



ALTERNATIVE BUSINESS STRUCTURE
INSURANCE DISCLOSURE

Reporting year January 1, 2024 ~ December 31, 2024

ABS Name
ABS License Number
ABS Address
City, State Zip

Compliance lawyer name Bar no.

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.

Authorized person (Please print)1

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.

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.