### PROFESSIONAL LIABILITY INSURANCE FOR LAWYERS AND LAW FIRMS

# 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 AdmittedTo Bar | Number CLE hours in the past 12 months | Date of HirewithApplicant Firm | Prior Firm Coverage Desired |
| 1.       |       |       |       |       |       | Yes No |
| 2.       |       |       |       |       |       | Yes No |
| 3.       |       |       |       |       |       | Yes No |
| 4.       |       |       |       |       |       | Yes No |
| 5.       |       |       |       |       |       | Yes No |
| 6.       |       |       |       |       |       | Yes No |
| 7.       |       |       |       |       |       | Yes No |
| 8.       |       |       |       |       |       | Yes No |
| 9.       |       |       |       |       |       | Yes No |
| 10.       |       |       |       |       |       | Yes No |
| **“O”** Owner/Officer/Director **“P”** Partner **“E”** Employed Lawyer **“OC”** Of Counsel **“IC”** Independent Contractor |
| Complete for all Part-time, Of Counsel, Independent Contractors and Per Diem Attorneys |
| Name | Designation | Specialty | Date of Hire | Hours Worked Per Week | Other Professional Liability Insurance?Provide name of firm or carrier |
| 1.       |       |       |       |       |       |
| 2.       |       |       |       |       |       |
| 3.       |       |       |       |       |       |
| 4.       |       |       |       |       |       |
| Predecessor Firms |
| Name of Firm | Dates of Existence | Date of Mergeror Purchase | Insurance Company | Attorneys |
| 1.       |       |       |       |       |
| 2.       |       |       |       |       |
| 3.       |       |       |       |       |
| 4.       |       |       |       |       |

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.

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Signature of Partner, Officer or Owner Date