

# NOTICE TO PROFESSIONAL LIABILITY INSURANCE CARRIER OF DESIGNATED ASSISTING ATTORNEY

I, \_\_\_\_\_, have authorized the following attorney(s) to assist with  
the closure of my practice:

Name of Authorized Assisting Attorney: \_\_\_\_\_

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

Phone: \_\_\_\_\_ N.C. State Bar #: \_\_\_\_\_

Name of Authorized Assisting Attorney: \_\_\_\_\_

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

Phone: \_\_\_\_\_ N.C. State Bar #: \_\_\_\_\_

\_\_\_\_\_  
[Planning Attorney]

\_\_\_\_\_  
[Date]

Mail this form to:

**Lawyers Mutual Liability Insurance Company of NC**

P.O. Box 1929,  
Cary, NC 27512-1929

1001 Winstead Drive, Suite 285  
Cary, NC 27513

Or your professional liability insurance carrier, and:

**North Carolina State Bar**

217 East Edenton Street  
Raleigh, NC 27601