CNA

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
OF COUNSELS AND / OR INDEPENDENT CONTRACTORS SUPPLEMENT

GARDEN STATE PROFESSIONAL INSURANCE AGENCY

Firm Name: _____ Policy Number: _____ Effective Date (m/d/yyyy): _____

A Firm principal should complete the information below for each lawyer designated as Of Counsel (OC) or Independent Contractor (IC).

Note: Where a description of legal services or cases handled is requested, refer to the Areas of Practice chart of the base application. Coverage for OC/ICs is provided for services rendered on behalf of the Named Insured unless otherwise endorsed or excluded from the policy.

1. Name of Lawyer : →			
2. Designation (check one)	OC ☐ IC ☐	OC ☐ IC ☐	OC ☐ IC ☐
3. Is this OC/IC listed on the Firm's letterhead?	Yes ☐ No ☐ NA ☐	Yes ☐ No ☐ NA ☐	Yes ☐ No ☐ NA ☐
4. Is this OC/IC listed on the Firm's website?	Yes ☐ No ☐ NA ☐	Yes ☐ No ☐ NA ☐	Yes ☐ No ☐ NA ☐
5. Does OC/IC perform legal services on behalf of Firm?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
5a. If yes, is such done on Firm's letterhead?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
6. Detail legal services rendered			
7. Is relationship with OC/IC for referrals only?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
8. Does the Firm continue involvement on the case once referred to OC/IC?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
9. Detail type of cases referred			
10. What is the basis of the relationship with OC/IC if not for legal work on behalf of the Firm for referrals?			
11. Does OC/IC carry Malpractice Insurance separate from the Firm?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
If yes, attach copy of Declarations and endorsements	Attached ☐	Attached ☐	Attached ☐
12. Does the Firm desire coverage under this policy for OC/IC?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
13. How is this lawyer compensated? Check what applies:	W2 ☐ 1099 ☐	W2 ☐ 1099 ☐	W2 ☐ 1099 ☐
14. Is OC/IC employed or otherwise affiliated with any other entity other than this Named Insured Law Firm?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
If yes, provide name of entity, role there and weekly hours worked.			

Signature of Named Insured Firm Principal: _____ Date: _____

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