



DISCLOSURE OF PROFESSIONAL LIABILITY INSURANCE

Pursuant to Idaho Bar Commission 302(a)(5), I am an active member of the Idaho State Bar and I hereby certify the following:

I AM NOT currently covered by professional liability insurance.

Or

I AM currently covered by professional liability insurance. The name of my primary insurance carrier is:

and I will notify the Idaho State Bar in writing within 30 days if any insurance policy providing coverage lapses, is no longer in effect, or terminates for any reason, unless the policy is renewed or replaced without substantial interruption.

Dated this _____ day of _____, _____.

Signature

Name (Type or Print)

Address: _____

ISB Membership Number: _____