



James River Insurance Company

7130 Glen Forest Drive, Suite 210
 Richmond, VA 23226
 804-289-2700

Individual Attorney Supplemental Application

PROFESSIONAL LIABILITY Division

Email to PL@jamesriverins.com or,
 Fax to 804-287-2816

APPLICANT'S INSTRUCTIONS:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.

Firm Name: _____

1. Individual Attorney Supplement for: Mr. Ms. _____

E-mail: _____

2. Position With Firm: Partner Associate Of Counsel ____# of billable hours per month (estimate)
3. During the past 12 months, have you attended or participated in at least 3 hours of CLE seminars on Ethics, Risk Management, Loss Prevention and/or Office Management? Use of video tapes, such as offered by ABA, or attendance at seminars will qualify for a 10% rate credit. Yes No
4. Since what date have you been insured on a continuous basis for professional liability? _____
5. Date you joined this or predecessor firm: _____
6. Starting date of private practice (not corporate or government): _____
7. How many claims have been made against you during the past 5 years, regardless of whether indemnity was paid, or has an indemnity payment of greater than \$20,000 been made by you, your firm or an insurance carrier in settlement of a Professional Liability claim against you. ____

If so, state the dates and amount of indemnity and complete the Supplemental Claim form for each such claim.

Date:		Claimant:	Amount: \$
Date:		Claimant:	Amount: \$

8. Note the percentage of your professional time in private practice devoted to each area below.

- | | | |
|------------------------------------|------------------------------------|----------------------------------|
| ___a. Admiralty/Maritime | ___j. Entertainment/Sports | u. Oil/Gas |
| ___b. Anti-trust/Trade Regulation | ___k. Environmental | v. Patents |
| ___c. Arbitration/Mediation | ___l. Estate/Probate/Wills/Trusts | Copyright/Trademark |
| ___d. Bankruptcy | ___m. ERISA/Employee Relations | w. Public Utilities |
| ___e. Civil Litigation-Plaintiffs* | ___n. Financial Institutions* | x. Real Estate* |
| ___Civil Litigation-Defendants | ___o. Gaming/Casino/Representation | y. Securities Exempt/Bonds* |
| ___f. Collection/Repossession | ___p. Government | Securities/Registered Offerings* |
| ___g. Corporation/Business | ___q. Immigration | z. Social Security |
| ___ Merger and Acquisition | ___r. International Law | aa. Taxation* |
| ___h. Criminal | ___ s. Labor Law | bb. Workers Compensation* |
| ___i. Domestic Relations | ___t. Natural Resources | cc. Other-Describe |

_____ Total (should equal 100%)

9. If you offer any of the four services below to the public, please show percentage of your total time devoted to the service and provide details of any professional liability insurance covering the service:

Insurance Agent/Broker _____ Real Estate Agent/Broker _____
 Accountant _____ Title Agent/Abstractor _____

10. If part of your law practice is devoted to any one of the following, please show percentage of your total time devoted to the service and provide details of any professional liability insurance covering the service and provide copy of employment contract, if remuneration inures to you rather than to the firm:

Prosecutor _____ Municipal, State, or Corporate Counsel _____
 Public Defender _____ Title Agent/Abstractor _____

11. Social Security Number: _____

12. Date Admitted to Bar _____

a. List Bar Association(s) of which you are a member in good standing _____

13. Previous employment since admission to Bar:

Date	Employer/Position	State	Insurance Carrier

14. Are you a salaried employee of any organization other than the applicant firm? Yes No
If yes, please explain.

15. Do you serve as director or officer, or do you exercise any fiduciary control over any business enterprise other than the applicant firm including profit and not for profit organizations? Yes No

a. Please list enterprise(s), nature of the business and position held on separate attachment. Also, note whether any "Directors and Officers" liability insurance is maintained.

b. Are any of these enterprises clients of the applicant firm? Yes No

16. Do you perform any professional legal services for any other entity other than the Named Insured firm shown in item number one of the Firm Application? Yes No

If yes, please provide the name of the other entity.

Attorney's Signature

Date: ___/___/_____

NOTE: REFER TO POLICY EXCLUSIONS REGARDING THESE EXPOSURES.