INSURED SUPPLEMENT

APPLICATION FOR LAWYER'S PROFESSIONAL LIABILITY INSURANCE

Indicate the names of all lawyers who are presently officers, partners, employed lawyers, of counsels or retired partners of the Firm and complete the requested information for each lawyer. **Please note that coverage responds only for acts performed on behalf of the firm.**

Name of Lawyers	Designation O - Officer P - Partner E - Employed Lawyers OC - Of Counsel RP - Retired Partner	Member of Management Committee or Governing Body (Yes/No)	Year Admitted to Bar	Years of Full-Time Practice	Specialty, if any	Member in Good Standing of the Following State Bar(s)

I/We understand information submitted herein becomes a part of my/our professional liability application and is subject to the same representations and conditions.

Name of Applicant* _____ Title _____

Signature of Applicant _____ Date _____

***MUST BE SIGNED BY A MEMBER OF THE FIRM'S MANAGEMENT COMMITTEE OR GOVERNING BODY.**