



**APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
SUPPLEMENTAL APPLICATION**

ADDITIONAL LOCATIONS

Name of Applicant (The Firm): _____

1. If the firm practices from more than one office, does responsibility for the firm's other offices rest with management at the principal location? If no, please describe: _____ YES NO

2. Please provide address(es) of other offices of the firm:

Address of other offices	Number of Attorneys
1. <input type="checkbox"/> For client meetings only	Owner _____ Equity Partners _____ Non Equity Partners _____ Officers _____ Employees _____ Of Counsel _____
2. <input type="checkbox"/> For clients meetings only	Owner _____ Equity Partners _____ Non Equity Partners _____ Officers _____ Employees _____ Of Counsel _____
3. <input type="checkbox"/> For client meetings only	Owner _____ Equity Partners _____ Non Equity Partners _____ Officers _____ Employees _____ Of Counsel _____
4. <input type="checkbox"/> For client meetings only.	Owner _____ Equity Partners _____ Non Equity Partners _____ Officers _____ Employees _____ Of Counsel _____
5. <input type="checkbox"/> For client meetings only.	Owner _____ Equity Partners _____ Non Equity Partners _____ Officers _____ Employees _____ Of Counsel _____

SIGNATURE OF OFFICER OR PARTNER OF FIRM

PRINT NAME OF OFFICER OR PARTNER

DATE

Application must be signed by duly authorized proprietor, partner, member or officer of the firm.