



**LAWYERS'
MUTUAL**
INSURANCE COMPANY

Lawyers Professional Liability Insurance - Deletion Request

For Removing an insured Lawyer from an Existing Claims Made & Reported Policy

GENERAL INFORMATION

Policyholder Firm Name: _____

Policy Number (if known): _____

Principal Business Address: _____

Confirm Total Number of Lawyers (after deletion): _____

DELETION REQUEST:

Insured Lawyer Name: _____

Requested Deletion Date (mo/day/yr required): _____

Insured Lawyer Name: _____

Requested Deletion Date (mo/day/yr required): _____

Insured Lawyer Name: _____

Requested Deletion Date (mo/day/yr required): _____

Signature (Owner, Partner, or Officer): _____

Print Name & Title: _____

Date: _____