THE BAR PLAN

Attorney Deletion Form

Applicant's Instructions *(Please type or print):*

- Please email this form to TBPUnderwriting@thebarplan.com
- This form must be completed, signed, and dated by the Insured Designee for each departing attorney and submitted within **30 days** of the attorney's deletion date. Attorney Deletion Forms received after 30 days from deletion date may not be eligible for a return of premium.

Firm Name: Policy #:

Name of Departing Attorney:

Last day of Employment with the Firm:

The Departing Attorney is:

- ☐ Retiring / Ceasing Private Practice
- ☐ Deceased
- ☐ Leaving to Join Another Law Firm
- ☐ Leaving to Practice on Their Own

Please provide the following information so that we may contact the departing attorney regarding their insurance coverage:

Forwarding Address:

Email: Phone:

Signature of Insured Designee: _____

Electronic signatures accepted

Email: Date:

Important Notice: The departing attorney has the option to purchase Extended Reporting Coverage or may be eligible for free unlimited Extended Reporting Coverage. To obtain a quote for such coverage, please complete the Extended Reporting Coverage Form (TBP-44).