



**APPLICATION FOR LAWYERS  
PROFESSIONAL LIABILITY INSURANCE**

**Predecessor Firm Supplement**

<b>List all predecessor(s) of the firm for which the applicant is requesting coverage.</b>					
	Firm Name	Type of Entity	Establishment Date	Dissolution Date	# of Attorneys at Dissolution
<b>1.</b>					
<b>2.</b>					
<b>3.</b>					
<b>4.</b>					

# of Atty at Applicant Firm	Insurer at dissolution	Was ERP purchased?
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
**Signature of Principal of Successor Firm**

\_\_\_\_\_  
**Date**