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GARDEN STATE PROFESSIONAL INSURANCE AGENCY

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
SOLO PRACTITIONER WORKING ON A PART-TIME BASIS SUPPLEMENT

All solo practitioners working on a part-time basis should complete this supplement.

Named Insured Firm (also referred to as Firm):

Policy Number: Policy Effective Date:

1. Are you employed by any other entity? Yes ☐ No ☐

If yes, advise:

a. Name of Entity:

b. Type of Industry:

c. Your Position:

d. Your Weekly Hours Worked:

2. If not employed elsewhere and concentrating only on providing legal services for your Firm, what else outside of this Firm are you involved in that results in your working part-time?

3. Do you anticipate retiring in the near future? Yes ☐ No ☐

a. *If yes, what is your target date/timeframe for retirement?*

4. Do you anticipate increasing your practice to full-time? Yes ☐ No ☐

a. *If yes, what is your target date/timeframe for doing so?*

b. *If no, why not?*

5. How many clients are you handling currently?

a. How many clients did you handle last year?

b. How many clients do you anticipate in the coming year?

6. For how many years have you been working on a part-time basis?

Signature of Named Insured Firm Partner: Date:

SUBMIT THIS APPLICATION TO
applications@gsagency.com or fax to (732) 577-8836.