



Aon Attorneys Advantage

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As used herein, Company refers to a member insurance company of Axis Insurance

Career Coverage Questionnaire

N/A

This Questionnaire must be completed for each attorney seeking Career Coverage and has been with the Applicant Firm for less than five (5) years. Information should include all prior firms.

1. Please provide the following details on the attorney for whom Career Coverage is sought (use separate form for each attorney):

Name of Attorney	Date Joined Applicant Firm	Designation Code (1)	Year First Licensed to Practice	State(s) Admitted to Practice	Major Area of Practice for Applicant Firm

Note (1): Designation Code: [P = Partner / Member] ; [E = Employed Lawyer] ; [PT = Part Time Lawyer – working less than 26 hours per week]

2. Please list all prior firms and dates of service for which Career Coverage is sought:

Name of Prior Firm	Start Date at Prior Firm	End Date at Prior Firm	Area of Practice Specialty at Prior Firm	Is Prior Firm Still in Existence?	Retro Date or Prior Acts Date at Prior Firm	Insurance Limits of Liability at Prior Firm
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		

3. Is the attorney for whom Career Coverage is sought aware of any claims or suits arising from professional legal services rendered at any of the above listed Prior Firms in Question 2. above? Yes No

➤ If "yes" to Question 3. above, please explain and provide details on a separate sheet of paper.

4. Is the attorney for whom Career Coverage is sought aware of any negligent act, error or omission that could result in a claim, suit or disciplinary matter arising from professional legal services rendered at any of the above listed Prior Firms in Question 2. above? Yes No

➤ If "yes" to Question 4. above, please explain and provide details on a separate sheet of paper.

5. Has the attorney for whom Career Coverage is sought had a disciplinary complaint filed in any court, administrative agency or regulatory body, or been disbarred, suspended, reprimanded, sanctioned or held in contempt by any court, administrative agency or regulatory body? Yes No

➤ If "yes" to Question 5. above, please explain and provide details on a separate sheet of paper.

APPLICANT UNDERSTANDS THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

Sign and date in ink

Name of Firm: _____

Signed By: _____ Title: _____ Date: _____