

Prior Law Firm Affiliation History

Complete the below chart of each lawyer for whom prior acts coverage is to be considered in the Underwriting review. Each line should represent information relative to the specifically named Prior Law Firm. Start with the most recent affiliation. For more than three prior firm affiliations, provide additional like information on an attachment. Express all dates in mm/dd/yy format. Completion of the below information does not guarantee extension of coverage to any previously affiliated law firm.

Name of Lawyer _____

Name for Prior Law Firm	Date Joined Firm	Date of Departure	Last Position in Prior Firm	Insurance Carrier	Effective Dates of Coverage	Limits of Liability	Limiting Prior Acts Date
	/ /	/ /			/ /		/ / <input type="checkbox"/> NA
	/ /	/ /			/ /		/ / <input type="checkbox"/> NA
	/ /	/ /			/ /		/ / <input type="checkbox"/> NA

Are you aware if any of the Prior Law Firms you have been affiliated with have dissolved, merged or otherwise ceased to exist? yes no If yes, provide details.

Signature of Lawyer _____ Date _____

Name of Lawyer _____

Name for Prior Law Firm	Date Joined Firm	Date of Departure	Last Position in Prior Firm	Insurance Carrier	Effective Dates of Coverage	Limits of Liability	Limiting Prior Acts Date
	/ /	/ /			/ /		/ / <input type="checkbox"/> NA
	/ /	/ /			/ /		/ / <input type="checkbox"/> NA
	/ /	/ /			/ /		/ / <input type="checkbox"/> NA

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	/ /	/ /			/ /		/ / <input type="checkbox"/> NA
	/ /	/ /			/ /		/ / <input type="checkbox"/> NA
	/ /	/ /			/ /		/ / <input type="checkbox"/> NA

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Signature of Lawyer _____ Date _____