



**APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
CLIENT INFORMATION SUPPLEMENT**

Firm Name: _____

Policy Number: _____

Name of Client	Nature of Client's Business	Specific Legal Services Rendered for Client *** See NOTE below	Is this a Current Client? Date of First Affiliation	% of Ownership Interest	Name of Attorney(s) rendering legal services, having ownership interest or holding an officer position	Attorney title or position held with client/entity	% of Firm's Total Annual Billings from a Client is over 50%, answer Question 1 below	Is this client Publicly Traded?
			<input type="checkbox"/> Yes <input type="checkbox"/> No ____/____/____	_____%			_____%	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No ____/____/____	_____%			_____%	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No ____/____/____	_____%			_____%	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No ____/____/____	_____%			_____%	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No ____/____/____	_____%			_____%	<input type="checkbox"/> Yes <input type="checkbox"/> No

*** NOTE: When documenting legal services rendered, refer to the practice areas on the application as a guide. Noting "legal" as the services rendered is unacceptable.

1. Explain if the annual billings were the result of one large case handled. Does the firm anticipate additional client(s) in the next two years which would reduce gross revenues from one client to below 50%?

Signature of Partner/Officer _____

Print Name _____

Date: _____