



Philadelphia Insurance Companies  
One Bala Plaza, Suite 100, Bala Cynwyd, Pennsylvania 19004

## DEPARTING ATTORNEY FORM

**Instruction:**

1. This form is to be completed by the Insured for each attorney leaving the firm.
2. This form must be signed and dated on the bottom by both departing attorney and by an authorized owner, officer, partner or member of the firm.
3. **Please Type or Print in Ink.**

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

Sic #: \_\_\_\_\_ Fein #: \_\_\_\_\_

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

Name of Departing Attorney: \_\_\_\_\_

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

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.

Is the departing attorney leaving to practice on his/her own?  Yes  No If Yes, please have the departing attorney contact us regarding the purchase of his/her own professional liability policy so that he/she may **avoid a gap** in coverage.

Is the departing attorney leaving to join another firm?  Yes  No If Yes, please have the departing attorney contact us regarding information concerning his/her prior acts coverage and the possibility of preserving that coverage at his/her new firm to **avoid a gap** in coverage.

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

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

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

Business Phone (Include Area Code): (      ) \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner, Officer, Partner or Member Date (Month/Day/Year)

\_\_\_\_\_  
Signature of Departing Attorney Date (Month/Day/Year)