

Applicant's Instructions: (Please type or print)

- Within 30 days of departure, this form must be completed, signed and dated by the Insured Designee, for each departing attorney.
- Please fax this form to (314) 821-0534 or email to [TBPUnderwriting@thebarplan.com](mailto:TBPUnderwriting@thebarplan.com)

Firm Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

1. Name of departing attorney: \_\_\_\_\_

2. Last date of employment with firm: \_\_\_\_\_

3. Is the departing attorney:

- retiring / ceasing private practice?  
 deceased?  
 leaving to join another law firm?  
 leaving to practice on his/her own?

4. Please provide the following information so that we may contact the departing attorney regarding his/her insurance coverage:

Forwarding Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Insured Designee: \_\_\_\_\_

Email Address: \_\_\_\_\_

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).**