

Named Insured/Applicant Law Firm	
----------------------------------	--

Name of Lawyer acting as OC/IC			
States & Dates of Admittance of OC/IC			
Is OC/IC a <u>Previously Affiliated Lawyer</u> at this Firm?	<input type="checkbox"/> Yes	Dates of Affiliation	Position
	<input type="checkbox"/> No	Date of first Affiliation	<input type="checkbox"/> OC <input type="checkbox"/> IC
Is OC/IC listed on Firm's letterhead?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is OC/IC listed on Firm's website?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – no website
Does OC/IC work on behalf of this Firm?	<input type="checkbox"/> Yes	If yes, what is the number of hours working on behalf of this Firm weekly? 1-10 <input type="checkbox"/> 11-25 <input type="checkbox"/> 26+ <input type="checkbox"/>	
	<input type="checkbox"/> No	Describe legal services rendered by the OC/IC	
		If No, is relationship for referral only? <input type="checkbox"/> Yes <input type="checkbox"/> No Are referral fees accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Does this Firm continue involvement on a case once it is referred to the OC/IC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If yes, provide details	
		Detail types of cases referred	
Does OC/IC carry Lawyers Malpractice Insurance separate from the Firm?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete below	
Insurance Company		Policy Expiration(m/d/y)	
Limits of Liability	\$ each claim	\$ aggregate	

Signature of OC/IC		Date	
--------------------	--	------	--

Signature of Named Insured, Principal		Date	
---------------------------------------	--	------	--