



**APPLICATION FOR LAWYERS  
PROFESSIONAL LIABILITY INSURANCE**

**ADDITIONAL LOCATIONS / PRACTICE STATES SUPPLEMENT**

Firm Name:	
Policy Number:	
Effective Date:	

1. List additional locations:

	Address	City	County	Zip Code	# of attorneys	# of employees
1						
2						
3						
4						
5						
6						

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.

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