APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
OUT OF STATE AND / OR ADDITIONAL PRACTICE LOCATION SUPPLEMENT

| Firm Name: | | | Policy Number: | |
|---|---|---|---|---|

1. List the firm's additional practice locations:

| | State | City | Zip Code | County | Are the attorneys licensed in state? | Area(s) of Practice | (T)emporary or a (P)ermanent part of the law firm's practice? | Percent of the law firm's total billable hours | Number of Attorneys | Number of Support Staff at this location |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | Yes ☐ No* ☐ Pro Hoc Vice ☐Federal Only ☐ | | ☐ T ☐ P | % | | |
| 2 | | | | | Yes ☐ No* ☐ Pro Hoc Vice ☐Federal Only ☐ | | ☐ T ☐ P | % | | |
| 3 | | | | | Yes ☐ No* ☐ Pro Hoc Vice ☐Federal Only ☐ | | ☐ T ☐ P | % | | |
| 4 | | | | | Yes ☐ No* ☐ Pro Hoc Vice ☐Federal Only ☐ | | ☐ T ☐ P | % | | |
| 5 | | | | | Yes ☐ No* ☐ Pro Hoc Vice ☐Federal Only ☐ | | ☐ T ☐ P | % | | |
| 6 | | | | | Yes ☐ No* ☐ Pro Hoc Vice ☐Federal Only ☐ | | ☐ T ☐ P | % | | |

| 2. Do all practice locations abide by the same internal controls and procedures, including but not limited to conflict of interest clearance and calendaring? | Yes ☐ No ☐ |
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*If "No", please describe how the additional practice locations operate and are managed.

| Signature of Partner/Officer | | Print Name | | Date | |
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