



Wesco Insurance Company  
 800 Superior Ave. E.  
 21<sup>st</sup> Floor  
 Cleveland, OH 44114

**LAWYERS PROFESSIONAL LIABILITY**  
**OFFICE SHARING SUPPLEMENT**

Full Name of Applicant Firm: \_\_\_\_\_

Please complete the following:

<b>Office Sharing Procedures</b>	<b>YES</b>	<b>NO</b>
1. As part of your office sharing arrangement, do you also share:		
a. a receptionist?	<input type="checkbox"/>	<input type="checkbox"/>
b. letterhead?	<input type="checkbox"/>	<input type="checkbox"/>
c. clients?	<input type="checkbox"/>	<input type="checkbox"/>
d. common invoices?	<input type="checkbox"/>	<input type="checkbox"/>
e. advertising expense?	<input type="checkbox"/>	<input type="checkbox"/>
f. bank account(s)?	<input type="checkbox"/>	<input type="checkbox"/>
g. files?	<input type="checkbox"/>	<input type="checkbox"/>
2. If you share a receptionist :	<input type="checkbox"/>	<input type="checkbox"/>
a. Is the phone answered by giving the names of the attorneys/firms sharing space?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the phone always answered using the generic, "law offices", without giving the names of the attorneys/firms sharing space?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do the names of each attorney/firm sharing the office appear together as "Law Offices of ---" or some other common listing on the door to your office suite?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are the names of each attorney/firm sharing office space listed separately on the door to your office suite?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you ever refer to any of the attorneys with whom you share office space as a "partner"?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have any of the attorneys with whom you share office space referred to you as a "partner"?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do your documents in any way suggest the possibility that you are part of a larger firm?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you disclose to your clients that your relationship with the other attorneys/firms with whom office space is shared is limited to sharing of office space?	<input type="checkbox"/>	<input type="checkbox"/>
9. Provide the name(s) of the attorney(s) and/or firm(s) with whom you share office space:		

\_\_\_\_\_  
**Signature of Officer or Partner of Firm**

\_\_\_\_\_  
**Print name of Officer or Partner**

\_\_\_\_\_  
**Date**