



ADDITIONAL OFFICE LOCATION SUPPLEMENT

Applicant: _____

	1	2	3
Office Location (city, state, zip)			
Number of attorney staff			
Number of non-attorney staff			
Are computer systems at the branch office(s) tied into the systems at the primary location?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does responsibility for management and supervision of associates or office staff rest with a partner at the primary location?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Purpose of location?			

If "No", to any question above, please explain:

NOTICE:

Applicant understands that the information submitted herein becomes part of the Applicant's Lawyers Professional Liability Insurance Application or Renewal Application and is subject to the same warranties, notices and conditions.

This application must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

Signature of Owner, Partner or Principal

Date

Print Name

Title

Licensed Agent

License Number