



ATTORNEY REGISTRATION OFFICE

Pennsylvania Judicial Center
601 Commonwealth Avenue, Suite 5600
P.O. Box 62625
Harrisburg, PA 17106-2625
Phone: (717) 231-3380 Fax: (717) 231-3381

Attorney Name: _____

Attorney Number: _____

Date: _____

CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE

I certify that (CHECK ONLY ONE):

_____ I maintain, either individually or through my firm, professional liability insurance pursuant to the provisions of Rule of Professional Conduct 1.4(c).

_____ I do not maintain professional liability insurance because I do not have private clients and have no possible exposure to malpractice actions (e.g., retired, full-time in-house counsel, prosecutor, full-time government counsel, etc.)

_____ I do not maintain professional liability insurance pursuant to the provisions of Rule of Professional Conduct 1.4(c), but I do have private clients and/or a possible exposure to malpractice actions.

Note: The Disciplinary Board will make the information regarding insurance available to the public upon written or oral request and on its website. The requirement of Rule 219(d)(3) that every attorney who has filed an annual registration form must notify the Attorney Registration Office in writing of any change in the information previously submitted within 30 days after such change will apply.