

## LAWYERS PROFESSIONAL LIABILITY Additional Information Supplement

1. Name of Applicant or Insured: \_\_\_\_\_
  
2. Office Sharing / Office Locations Details (Q.5. of the Application):
  - a. Name of each Attorney / Law Firm **you** share office space with:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - b. Other details:  
\_\_\_\_\_  
\_\_\_\_\_
  - c. Are all potential/clients advised that the attorney or law firm with whom **you** share office space is not affiliated with **you** regarding the practice of law?      Yes \_\_\_      No \_\_\_
  
3. Material Firm or Attorney Count Changes Details (Q.6. and Q.7. of the Application):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Attorney Information Details (Q.13., Q.14., and Q.15. of the Application):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Client Details (Q.18. and Q.20. of the Application):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Docket Control Details (Q.24. of the Application):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
7. Conflicts of Interest Details (Q.25. of the Application):  
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\_\_\_\_\_

8. Engagement Letters Details (Q.26. of the Application):

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9. Risk Management Details (Q.27. of the Application):

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10. Unreported Claims Details (Q.32. of the Application):

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11. Insurance History Details (Q.33. and Q.37. of the Application):

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Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_