



- St. Paul Fire and Marine Insurance Company, Saint Paul, Minnesota
- St. Paul Mercury Insurance Company, Saint Paul, Minnesota
- St. Paul Guardian Insurance Company, Saint Paul, Minnesota

Please complete this Supplement and submit it to St. Paul Travelers along with your completed Lawyers Professional Liability Insurance Application, (form 58303) if instructed to do so. You agree that this Supplement will become part of your application for Lawyers Professional Liability Insurance and is subject to the same terms.

1. Name(s) of Legal Entity(ies) to be insured (as referenced on your letterhead)

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

2. Attorney's Name: _____
- Name of Insured Firm: _____
- Date of Hire: _____
- Position with Insured Firm: _____
- Month/Year Admitted to Bar (List State Bar(s)): _____
- Years in Private Practice: _____
- Primary Area of Practice: _____

3. Please provide the new attorney's employment and insurance history for the past five (5) years:

Name of Prior Firm	Dates of Association	Position in Firm	Specialty	Insurance Carrier	Limits of Liability	Firm Still in Existence?

4. In the past five (5) 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 Supplemental Claim Form must be completed for each claim or incident and indicate how many are attached _____.
5. 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.
6. In the past five (5) 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.
7. Has the new attorney ever purchased an extended reporting period endorsement? Yes No
If yes, please provide details.

NOTICE

Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

Signature of Owner, Partner or Principal	Title	Date
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