



**APPLICATION FOR LAWYERS  
PROFESSIONAL LIABILITY INSURANCE**

**ADDITIONAL LOCATIONS SUPPLEMENT**

Firm Name:	
Effective Date:	

1. List additional locations:

	Address	City/State	County	Zip Code	# of attorneys	# of employees
1						
2						
3						
4						
5						

2. a. If the firm practices from more than one office, does responsibility for the firm's other offices rest with management at the principal location?  Yes  No

b. If "no", please describe how the branch office operates and is managed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. a. Is there a centralized conflict of interest cross-checking system utilized by all lawyers in all branches?  Yes  No

b. Does the branch office(s) maintain a docket/diary linked to the main office and accessible from all office locations?  Yes  No

c. If "no" to a. or b. above, please describe the system(s) used.

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