



The
DISCIPLINARY BOARD
of the Supreme Court of Pennsylvania

Attorney Registration
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CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE

Attorney Name: _____ Attorney ID#: _____

I certify that (Check 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.

Signature: _____ Date: _____

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 Pa.R.D.E. 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.

Return completed certification form to the Attorney Registration Office by email, fax, or mail.