

Volunteer Attorney Liability Insurance Application

First Name	Last Name	Date	
Are you licensed in Arizona?		Yes	No
Are you in good standing?		Yes	No
Arizona Bar number:		_____	
Are you licensed in a state other than Arizona?		Yes	No
If not licensed in AZ, have you filed a Rule 38 Petition?		Yes	No
Are you in good standing in that jurisdiction:		Yes	No
	State Abbreviation: _____	Bar Number: _____	
Do you currently have professional liability insurance?		Yes	No
If so, please provide the name, address and policy number of your insurer:		_____	

Eligibility & Claim History

In the past five years, has any professional liability claim or suit ever been made against the applicant listed above: Yes No

If yes, explain:

Does the applicant know of an incident, act, error, or omission that could result in a claim or suit? Yes No

If yes, explain:

Have all matters related to the two prior questions been reported to the Foundation or the Foundation's insurer, if previously covered under the Foundation's policy, or the individual's former insurer? Yes No

Has the applicant been refused admission to practice, disbarred, suspended, reprimanded, sanctioned or held in contempt by any court, administrative agency or regulatory body? Yes No

Applicant Certification

The applicant will notify the Arizona Foundation for Legal Services & Education in writing within one business day of any action or notification of action (disciplinary or otherwise), related to the legal services covered by the professional liability policy, taken against the applicant or volunteer attorney of the applicant.

Initial

The applicant affirms that all volunteer attorneys to be covered by the Foundation's professional liability policy are admitted to and in good standing with the State Bar of Arizona (regular admittance), or admitted to and in good standing with the State Bar of Arizona under Arizona Rules of the Supreme Court Rule 38, or providing legal assistance related to immigration matters in federal administrative hearings and/or court proceedings and in good standing with another jurisdiction's Bar Association and practicing in Arizona.

Initial

The applicant understands that they are responsible for the \$2,500 deductible for any claims arising under this coverage.

Initial

The applicant understands that Foundation's professional liability policy does not apply to any claim based on or arising under the TCPA, FCRA or Can-Spam Act of 2003.

Initial

I declare under penalty of perjury that the foregoing is true and correct.

Executed at _____ on _____, 2020

Signature: _____

Printed Name: _____

Date: _____

Once the application is signed and complete, please send via email to Chris.Groninger@azflse.org.