



APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

SUPPLEMENTAL APPLICATION

ADDITIONAL LOCATIONS

Name of Applicant (The Firm): _____

1. If the firm practices from more than one office, does responsibility for the firm's other offices rest with management at the principal location? If no, please describe: _____ YES NO

2. Please provide address(es) of other offices of the firm:

Address of other offices	Number of attorneys
<input type="checkbox"/> For client meetings only	Owner _____ Equity Partners _____ Non Equity Partners _____ Officers _____ Employees _____ Of Counsel _____
<input type="checkbox"/> For client meetings only	Owner _____ Equity Partners _____ Non Equity Partners _____ Officers _____ Employees _____ Of Counsel _____
<input type="checkbox"/> For client meetings only	Owner _____ Equity Partners _____ Non Equity Partners _____ Officers _____ Employees _____ Of Counsel _____
For client meetings only	Owner _____ Equity Partners _____ Non Equity Partners _____ Officers _____ Employees _____ Of Counsel _____
For client meetings only	Owner _____ Equity Partners _____ Non Equity Partners _____ Officers _____ Employees _____ Of Counsel _____

SIGNATURE OF OFFICER OR PARTNER OF FIRM PRINT NAME OF OFFICER OR PARTNER DATE _____

Application must be signed by duly authorized proprietor, partner, member or officer of the firm.