

OF COUNSEL/INDEPENDENT CONTRACT ATTORNEY SUPPLEMENT

Firm Name: _____

Policy Number: _____

The following attorney(s) have professional relationships with our firm as follows:

Of Counsel

Independent Contractor (Attorney)

Name of Attorney: _____

Date Admitted To Bar: ____ / ____ / ____ Date Joined Firm: ____ / ____ / ____

Responsibilities: _____

Primary Areas of Practice: _____

Hours worked per week on behalf of applicant firm: _____

Does this attorney maintain a practice apart from the applicant firm or is a member or employee of another firm? Yes No

If "Yes" please indicate the firm's name: _____

Does this attorney maintain professional liability coverage independent from the applicant firm?

Yes No

If "Yes" please provide proof of coverage. (Attach A Copy Of The Declarations Page)

Is this attorney listed on the firm's letterhead? Yes No

Is the applicant firm listed on this attorney's letterhead? Yes No

Signature of Authorized Firm Representative

Title

Date