

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

- Please email this completed application to TBPUnderwriting@thebarplan.com
- Please submit this application no later than sixty (60) days after the cancellation or termination date of coverage for the Insured or Policyholder

Firm Name:

Policy #:

Name of attorney requesting Extended Reporting Coverage:

Last day of employment with the firm:

Reason for Extended Reporting Coverage:

Retiring / ceasing private practice

Is the attorney age fifty-five (55) or older?

Yes

No

If yes, please provide date of birth:

Permanent total disability **If yes, please submit written proof of permanent total disability.**

Deceased **If yes, please submit a copy of the death certificate.**

Leaving to join another law firm

Leaving to practice on his/her own

Is the reason for departure due to an actual or impending disbarment or the revocation, surrender, or suspension of a license to practice law, or an ongoing or threatened investigation by a lawyer disciplinary body?

Yes

No

If yes, please provide explanation:

Signature of Insured: _____

Date:

Electronic signatures accepted

Mailing Address

(if different from firm):

Email Address:

Indiana Anti-Fraud Warning: Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing false, incomplete or misleading information commits a felony.

Tennessee Anti-Fraud Warning: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment fine and denial of insurance benefits.

New Mexico Anti-Fraud Warning: 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 and may be subject to civil fines and criminal penalties.