ALTERNATIVE BUSINESS STRUCTURE INSURANCE DISCLOSURE

ABS Name _____

ABS License Number _____

For reporting year February 1 ~ January 31: _____

Name	**AZ Bar no. (if applicable)**
Compliance lawyer	
Designated Principal	
Authorized Person(s)/Entities	

INSURANCE DISCLOSURE

This Alternative Business Structure currently has professional liability insurance	❑ **yes** ❑ **no**

_____
If yes, effective date

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

Submit this form 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.