



Travelers 1<sup>st</sup> Choice<sup>SM</sup>  
LAWYERS PROFESSIONAL LIABILITY COVERAGE  
NEW ATTORNEY INFORMATION SUPPLEMENT

Travelers Casualty and Surety Company of America  
Hartford, Connecticut

Throughout this supplement "you" and "your" mean the entity or individual applying for this insurance.

APPLICANT INFORMATION

1.  New Business  Current Travelers policy number \_\_\_\_\_

2. Your full legal name \_\_\_\_\_

GENERAL INFORMATION

PLEASE COMPLETE A SEPARATE FORM FOR EACH ATTORNEY THAT JOINS YOUR FIRM DURING THE POLCIY PERIOD. IF MORE FORMS ARE NEEDED, PLEASE PHOTOCOPY THIS FORM BEFORE COMPLETING.

3. Please complete the following chart for the new attorney:

Attorneys Name	Position in Firm	Primary Area of Practice	Anticipated Hours to be Worked Per Week with your firm	Month/Year Admitted to Bar (List State Bar(s))	Years in Private Practice

4. Please complete the following chart:

Name of Prior Firm	Dates of Association	Position in Firm	Primary Area of Practice	Insurance Carrier	Limits of Liability	Firm Still in Existence (y/n)

5. In the past five 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 Claim or Suit Supplement must be completed for each claim or incident.

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

7. In the past five years, has the new attorney ever had professional liability or similar insurance declined, cancelled or non-renewed (MISSOURI RESIDENTS DO NOT ANSWER)?.....  Yes  No  
If yes, please provide details:

8. Has the new attorney ever purchased an extended reporting period endorsement?..... Yes No  
If yes, please provide details:

9. Will at least one Senior Partner, Owner or Officer review all the cases that are brought into the firm by this attorney from the prior firm for potential claims and conflicts of interest?..... Yes No

***FRAUD WARNINGS***

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**Attention: Insureds in AR, CO, DC, KY, LA, NJ, NM, NY, and OH**

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 may also be subject to a civil penalty.

(In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)

(In Colorado, any insurance company or agent of an insurance company 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.)

**Attention: Insureds in FL**

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 felony of the 3<sup>rd</sup> degree, and may also be subject to a civil penalty.

**Attention: Insureds in ME, TN, VA, and WA**

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

**Attention: Insureds in PA**

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.

***SIGNATURE AND AUTHORIZATION***

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The undersigned authorized representative of the firm, or individual if this application is for an individual, agrees to all of the following:

- The statements and representations made in this application are true and complete and will be deemed material to the acceptance of the risk assumed by Travelers in the event an insurance policy is issued.
- If the information supplied in this application changes between the date of the application and the effective date of any insurance policy issued by Travelers in response to this application, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotation or agreement to bind coverage.
- Travelers is authorized to make an investigation and inquiry in connection with this application.
- Travelers is not bound or obligated to issue any insurance policy or to provide the insurance requested in this application.

\_\_\_\_\_  
Signature (Partner, Member, Officer, Shareholder)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Title

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If you apply your signature to this form electronically, you hereby consent and agree that your use of a key pad, mouse, or other device to click the "Accept" button constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

Accept

**Important note:** This application is not a representation that coverage does or does not exist for any particular claim or loss, or type of claim or loss, under any insurance policy issued by Travelers. Whether coverage exists or does not exist for any particular claim or loss under any such policy depends on the facts and circumstances involved in the claim or loss and all applicable wording of the policy actually issued.

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**ADDITIONAL INFORMATION**

In the section below you may provide additional information to any of the questions in this supplement (please reference the question number).