Applicant:

SUPPLEMENT 1

ADDITIONAL INFORMATION SUPPLEMENTAL APPLICATION

Use this addendum to capture the detailed information requested in the application for lawyers professional liability coverage (attach a separate sheet if necessary).

A. Other Office Location(s): List the other office location(s), number of attorneys at each location and purpose of each additional location:

Location	Number of Attorneys	Purpose

B. Predecessor Firm(s):

Name of Firm	No. of Lawyers in Prior Firm	Date Formed MM/DD/YY	Date of Merger or Dissolution	% Of Assets and Liabilities Assumed	No. of Principals/ Employed Lawyers From Prior Firm

C. Clients Producing More than 30% of Applicant's Income:

Name of Client	% of Billings	Industry

D. Experience

1. Insurance Declination/Cancellation/NonRenewal:_____

2. Reprimand/Disciplinary/Suspension/Disbarment/Revocation:_____

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known.

Signature of Owner, Officer or Partner of the Firm	Title	Date