



**APPLICATION FOR LAWYERS
PROFESSIONAL LIABILITY INSURANCE**

ADDITIONAL LOCATIONS / PRACTICE STATES SUPPLEMENT

Firm Name:	
Policy Number:	
Effective Date:	

1. List additional locations:

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

2. Complete the following for all states that the firm practices in:

State	% of Total Billable Hours	# of Attorneys	State	% of Total Billable Hours	# of Attorneys

3. 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? Yes No

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