



**NEW LAWYER INFORMATION**

*Created by The Florida Bar for its members.*

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

**Lawyer's Name:** \_\_\_\_\_

**Lawyer's Email address:** \_\_\_\_\_

Date of Hire (as a lawyer)	Florida Bar Number	Number of years in private practice	Florida Bar Board Certified?	Combined % of practice in Dade, Broward, and Palm Beach Counties

Will you be handling out of state matters on behalf of the above named firm?  
 No  Yes - please attach explanation including which states, nature of matters and % of receipts.

Have you been charged with a crime?  No  Yes - please attach explanation.

Have you ever been the subject of an admonishment, reprimand or other disciplinary action by any bar association, court or administrative agency?  No  Yes - please attach explanation.

Has any professional liability claim or suit been made against you within the past 5 years?  
 No  Yes - please complete the Supplemental Claim Form.

Do you know of any circumstance, act, error or omission that could result in a professional liability claim against you?  No  Yes - please complete the Supplemental Claim Form.

*The undersigned certifies that all responses are true, accurate, and complete and no material fact has been suppressed or misstated. The undersigned also understands and agrees that **no coverage will be provided for acts, errors or omissions occurring prior to the above hire date unless the firm requests prior acts coverage and such coverage is added by endorsement.***

\_\_\_\_\_  
New Lawyer Signature

\_\_\_\_\_  
Date

By signature below, I authorize the above named lawyer to be added to the policy.

\_\_\_\_\_  
Partner, Officer or Owner Signature

\_\_\_\_\_  
Date