



**State Bar of Nevada**  
**Please use this form to report**  
**new or additional professional**  
**liability insurance.**



Bar Number

Last Name

First Name

MI

**SCR 79 PROFESSIONAL LIABILITY INSURANCE DISCLOSURE**

**All members, active or inactive, MUST complete this section. Please select ONE option.**

I am not currently representing clients; or I am engaged as a full or part-time government lawyer or judge; or I am employed by an organizational client and do not represent clients outside that capacity. *If you check this box, you are done, please sign and date at the bottom of this page.*

I am engaged in the private practice of law and do not maintain professional liability insurance. *If you check this box, you are done, please sign and date at the bottom of this page.*

I am engaged in the private practice of law and, I or my firm, maintain professional liability insurance with the carrier listed below. This includes insurance from ANY state. If you check this box, you MUST disclose the following:

**Firm Name (if you are reporting insurance):**

**Names of Insurance Carrier (not broker):**

**Address:**

**City:**

**State:**

**Zip:**

**I certify all of the above disclosures required by SCR 79 are true and complete.**

Signature

Date

Please return to: State Bar of Nevada  
 P.O. Box 50  
 Las Vegas, NV 89125-0050