



**APPLICATION FOR LAWYERS  
PROFESSIONAL LIABILITY INSURANCE**

**EQUITY / OUTSIDE INTEREST / GROSS BILLINGS SUPPLEMENT**

Firm Name:	
Policy Number:	
Effective Date:	

Name of Entity	Name of Attorney	Position Held	Nature of business	Current Client?	*Nature of Legal Services Rendered	Ownership Interest	Gross Billings
				<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		%	%

\*Legal Services" is not an acceptable answer