



APPLICATION FOR LAWYERS  
PROFESSIONAL LIABILITY INSURANCE

EQUITY / OUTSIDE INTEREST / GROSS BILLINGS SUPPLEMENT

Firm Name:	
Policy Number:	
Effective Date:	

Name of Client	Name of Attorney	Position Held	Nature of business	Current Client?	Nature of Services Rendered	Ownership Interest	Gross Billings
				<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		%	%

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