president of the firm.

Firm Name: \_\_\_\_\_

Current Policy Number: \_\_\_\_\_

Name of departing Attorney: \_\_\_\_\_

Date departing Attorney is leaving the firm and should be deleted from this policy: \_\_\_\_\_

1. Is the departing Attorney retiring?  Yes  No  
If YES, please have the retiring Attorney contact us for further instructions regarding the non-practicing extended reporting period. This does not apply to "Of Counsel" Attorneys
2. Is the departing Attorney leaving to practice on his or her own?  Yes  No  
If YES, please have the departing Attorney contact us regarding the purchase of his or her own Lawyers Professional Liability Insurance Policy so that he or she may avoid a gap in coverage. This does not apply to "Of Counsel" Attorneys.
3. Is the departing attorney leaving to join another firm?  Yes  No  
If YES, please have the departing Attorney contact us regarding information concerning their prior acts coverage and the possibility of preserving that coverage at their new firm to avoid a gap in coverage. This does not apply to "Of Counsel" Attorneys.

*Please provide a forwarding address and a business phone number for the departing Attorney:*

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_

The applicant represents that the above statements are true and correct to the best of his or her knowledge and that no material or relevant facts have been suppressed or misstated and agree that the policy, if issued, will be issued on the reliance of such representations.

Applicant acknowledges a continuing obligation to report to us as soon as practicable any material changes in the facts or statements above, and in each supplementary application, which applicant becomes aware after signing the application.

Notice to Nebraska Applicant: **No misrepresentations or warranty made by the insured or on his behalf in the negotiation or application of this policy or contract of insurance shall defeat or void the policy or contract or effect the company's obligation under the policy or contract unless such misrepresentation or warranty was material, was made knowingly with the intent to deceive, was relied and acted upon by the company and deceived the company to its injury. The breach of a warranty or condition in any contract or policy of insurance shall not void the policy or allow the company to avoid liability unless such breach exists at the time of the loss and contributes to the loss.**

## **Required State Fraud Notices**

Notice to Arkansas Applicant: **Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in any application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

Notice to Colorado Applicant: **It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.**

Notice to District of Columbia Applicant: **It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fine. In addition, an insurer may deny insurance benefits if false information related to a claim was provided by the applicant.**

Notice to Florida Applicant: **Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.**

Notice to Kentucky Applicant: **Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.**

Notice to Louisiana Applicant: **Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

Notice to Maine Applicant: **It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.**

Notice to New Jersey Applicant: **Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.**

Notice to New Mexico Applicant: **ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL AND CRIMINAL PENALTIES.**

Notice of Ohio Applicant: **Any person who, with intent to defraud or knowingly that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**

Notice to Oklahoma Applicant: **WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.**

Notice to Pennsylvania Applicant: **Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.**

Notice to Vermont Applicant: **Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, may have committed a fraudulent insurance act.**

Notice to Applicants in all other states: **Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions.**

Completion of this form does not bind coverage. Applicant's acceptance of company's quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance should a policy be issued and it will be attached to the policy.

**Signature:** \_\_\_\_\_  
Principal, Partner or President

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
Departing Attorney

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
Agent

**Date:** \_\_\_\_\_

**Name of Soliciting Agent:** \_\_\_\_\_  
(Please Print) (Required in State of Iowa)

**Date:** \_\_\_\_\_