



**LAWYERS PROFESSIONAL LIABILITY  
ATTORNEY DETAIL SUPPLEMENT**

Firm: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**Application Instructions:** Complete this section for **ALL** attorneys proposed for this insurance.

| Name | Designation | State(s) of Admission | Year Admitted To Bar | Years In Practice | Date of Hire with Applicant Firm | Predecessor Firm Coverage* |
|------|-------------|-----------------------|----------------------|-------------------|----------------------------------|----------------------------|
| 1.   |             |                       |                      |                   |                                  |                            |
| 2.   |             |                       |                      |                   |                                  |                            |
| 3.   |             |                       |                      |                   |                                  |                            |
| 4.   |             |                       |                      |                   |                                  |                            |
| 5.   |             |                       |                      |                   |                                  |                            |
| 6.   |             |                       |                      |                   |                                  |                            |
| 7.   |             |                       |                      |                   |                                  |                            |
| 8.   |             |                       |                      |                   |                                  |                            |
| 9.   |             |                       |                      |                   |                                  |                            |
| 10.  |             |                       |                      |                   |                                  |                            |

“O” Owner/Officer/Director      “P” Partner      “E” Employed Lawyer      “OC” Of Counsel      “IC” Independent Contractor

**Complete for all Of Counsel, Independent Contractors and Per Diem Attorneys**

| Name | Designation | Specialty | Date of Hire | Hours Worked Per Week | Other Professional Liability Insurance? |
|------|-------------|-----------|--------------|-----------------------|---|
| 1.   |             |           |              |                       |   |
| 2.   |             |           |              |                       |   |
| 3.   |             |           |              |                       |   |
| 4.   |             |           |              |                       |   |

**Predecessor Firms\***

| Name of Firm | Dates of Existence | Date of Merger or Purchase | Insurance Company | Attorneys |
|--------------|--------------------|----------------------------|-------------------|-----------|
| 1.           |                    |                            |                   |           |
| 2.           |                    |                            |                   |           |
| 3.           |                    |                            |                   |           |
| 4.           |                    |                            |                   |           |

\* (A predecessor firm is any legal entity that is engaged in the practice of law to whose financial assets and liabilities the Applicant is the majority successor in interest.)

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or should be known, and agrees that this Attorney Detail Supplement will be included in the basis of any coverage and a part of any policy that may be issued by the Company.

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

\_\_\_\_\_  
Signature of Partner, Officer or Owner

\_\_\_\_\_  
Date