



**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: _____

Completed form should be returned via email to applications@lawyersmutual.com, or via fax to (818) 565-5516 or via mail to 3110 W. Empire Ave., Burbank, CA 91504.