

**UNITED STATES FIRE INSURANCE COMPANY
THE NORTH RIVER INSURANCE COMPANY
305 MADISON AVENUE, MORRISTOWN, NJ 07962**

LAWYERS PROFESSIONAL LIABILITY APPLICATION

NOTICE: COVERAGE FOR WHICH THIS APPLICATION IS MADE IS WRITTEN ON A CLAIMS MADE AND REPORTED BASIS MEANING, EXCEPT AS OTHERWISE PROVIDED, COVERAGE APPLIES ONLY TO **CLAIMS** FIRST MADE AGAINST THE **INSURED** AND REPORTED TO THE **INSURER** DURING THE **POLICY PERIOD**.

CAREFULLY READ THE ENTIRE POLICY FOR WHICH THIS APPLICATION IS MADE. WORDS AND PHRASES WHICH ARE PRINTED IN **BOLD ITALIC TYPEFACE** HAVE SPECIFIC MEANING AND ARE DEFINED IN SECTION IV OF THE POLICY.

THE APPLICATION, ITS ATTACHMENTS AND ALL PREVIOUS APPLICATIONS AND THEIR ATTACHMENTS SHALL SERVE AS THE BASIS OF THE POLICY, AND SHALL BECOME PART OF SUCH POLICY SHOULD A POLICY BE ISSUED, AS IF PHYSICALLY ATTACHED. THE **INSURER** RELIES UPON THE APPLICATION IN ISSUING THE POLICY. COMPLETION OF THIS APPLICATION DOES NOT IN ANY WAY IMPLY SUCH COVERAGE UNDER THE POLICY. COVERAGE IS AFFORDED ONLY IF AND TO THE EXTENT INDICATED BY THE TERMS AND CONDITIONS OF THE POLICY IF ISSUED.

Wherever the word "Applicant" is used, it will be deemed to include all attorneys within the firm and any predecessor firms.

1. Applicant Name: _____
Legal name of the Applicant to be insured

Address: _____ City: _____ State: _____ Zip: _____
Principal location

Firm Phone Number: _____ E-mail Address: _____ County: _____

Contacts: Mr. Ms. _____ Contact Phone: (if different than above) _____

2. Desired Effective Date: _____ / _____ / _____
MM / DD / YYYY 3. What year was the Applicant firm established? _____

4. Indicate number of attorneys employed by firm: _____ *Please list all attorneys on the Addendum on Page 8.*

5. What is the number of non attorney support staff (full and part time combined)? _____

6. Does the Applicant have offices other than the principal location indicated in question 1? Yes No

a. If "Yes", provide the following information for these additional offices from where you practice:

Address	City	State	Zip	# of Attorneys	# of other Employees	% of Firm's Billable Hours

b. Does the responsibility for the Applicant's other offices rest with management at the principal location? Yes No

If "No", please describe how the branch office operates and is managed: _____

7. Is the Applicant's office or suite shared with attorneys who are not members of the Applicant's firm? Yes No

8. Are there any other legal entities under which the Applicant provides legal services? Yes No

If "Yes" please list: _____

9. Gross fees billed by the Applicant for the last 2 years:

Most Current Completed Year	Prior Year
FYE: _____ / _____ MM / YYYY	FYE: _____ / _____ MM / YYYY
\$ _____	\$ _____

10. Has the Applicant rendered professional services in any mass tort / class action cases within the past five years? Yes No

11. Does the Applicant have public figures as clients (e.g. Entertainment, Politics or Sports)? Yes No

*If "Yes" please complete the **Public Figure Supplement**.*

12. At any time in the past five years, has the Applicant or any attorney of the Applicant (regardless of what firm the attorney was employed by at such time) provided legal services related to:

a. securities transactions? Yes No

b. investment vehicles or ventures? Yes No

c. money or investment management? Yes No

d. investments with clients? Yes No

13. Enter the percentage of billable hours for each area below in the past fiscal year. Indicate percentages in whole numbers next to the type of law the Applicant practices:

AREA OF PRACTICE	% OF REVENUE	AREA OF PRACTICE	% OF REVENUE
A. Anti-trust/Trade Regulation	_____%	O. Immigration	_____%
B. Arbitration	_____%	P. Investment Counseling/Money Mgt.	_____%
C. Bankruptcy	_____%	Q. Natural Resource	_____%
D. Civil Rights/Employment	_____%	R. Personal Contracts	_____%
E. Corporate / Commercial (1)	_____%	S. Plaintiff Litigation (4)	_____%
F. Copyright/ Trademark /Patent	_____%	T. Public Utilities	_____%
G. Criminal	_____%	U. Real Estate (5)	_____%
H. Defense Litigation	_____%	V. Securities/Bonds	_____%
I. Domestic Relations	_____%	W. Tax (6)	_____%
J. Elder Law	_____%	X. Title (7)	_____%
K. Environmental (2)	_____%	Y. Wills, Trusts, Estates (8)	_____%
L. ERISA/Pensions	_____%	Z. Other (please describe)	_____%
M. Financial Institution (3)	_____%	_____	
N. Government	_____%	TOTAL (must equal 100%)	_____%

If the Applicant practices in any area(s) above with a numerical notation(s), complete the associated **Supplement** as follows:

- (1) Corporate/Commercial Business (3) Financial Institution (5) Real Estate (7) Title
 (2) Environmental (4) Plaintiff Litigation (6) Tax (8) Wills, Trusts, Estates

14. At any time during the last 3 years has any client of the Applicant represented more than 25% of the Applicant's annual revenue? Yes No

If "Yes", please complete the following for each client that has represented more than 25% of the Applicant's annual revenue:

Client Name	Percentage of Revenue	Services Rendered

- 15. Does the Applicant have any clients in which its attorneys have a combined equity interest greater than 10%? Yes No
- 16. In the past 5 years, has the Applicant or its personnel served as an officer, director, partner, manager, employee, committee member of any client? Yes No

If "Yes" to question 15 or 16 please complete the information below:

Attorney Name	Entity Name	Nature of Client Business	Position Held	Percent Equity Interest	Service Provided by Firm	Does the individual listed perform these services?	Is Director / Officer Insurance in force?
						Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

- 17. Does the Applicant have centralized procedures for identifying and resolving potential or actual conflicts of interest including cross – checking of former, existing or potential clients? Yes No
- 18. Does the Applicant have a centrally maintained docket control/diary? Yes No
- 19. Does the Applicant use engagement letters including fee agreements on all new matters undertaken by the firm? Yes No
- 20. Are declinations or non-engagement letters, which include time sensitive dates, issued on all matters declined by the Applicant? Yes No
- 21. Does the Applicant have a policy prohibiting an attorney with an investment in a client from working on transactions of such clients? Yes No
- 22. Does Applicant have procedures which address the conduct of employees relative to the handling confidential information of clients? Yes No
- 23. What percentage of Applicant's accounts receivable is outstanding more than 90 days? _____%
- 24. In the last 5 years has the Applicant initiated lawsuits or arbitration procedures to enforce the collection of unpaid fees of any client? Yes No

If "Yes", please complete the *Fee Suit Supplement*

CLAIM / INCIDENT INFORMATION

- 25. After inquiry of all attorneys and staff of the Applicant, within the past 5 years have any past or present personnel:
 - a. been the subject of any regulatory investigation or inquiry; suspended from practice; or charged, indicted, pled no contest ("nolo contendere"), pled guilty or been convicted of any felony charge? Yes No

If yes, please provide details and dates: _____

- b. know of any professional liability claims made against the Applicant, its affiliates or its personnel? Yes No
- c. become aware of any act, error or omission or fee dispute which might become the basis of a claim against the Applicant or its personnel? Yes No

NOTE: THE POLICY FOR WHICH THIS APPLICATION IS BEING MADE SHALL NOT APPLY TO ANY INCIDENTS OR CLAIMS DETAILED OR WHICH SHOULD HAVE BEEN DETAILED IN THE QUESTION 25 a, b or c ABOVE.

If "Yes" to 25 b or c above, complete the *CLAIM SUPPLEMENT* for each claim or potential claim

- 26. Within the past five years has the Applicant or its attorneys been declined, canceled, or non-renewed for professional liability insurance for any reason? (Not applicable to Missouri) Yes No
- If "Yes", please provide dates and reasons: _____

PRIOR INSURANCE INFORMATION

27. Does Applicant currently carry professional liability insurance? Yes No
If "Yes", provide the information requested below:

Insurance Company(not broker/agent): _____ Policy Expiration Date: ____/____/____
MM / DD / YYYY

Limits of Liability: \$ _____ Defense expenses reduce limits of liability **OR** Defense expenses are paid in addition to limits of liability

Deductible: \$ _____ Per Claim **OR** Annual Aggregate Deductible does not apply to defense expenses (first dollar defense)

Indicate the prior acts date (also known as retroactive date) for your policy: Prior Acts Date ____/____/____ Premium: \$ _____
MM / DD / YYYY

28. Does the policy above include lateral hire coverage for any of the Applicant's current attorneys? Yes No

29. Does the policy above, exclude coverage for any attorney, predecessor firms, firm affiliates, clients, specific engagements or other circumstances? Yes No

If "Yes", please describe: _____

COVERAGE SELECTION

Indicate your desired coverage selection:

30. Limits of Liability: \$ _____/_____ Defense expenses reduce limits of liability **OR** Defense expenses are paid in addition to limits of liability
per claim / aggregate

31. Deductible: \$ _____ Per Claim **OR** Annual Aggregate Deductible does not apply to defense expenses (first dollar defense)

32. Have you acquired or merged with another firm in the past 10 years? Yes No

a. If "Yes", was the Applicant the majority successor in interest to the financial assets and liabilities of the acquired or merged firm? Yes No

b. If "Yes", does the Applicant desire coverage for this entity as a predecessor firm? Yes No

If "Yes" to b. above complete the **Predecessor Firm Supplement**.

