



**ALTERNATIVE BUSINESS STRUCTURE
INSURANCE DISCLOSURE**

ABS Name _____
ABS Type _____
ABS License Number _____
ABS Address _____
City, State Zip _____

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.