

Extension Period Coverage Application-Individual Attorney

Applicant's Instructions: (Please type or print)

- An Insured's or Policyholder's right to Extension Period Coverage
- Please fax this completed application to (314) 821-0534 or email to TBPUnderwriting@thebarplan.com

Firm Name: _____ Policy #: _____

1. Name of attorney requesting ERC Coverage: _____

2. Last day of employment with the firm: _____

3. Reason for Extension Period Coverage:

- Retiring / Ceasing private practice?
- Permanently total disabled? **If Yes, 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?

4. If the departing attorney is retiring or ceasing private practice:

has the attorney attained 55 years of age? Yes No

If Yes, submit documentation showing proof of age.

5. 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, submit explanation on separate attachment.

Signature of Insured: _____

Mailing Address (if different from Firm) _____

Email Address: _____

Date: _____

Anti Fraud Warning: - Indiana "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."

Anti Fraud Warning: - Tennessee "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."

Anti Fraud Warning - New Mexico "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".