



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 of at least \$100,000 per occurrence and \$300,000 in the aggregate per year as set forth in Rule of Professional Conduct 1.4(c).

Name of Insurance Carrier (required): _____

- I maintain, either individually or through my firm, professional liability insurance in an amount less than \$100,000 per occurrence and \$300,000 in the aggregate per year and am aware of my obligation to notify clients as set forth in Rule of Professional Conduct 1.4(c).

Name of Insurance Carrier (required): _____

- I do not maintain professional liability insurance because I do not have private clients and have no potential 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 potential exposure to malpractice actions. I am aware of my obligation to notify clients under Rule of Professional Conduct 1.4(c).

Signature: _____ Date: _____

Note: Information regarding professional liability insurance is available to the public on the Disciplinary Board's website or upon written or oral request. Every attorney who files the annual registration form shall notify the Attorney Registration Office in writing of any change in the provided information within 30 days of such change. See Pa.R.D.E. 219(c)(3).

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