

## Removing a Lawyer

Complete this form for each lawyer departing the firm. The effective departure date will coincide with the date when the lawyer departed the Firm.

Firm: \_\_\_\_\_ Policy No: \_\_\_\_\_

Name of Departing Lawyer: \_\_\_\_\_

Date Lawyer is departing: \_\_\_\_\_

Departing Lawyer's Contact Information:

Telephone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Firm/Entity Departing Lawyer is joining: \_\_\_\_\_

I/We affirm that after an inquiry of all lawyers of the Firm, the information contained herein is true and complete to the best of my/our knowledge and that it shall be the basis of the policy of insurance and/or endorsement and deemed incorporated therein.

Signature of Owner, Partner, or Officer (Lawyer Only) \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

The Departing Lawyer can apply for coverage at [isbamutual.com](http://isbamutual.com) or by calling 800 473-4722.