



**APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
OUT OF STATE PRACTICE SUPPLEMENT**

Firm Name: _____

Policy Number: _____ **Effective Date (m/d/yyyy):** _____

1. Provide the following information for each additional state in which the firm practices. For the Type of Legal Services Rendered please refer to the Area of Practice Grid on the Application.

State:				
City and County:				
Revenue:	\$	\$	\$	\$
Percent of Firm's Total Billable Hours:	%	%	%	%
Number of Attorneys Practicing:				
Number of Clients and Cases:				
Length of Time Practicing in the State:				
Is this a Temporary or a Permanent Part of the Firm's Practice?				
Type of Legal Services Rendered:				
Where are attorney / client meetings held?				

2. Please explain the reason for
a. any out of state practice that is of a temporary nature
b. any of the above revenues, percent of firm's total billable hours or number of attorneys which is greater than those in the firm's primary risk state

3. Are all attorneys licensed in the state where they are practicing? Yes No

If "No", please explain and include the nature of the services rendered, the state and why the attorney(s) is / are not licensed. Provide acknowledgement that the firm is familiar and compliant with the Rules of the State Bar and how they relate to the unauthorized practice of law, including all types of law that are governed by Federal Jurisdiction.
