LAWYERS PROFESSIONAL LIABILITY

	Cleveland	I, OH 44114			MID-TERM NEW LAWYER NOTIFICATION FORM							
Name of New Lawyer:						Bar Number:						
Firm Name:						State(s) Admitted:						
Date of Hire:					Date First Admitted:							
Status	s: □0	f Counsel	Assoc	ciate/Employee	e 🗌 Partner /	Owne	r / Member 🛛 Indeper	ndent Conti	ractor			
Do you practice part time?												
Please answer the following:												
					olving publicly t	raded	securities or securities	🗌 Yes	🗌 No			
		xempt from re							—			
					ces at this firm?		an a concrete chart of	Yes	🗌 No			
	If yes to a) or b), please provide a description of services and clients on a separate sheet of											
-	aper. I) Has the ap	🗌 Yes	🗌 No									
	•	•				-						
	 b) If yes, will you be performing these types of services at this firm? If yes to a) or b), please explain on a separate sheet of paper. 											
) Has the ap	Yes	🗌 No									
								Yes	No			
	 b) If yes, will you be performing these types of services at this firm? If yes to a) or b), please complete a financial institution supplement. 											
	<i>,</i> ,					•	property services?	Yes	🗌 No			
					ces at this firm?			Yes	🗌 No			
					l property sup							
				arenoider, mei rm named abo		e, or ex	ercise fiduciary	Yes	🗌 No			
		•		interest suppl								
						ou or a	are you aware of any					
					missions that could result in a claim?				🗌 No			
							claim, suit or incident.					
						action	or refused admission to	🗌 Yes	🗌 No			
	the bar, any bar association, court or administrative agency?								🗌 No			
	b. Is there any criminal conviction or criminal investigation or proceeding pending against you? If yes, give a detailed explanation on a separate sheet and attach to this form.											
		•		•		ch to t	his form. Attached					
				ed for profession of the second se		dina ra	etroactive date. 🗌 Attac		🗌 No			
									🗌 No			
	b. Have you ever had an insurance company cancel, non-renew, or restrict your coverage? [If yes, give a detailed explanation on a separate sheet and attach to this form.] Attached											
	c. Are you covered under an Extended Reporting Period Endorsement?								🗌 No			
	c. Are you covered under an Extended Reporting Period Endorsement?											
9. P	Please desci	ribe your top	three area	as of practice	for this firm:							
		Are	tice		C	% of Billable Hours]					
	10. Provide your employment history for the past five years, or attach a copy of your CV or resume.											
10. F		Attach	ied									
	Name	of Employer	[Date Started	Date Ended Job Desc			ription				
\vdash												
l decla	are that the	information	hove is t	rue to the hes	t of my knowle	Aue						
1 40010						~~y~.						

No. of Claim Supplements I have submitted with this form:

Signature of Officer or Partner of Firm

Date

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Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may subject the person to criminal penalties.

ALABAMA, ARKANSAS, LOUISIANA, NEW JERSEY, NEW MEXICO, RHODE ISLAND, VIRGINIA and WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an Application for insurance is guilty of a crime. In Alabama, Arkansas, Louisiana, Rhode Island and West Virginia that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines and denial of insurance benefits.

COLORADO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an Insurer, purported Insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered a crime.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an Application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE and WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.