



LAWYERS PROFESSIONAL LIABILITY
EZ-RENEWAL SUPPLEMENT

Firm Name

If **Question 1** is answered YES regarding attorneys in the firm, complete the following for each: For any attorney that left the firm during the past policy year, provide the date of departure next to the name.

**New, Deleted or Changed
Attorney Information**

Attorney Name	New/Deleted	Designation ie. Officer/Partner, Employee, Of Counsel, Independent Contractor	Average Number of Hours per Week Worked	States you are licensed to practice Law
1.				
2				
3				
4				
5				

Attorney Name	Years in Private Practice	Number of Years in This Firm	Number of Years of Continuous Malpractice Coverage	Prior Acts Date	CNA Risk Management Seminar Date MM/ DD/YY	Bar Member
1						<input type="checkbox"/> YES <input type="checkbox"/> NO
2						<input type="checkbox"/> YES <input type="checkbox"/> NO
3						<input type="checkbox"/> YES <input type="checkbox"/> NO
4						<input type="checkbox"/> YES <input type="checkbox"/> NO
5						<input type="checkbox"/> YES <input type="checkbox"/> NO

List the attorneys that work less than 40 hours per week, the number of hours they work for the firm and the services they render:

Attorney Name	# Hours Worked per Week	Services rendered to firm's clients