



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

A principal of the Firm should complete this supplement for each lawyer working on a part-time basis.

Named Insured Firm (also referred to as Firm):

Policy Number:

Policy Effective Date:

Attorney Name:

Weekly Hours Worked:

1. Is this lawyer listed on Firm's

- | | | | | |
|----------------|-----|----|----|--|
| a. letterhead? | Yes | No | NA | -Firm has no lawyers on the letterhead |
| b. website? | Yes | No | NA | -Firm has no website |

2. Is this lawyer employed in any capacity or otherwise affiliated with another entity, including a solo or firm practice, other than the Firm?

Yes No

If Yes, provide the following:

a. Entity:

b. Role:

c. Weekly Hours Worked:

3. Does this lawyer carry Lawyers Malpractice Insurance separate from the Firm? Yes No

If yes, provide a copy of the current Declarations and endorsements.

4. How is this lawyer compensated by the Firm

- | | | |
|------------------------------------|-----|----|
| a. Are payroll taxes withheld? | Yes | No |
| b. Are employee benefits provided? | Yes | No |

5. Do you anticipate this lawyer

- | | | |
|--|-----|----|
| a. retiring from the practice of law in the near future? | Yes | No |
|--|-----|----|

If yes, what is target date?

- | | | |
|--------------------------------------|-----|----|
| b. increasing practice to full-time? | Yes | No |
|--------------------------------------|-----|----|

If yes, what is target date?

- | | | |
|--|-----|----|
| c. decreasing practice to even lesser part-time hours? | Yes | No |
|--|-----|----|

If yes, what is target date?

Signature of Named Insured Firm Partner:

Date: