



**APPLICATION FOR LAWYERS
PROFESSIONAL LIABILITY INSURANCE**

ADDITIONAL LOCATIONS / PRACTICE STATES SUPPLEMENT

Firm Name:	
Policy Number:	
Effective Date:	

1. List additional locations:

	Address	City	County	Zip Code	# of attorneys	# of employees
1						
2						
3						
4						
5						
6						

2. Complete the following for all states that the firm practices in:

State	% of Total Billable Hours	# of Attorneys	State	% of Total Billable Hours	# of Attorneys

3. a. If the firm practices from more than one office, does responsibility for the firm's other offices rest with management at the principal location? Yes No
- b. If "no", please describe how the branch office operates and is managed.

4. a. Is there a centralized conflict of interest cross-checking system utilized by all Lawyers in all branches? Yes No
- b. Does the branch office(s) maintain a docket/diary linked to the main office? Yes No
- c. If "no" to a. or b. above, please describe the system(s) used.
