



FREEDOM SPECIALTY
 INSURANCE COMPANY®
 a Nationwide Insurance® company
 7 World Trade Center, 37th Floor
 250 Greenwich Street
 New York, NY 10007-0033
 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 brand office personnel with the branch office[s] listed in question 1. above):

	Partners or Officers	Associates	Of Counsel	Staff	Percent of Firm's Revenue Derived from Location
Principal Office					%
Branch Office a.					%
Branch Office 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 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 detailed description of the affiliation: _____

5. Are the firm's client intake and docket systems centralized and accessible at all locations? Yes No
 If "No," please explain how conflicts are checked and docket systems are maintained: _____

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
 (Must be signed by Managing Partner or Officer of the Firm)