## 2021 ALTERNATIVE BUSINESS STRUCTURE
### INSURANCE DISCLOSURE

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<thead>
<tr>
<th>ABS Name</th>
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<tbody>
<tr>
<td>ABS Type</td>
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<tr>
<td>ABS License Number</td>
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<tr>
<td>ABS Address</td>
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<tr>
<td>City, State Zip</td>
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| Compliance lawyer name | Bar no. |

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**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.

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**Authorized person (Please print)**

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**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.

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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.