NOTICE TO ALASKA APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE AN INSURANCE COMPANY FILES A **CLAIM** CONTAINING FALSE, INCOMPLETE, OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

NOTICE TO ARKANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT **CLAIM** FOR PAYMENT OF A **LOSS** OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO ARIZONA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT **CLAIM** FOR PAYMENT OF A **LOSS** IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO CALIFORNIA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT **CLAIM** FOR THE PAYMENT OF A **LOSS** IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

NOTICE TO COLORADO APPLICANTS: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR

ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN **INSURER** FOR THE PURPOSE OF DEFRAUDING THE **INSURER** OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A **CLAIM** WAS PROVIDED BY THE APPLICANT."

NOTICE TO FLORIDA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY **INSURER**, FILES A STATEMENT OF **CLAIM** OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

NOTICE TO HAWAII APPLICANTS: "FOR OUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT **CLAIM** FOR PAYMENT OF A **LOSS** OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT OR BOTH."

NOTICE TO IDAHO APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

NOTICE TO INDIANA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN **INSURER** FILES A STATEMENT OF **CLAIM** CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION COMMITS A FELONY."

NOTICE TO KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT ACT, WHICH IS A CRIME."

NOTICE TO LOUISIANA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT **CLAIM** FOR PAYMENT OF A **LOSS** OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO MAINE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, OR DENIAL OF INSURANCE BENEFITS."

NOTICE TO MARYLAND APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT **CLAIM** FOR PAYMENT OF A **LOSS** OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT TO PRISON."

NOTICE TO MASSACHUSETTS APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF **CLAIM** CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO MINNESOTA APPLICANTS: "A PERSON WHO SUBMITS AN APPLICATION OR FILES A **CLAIM** WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN **INSURER** IS GUILTY OF A CRIME."

NOTICE TO MISSOURI APPLICANTS: "**DEFENSE COSTS** PAID UNDER THE POLICY PROVISIONS WILL REDUCE THE AVAILABLE LIMIT OF LIABILITY AND MAY EXHAUST THEM COMPLETELY."

NOTICE TO NEBRASKA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF **CLAIM** CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING

INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO NEW JERSEY APPLICANTS: “ANY PERSON WHO INCLUDES ANY INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO NEW MEXICO APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT **CLAIM** FOR PAYMENT OF A **LOSS** OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.”

NOTICE TO OHIO APPLICANTS: "ANY PERSON WHO WITH INTENT TO DEFRAUD OR KNOWING HE IS FACILITATING A FRAUD AGAINST AN **INSURER**, SUBMITS AN APPLICATION OR FILES A **CLAIM** CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

NOTICE TO OKLAHOMA APPLICANTS: “WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY **INSURER**, MAKES ANY **CLAIM** FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.”

NOTICE TO OREGON APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF **CLAIM** CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF **CLAIM** CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO TENNESSEE APPLICANTS: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.”

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

NOTICE TO VIRGINIA APPLICANTS: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.”

NOTICE TO WASHINGTON APPLICANTS: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.”

NOTICE TO WEST VIRGINIA APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT **CLAIM** FOR PAYMENT OF A **LOSS** OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT TO PRISON.”

Completion and/or signing of this application does not bind the Applicant to purchase, nor the **Insurer** to provide, any insurance policy; however, no policy can be issued unless the application is properly completed, signed and dated.

The signatory declares that (s)he is authorized by the Applicant to sign this application on behalf of all prospective **Insureds** and that to the best of his/her knowledge the statements herein are true. The signatory agrees that if the information supplied in this application and the materials submitted therewith should change between the date this application is signed and the effective date of the proposed insurance, the signatory shall immediately notify the **Insurer** of such and shall provide the **Insurer** with information that would complete, update or correct the application or materials submitted therewith. The **Insurer** may withdraw or modify any of the terms or conditions of coverage accordingly.

ALL WRITTEN STATEMENTS, SUPPLEMENTAL APPLICATION AND MATERIALS FURNISHED TO THE *INSURER* IN CONJUNCTION WITH THIS APPLICATION ARE INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART THEREOF, AND DEEMED ATTACHED HERETO.

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

SIGNATURE* _____ PRINTED NAME* _____

*MUST BE SIGNED BY A DULY AUTHORIZED OFFICER OF THE APPLICANT ON BEHALF OF ALL *INSUREDS*.

TITLE OF SIGNATORY: _____ DATE SIGNED: ____/____/____

MM / DD / YYYY

ADDENDUM TO LAWYERS PROFESSIONAL LIABILITY APPLICATION LIST OF ALL ATTORNEYS EMPLOYED BY APPLICANT

(please attach additional sheets as necessary)

List all of the Applicant's attorneys below:

Attorney Name	*Attorney Designation	State(s) Licensed to Practice Law	Annual Hours Worked	Date Joined the Firm	# of Years in Practice	Years of Continuous Professional Liability Coverage

***Attorney Designations:**

A = Associate, E = Employee, IC = Independent Contractor, OC = Of Counsel, P = Partner, RP = Retired Partner