

- 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 Travelers along with your completed Lawyers Professional Liability Insurance Application, (form 58459) 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.*

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

For all other applicable state fraud warnings, please see the main application.

**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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