

Conflict Waiver Request Form



Liberty Mutual Insurance and/or its affiliates and subsidiaries (collectively, "**Company**") will consider conflict waiver requests in its sole discretion on a case-by-case basis. No general, prospective or unlimited waivers will be considered.

Your firm ("**Firm**") shall thoroughly check for actual or potential conflicts of interest that may arise from Firm's representation of the Company. The Company expects Firm to use their best efforts to identify and disclose any potential conflicts, including those of a philosophical or policy-driven nature that may compromise a position taken by the Company.

Firm Information

Firm Name

Firm Tax ID

Street Address

State

City

Zip Code

Requesting Attorney Name

E-mail

Telephone

*Is the Firm currently on Company's
Managed Panel?*

YES ☐

NO ☐

Adverse Client Information

Adverse Client Name(s)

*Name(s) of Relevant Related
Parties*

*Name(s) of Attorneys anticipated
to perform the engagement for
Adverse Client*

*Has Adverse Client given written
waiver to Firm related to this
conflict?*

YES ☐

NO ☐

If NO, please explain.

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Anticipated Representation

*Brief Description of Scope of
Anticipated Representation and
relevant facts*

*Does the Anticipated Representation
involve a claim against the Company
for extra-contractual damages or
alleged bad faith?*

YES ☐

NO ☐

Brief Description of the Conflict

Company Claim No. (as applicable)

Company Policy No. (as applicable)

Company Contact

*(indicate the name(s) of the Liberty
Mutual contact related to this matter
– e.g., claims handler; relationship
contact; coverage counsel; etc.)*

* * * * *

Does this concern a Surety matter?

YES ☐

NO ☐

If YES, please include the following:

*Company Bond No. or Bond description
if number is unavailable (required)*

Name of Principal (required)

Name of Claimant

*Is this related to a Surety tender of
defense by Company?*

YES ☐

NO ☐

* * * * *

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Current Representation of Company

Describe the work that was, and/or currently is being, performed for Company by your Firm. (Firm may choose to attach a separate document in response to this question)

Additional Information

Provide or Attach any other relevant information which would allow Company to have "informed consent" in assessing whether it should grant this waiver request.

ATTACH DOCUMENTATION

(e.g., complaint, tender of defense letter, bond, list of current representations of Company, etc.)

Are you attaching additional documentation?

YES ☐ NO ☐

SUBMISSION DATE:

Send your submission and any attachment(s) to: ConflictWaivers@libertymutual.com