

5020 Weston Parkway, Suite 200 Cary, North Carolina 27513 Post Office Box 1929 Cary, North Carolina 27512-1929 | 919.677.8900 TEL | 800.662.8843 TOLL FREE | 919.677.9641 FAX | www.lawyersmutualnc.com

## REQUEST FOR EXTENDED REPORTING ENDORSEMENT

This form is to be used for requesting a quote for an Extended Reporting Endorsement (ERE), commonly called "tail coverage."

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Name of Firm Departing:				Policy Number:
Departure	e Date (last day worked at firm):			
Reason:	retiring?	Yes	□No	
	leaving private practice?	Yes	□No	(e.g., in-house counsel, judicial, state government, etc.)
	moving out of North Carolina?	Yes	No	
	joining another firm?	Yes	No	Name of firm:
	other?	Yes	□No	(e.g., firm dissolving)
	deceased?	Yes	No	(If yes, please contact the underwriting department.)
revok	ny applicant's right to practice law ed or has an investigation or discip pension or disbarment been institu	linary prod	ceeding(s)	which could result Yes No
Please pro	ovide a name and forwarding addre	ess, phone	number, a	and email for the person responsible fo

Please provide a name and forwarding address, phone number, and email for the person responsible for payment of invoices for the ERE: (Lawyers Mutual will send all billing information regarding this ERE to the forwarding address provided. If additional invoices are not paid and Lawyers Mutual is unable to reach the responsible payer at the address provided, the ERE may be cancelled for failure to pay installments when due.)

Name:	Email:	
Address:	F	Phone: ()
Signature of Applicant/ Represent	tative of the Estate of the Applicant	Date

Signature of Applicant/ Representative of the Estate of the Applicant

\*In accordance with the Insuring Agreement, **CONDITIONS - Extended Reporting Endorsement**, the quote must be accepted and additional premium paid within 30 days after removal from the policy or expiration of the policy.