



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