



**LAWYERS
MUTUAL**

LIABILITY INSURANCE
COMPANY OF
NORTH CAROLINA

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REQUEST FOR ATTORNEY REMOVAL

1. Within 30 days of departure, this form must be completed, signed, and dated by an authorized owner, officer, or partner of the firm for each departing attorney.
2. Please fax the completed form to (919) 677-9641 or email it to underwriting@lawyersmutualinc.com.
3. For questions, please call (919) 677-8900 or (800) 662-8843.

Firm Name: _____ Policy Number: _____

Office Address: _____

Full Name of Departing Attorney: _____

Date attorney is to be removed from the policy: _____

Has your firm notified the departing attorney, in writing, of the date he/she will be removed from the firm's policy?

Yes No

If no, please send this information to the departing attorney.

Is the departing attorney: retiring/leaving private practice? Yes No Unknown

moving out of North Carolina? Yes No Unknown

leaving to practice on his/her own? Yes No Unknown

leaving to join another firm? Yes No Unknown

Name of firm, if known: _____

deceased? Yes No

(If the attorney is deceased, please contact the underwriting department at one of the telephone numbers above.)

Please provide a forwarding address, phone number, and email for the departing attorney so that we may contact the attorney regarding his/her insurance coverage.

Address: _____

Phone: _____ Email: _____

Signature of Authorized Owner, Officer, or Partner

Date