



**SCOTTSDALE INSURANCE COMPANY®**

A Stock Insurance Company, herein called the **Company**

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675

**BRANCH OFFICE/AFFILIATE SUPPLEMENT  
Lawyers Professional Liability Insurance**

NAME OF APPLICANT:

1. Please list the addresses of all branch offices and the dates the branch offices were established:

Address of Branch Office	Date Established
a. _____	_____
b. _____	_____

2. Please indicate the total number of personnel by location (match branch office personnel with the branch office(s) listed in Question 1.).

	Principal Office	Branch Office a.	Branch Office b.
<b>Partners or Officers</b>			
<b>Associates</b>			
<b>Of Counsel</b>			
<b>Staff</b>			

3. Has the firm closed a branch office or had a group departure of five or more lawyers during the past five years? .....  Yes  No

If yes, please provide full details: \_\_\_\_\_  
\_\_\_\_\_

4. Is the firm is a member of a network of affiliates or a consortium? .....  Yes  No

If yes, please provide the name of the network/consortium and provide a detail description of the affiliation:  
\_\_\_\_\_  
\_\_\_\_\_

I declare that the information submitted herein is true and accurate. I understand that it becomes a part of my Professional Liability Application.

\_\_\_\_\_  
Signature of Applicant Title Date