



*The Commonwealth of Massachusetts*

*Committee for Public Counsel Services*

*44 Bromfield Street, Boston, MA 02108-4909*

**ANTHONY J. BENEDETTI**  
CHIEF COUNSEL

TEL: (617) 482-6212  
FAX: (617) 988-8350

**ANDREW SILVERMAN**  
DEPUTY CHIEF COUNSEL  
PUBLIC DEFENDER DIVISION

Writer's Direct Dial Number

**NANCY T. BENNETT**  
DEPUTY CHIEF COUNSEL  
PRIVATE COUNSEL DIVISION

**MICHAEL DSIDA**  
DEPUTY CHIEF COUNSEL  
CHILDREN AND FAMILY LAW DIVISION

**To: NEW ASSIGNED COUNSEL**

**From: WILLIAM E. SHAY, ESQ.**  
**DIRECTOR, AUDIT & OVERSIGHT**

**RE: PROFESSIONAL LIABILITY INSURANCE**

All CPCS-certified attorneys must maintain malpractice liability insurance with minimum limits of \$100,000/\$300,000 or \$250,000/\$250,000 and with a maximum deductible of \$10,000. Liability insurance is mandatory for **all** attorneys on **all** panels.

All newly certified or re-certified CPCS attorneys must provide proof of insurance directly to CPCS.

*What to Include:* Please complete **this letter** as indicated below and return same with a copy of your insurance information to:  
Attn: Insurance, CPCS, 44 Bromfield Street, Boston, MA 02108. Fax: (617) 988-8455 or email [attvins@publiccounsel.net](mailto:attvins@publiccounsel.net).

Your insurance information must include **(a) the amount of coverage, (b) the deductible amount, and (c) the coverage period.** The coverage selection sheet or face page of your policy is generally sufficient; however, to avoid any inconvenience and delay in processing, please review your coverage selection sheet to ensure that the requested information is contained therein. Please do not send the entire policy. **If you reply via fax or e-mail, please do not mail a hard copy. Your proof of insurance must be received by CPCS prior to accepting assignments. Any assignments accepted prior to our receipt of your insurance information will reject and be re-assigned to other counsel.**

**\*\*Please note:**

- a. **Neither bills from your insurer nor letters or proposals offering coverage satisfy this requirement.**
- b. **Attorneys who are insured through the MBA Insurance Agency must specifically request the inclusion of your deductible on the coverage selection sheet.**

Please be aware that newly certified or re-certified attorneys who do not send proof of insurance to CPCS will be ineligible to receive any new assignments. Further, assignments rejected by CPCS as a consequence of an attorney's failure to meet the insurance requirement will not be honored by CPCS even if the attorney subsequently complies.

Please E-mail the CPCS Insurance Coordinator, Rita Caso, at [ATTYINS@publiccounsel.net](mailto:ATTYINS@publiccounsel.net) with any questions regarding this notice or the requirements for maintaining professional liability insurance. Thank you again for your extraordinary work on behalf of children and indigent persons in the Commonwealth.

Attorney Name: \_\_\_\_\_ BBO #: \_\_\_\_\_