

## North Carolina Bar Association Lawyer Referral Service Member Certification Form

Please return this completed form to [irs@ncbar.org](mailto:irs@ncbar.org) or by mail to: North Carolina Bar Association, Lawyer Referral Service, 8000 Weston Parkway, Cary, NC 27513. Your LRS membership will not become active until the LRS staff receives this form along with requested verification of professional malpractice insurance coverage.

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Year Admitted to Practice: \_\_\_\_\_ State Bar #: \_\_\_\_\_

NCBA #: \_\_\_\_\_

Please read the following and sign the acknowledgment below:

I offer my application for registration as a member of the North Carolina Bar Association Lawyer Referral Service. As an LRS attorney member, I certify that:

- I am a North Carolina licensed attorney in private practice with an office in North Carolina.
- I am a member of the North Carolina State Bar in good standing.
- I am a member of the North Carolina Bar Association in good standing.
- I maintain current malpractice insurance coverage.
- I have never been suspended or disbarred.
- I am competent to practice law within any practice area panel that I have selected.

I understand that the LRS staff will collect customer satisfaction feedback from LRS-referred clients. I understand that the character, number, and/or frequency of service complaints by LRS-referred clients may result in my removal from the LRS. I understand that complaints about possible ethical violations by LRS members will be referred to the North Carolina State Bar.

☐ I have read and agree to the Lawyer Referral Service Guidelines and Policies (which can be found here: <http://www.ncbar.org/members/lawyer-referral-service>). Please check the box to acknowledge that you understand that the LRS requires members to remit back 10% of total fees (5% in SSI/SSDI/Worker's Comp) on all LRS-referred matters where the attorney earns and collects \$500 or more.

### Malpractice Insurance Certification and Indemnification Agreement

I certify that I maintain professional liability insurance at \$100,000/\$300,000 minimum and I agree to keep a policy in force during the entire time that I am a member of the LRS. I will notify LRS of any changes to my malpractice insurance policy number, date of expiration or coverage.

I agree to indemnify and save harmless the North Carolina Bar Association for and against any and all liability arising from my service as an LRS member and/or my representation of any LRS-referred clients.

Name of Carrier: \_\_\_\_\_

Policy Effective Date: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Coverage Amount: \_\_\_\_\_

Attorney Signature/Date Signed: \_\_\_\_\_

**Please return this signed form along with proof of professional malpractice insurance coverage (such as a copy of the cover page of your policy) via email to [irs@ncbar.org](mailto:irs@ncbar.org), or by mail to: North Carolina Bar Association, Lawyer Referral Service, 8000 Weston Parkway, Cary, NC 27513.**