



**APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
OF COUNSELS AND / OR INDEPENDENT CONTRACTORS 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).

Note: Where a description of legal services or cases handled is requested, refer to the Areas of Practice chart of the base application. Coverage for OC/ICs is provided for services rendered on behalf of the Named Insured unless otherwise endorsed or excluded from the policy.

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|---|---|----------|------|----|----------|------|----|----------|------|----|
| 1. Name of Lawyer : | → | | | | | | | | | |
| 2. Designation (check one) | | OC | IC | | OC | IC | | OC | IC | |
| 3. Is this OC/IC listed on the Firm's letterhead? | | Yes | No | NA | Yes | No | NA | Yes | No | NA |
| 4. Is this OC/IC listed on the Firm's website? | | Yes | No | NA | Yes | No | NA | Yes | No | NA |
| 5. Does OC/IC perform legal services on behalf of Firm? | | Yes | No | | Yes | No | | Yes | No | |
| 5a. If yes, is such done on Firm's letterhead? | | Yes | No | | Yes | No | | Yes | No | |
| 6. Detail legal services rendered | | | | | | | | | | |
| 7. Is relationship with OC/IC for referrals only? | | Yes | No | | Yes | No | | Yes | No | |
| 8. Does the Firm continue involvement on the case once referred to OC/IC? | | Yes | No | | Yes | No | | Yes | No | |
| 9. Detail type of cases referred | | | | | | | | | | |
| 10. What is the basis of the relationship with OC/IC if not for legal work on behalf of the Firm for referrals? | | | | | | | | | | |
| 11. Does OC/IC carry Malpractice Insurance separate from the Firm? <i>If yes, attach copy of Declarations and endorsements</i> | | Yes | No | | Yes | No | | Yes | No | |
| | | Attached | | | Attached | | | Attached | | |
| 12. Does the Firm desire coverage under this policy for OC/IC? | | Yes | No | | Yes | No | | Yes | No | |
| 13. How is this lawyer compensated? Check what applies: | | W2 | 1099 | | W2 | 1099 | | W2 | 1099 | |
| 14. 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 | | Yes | No | |

Signature of Named Insured Firm Principal:

Date: