



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

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

A Firm principle 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 <input type="checkbox"/>	IC <input type="checkbox"/>		OC <input type="checkbox"/>	IC <input type="checkbox"/>
3. Is this OC/IC listed on the Firm's letterhead?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Is this OC/IC listed on the Firm's website?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Does OC/IC perform legal services on behalf of Firm?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
5a. If yes, is such done on Firm's letterhead?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Detail legal services rendered						
7. Is relationship with OC/IC for referrals only?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Does the Firm continue involvement on the case once referred to OC/IC?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
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? <i>If yes, attach copy of Declarations and endorsements</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Attached <input type="checkbox"/>			Attached <input type="checkbox"/>	
12. Does the Firm desire coverage under this policy for OC/IC?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. How is this lawyer compensated? Check what applies:		W2 <input type="checkbox"/>	1099 <input type="checkbox"/>		W2 <input type="checkbox"/>	1099 <input type="checkbox"/>
14. Is OC/IC employed or otherwise affiliated with any other entity other than this Named Insured Law Firm? <i>If yes, provide name of entity, role there and weekly hours worked.</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Signature of Named Insured Firm Principle: _____ Date: _____