



**APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
OF COUNSELS AND / OR INDEPENDENT CONTRACTORS RENEWAL SUPPLEMENT**

Firm Name:

Policy Number:

Effective Date (m/d/yyyy):

A Firm principal should complete the information below for each lawyer designated as Of Counsel (OC) or Independent Contractor (IC).

1. Name of Lawyer :	→				
2. Designation (check one)		OC	IC	OC	IC
3. Has the nature of the business relationship between the Firm and OC/IC changed since last year? <i>If yes, describe in detail the current relationship and include any designation change.</i>		Yes	No	Yes	No
4. Does OC/IC carry Malpractice Insurance separate from the Firm? <i>If yes, attach copy of Declarations and endorsements.</i>		Yes	No	Yes	No
		Attached		Attached	
5. Is OC/IC employed or otherwise affiliated with any other entity other than this Named Insured Law Firm? <i>If yes, provide name of entity, role there and weekly hours worked.</i>		Yes	No	Yes	No

Signature of Named Insured Firm Principal:

Date: