CNA

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
ADDITIONAL LOCATIONS SUPPLEMENT

Firm Name:

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

1. List the firm's additional locations:

	Address	City	County	State	Zip Code	Number of Attorneys	Number of Support Staff	Gross Billings from this Location	Percent of Firm's Total Billable Hours	Is this a VOA* or Conference Room-only location?
1										Yes ❑ No ❑
2										Yes ❑ No ❑
3										Yes ❑ No ❑
4										Yes ❑ No ❑

*VOA – Virtual Office Arrangement (e.g. - mailing address only, reserved office space on a shared basis, alternate arrangement for work-at-home attorney, etc.)

2. 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

If "No", please describe how the branch office operates and is managed.

3a. Is there a centralized conflict of interest cross-checking system utilized by all Lawyers in all branches?   Yes   No ❑

3b. Does the branch office(s) maintain calendaring and docketing systems linked to the main office?   Yes   No ❑

If "No" to a. or b. above, please describe the system(s) used.

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