



ALTERNATIVE BUSINESS STRUCTURE
INSURANCE DISCLOSURE

ABS Name
ABS Type
ABS License Number
ABS Address
City, State Zip
ABS Approval date

Compliance lawyer name Bar no.

INSURANCE DISCLOSURE

This Alternative Business Structure currently has professional liability insurance [] yes [] no

If yes, effective date

ACJA § 7-209(G)(1)(j) requires that you notify the State Bar of Arizona in writing within 30 days if there is any change in your professional liability insurance status.

In addition, I have read and understand ACJA § 7-209(G)(1)(j) and certify the answers above. I acknowledge the February 1st deadline for filing the annual insurance disclosure. Annual reminders may be sent as a courtesy, but the disclosure is due by February 1st even if no reminder is sent.

Authorized person (Please print)1

Signature

Date

This form can be submitted by email to lawyerinfo@staff.azbar.org, or by mail to State Bar of Arizona 4201 N. 24th Street, Suite 100, Phoenix, AZ 85016, c/o Records Department.

1 ACJA § 7-209(A) Authorized person means a person possessing the legal right to exercise decision-making authority on behalf of the alternative business structure.