

Lawyers Supplemental Application

Please complete the following for each attorney in the Firm, each Of Counsel and any attorney whom the Firm retains as an Independent Contractor.

Applicant Firm Name: _____

Policy Number: _____

Attorney Name	ISBA Member Number	ARDC Number	O, OF, D, P, OC, E, IC (1)	Date Admitted to Bar	Date Private Practice Started (2)	Date Joined Applicant Firm	# of CLE Hours in the last 12 Months	For Of Counsel & Independent Contractor, list # of hours worked.

(1) Attorney Codes: O=Owner, OF=Officer, D=Director, P=Partner, OC=Of Counsel, E=Employee, IC=Independent Contractor

(2) If this date is different from the date the lawyer was admitted to the bar, please explain.

Note: Coverage will not apply to an Independent Contractor or Of Counsel unless listed above, and may require an additional premium.

Signature of Applicant Firm: _____

Title: _____

Date: _____

Must be signed by Owner, Partner or Officer