



WEST VIRGINIA
ASSOCIATION *for*
JUSTICE

**Insurance Law
Listserv Form**

Name _____

Firm _____

Phone _____

Email _____

Please list your insurance law practice areas.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Insurance Law Listserv Certification (Initial each and sign)

____ I certify that my practice--and the practice of the firm with which I am affiliated--does not include insurance defense nor the representation of defendants or other interests adverse to plaintiffs in insurance law cases.

- I request a waiver from this certification, and I have attached a written statement outlining why I believe the waiver should be granted.

____ I understand that the information shared on the WVAJ Insurance Law Section Listserv is confidential and cannot be forwarded nor shared without the express consent of the author, and that the section listserv is subject to all guidelines as outlined in the WVAJ Listserv Guidelines and User Agreement.

Signed _____ Date _____

- I understand that checking this box constitutes a legal signature

All Insurance Law Listserv requests are subject to approval.

Email your completed form to debra.lee@wvaj.org or fax to (304)343-7926