



**LAWYERS PROFESSIONAL LIABILITY INSURANCE
LARGER FIRM SUPPLEMENT**

LawyerCare • 111 N. Higgins, Ste. 600 • P.O. Box 9169 • Missoula, MT 59807-9169 • 855.214.1295

Please complete this supplement if the applicant firm includes more than ten (10) law partners, associates, employed or "of counsel" lawyers. If additional space is needed, please attach a separate sheet.

Name of Applicant Firm: _____

Lawyer Name	Date of Birth mm/dd/yyyy	Date Admitted mm/dd/yyyy	State(s) Admitted	Status*	Date of Hire (w/Applicant) mm/dd/yyyy	Prior Acts Date mm/dd/yyyy	Avg. Hours Worked Per Week**	CLE in the past 12 mos

*Status = "O" Owner/Officer/Partner "A" Associate/Employed Lawyer "OC" Of Counsel "IC" Independent Contractor
**Average hours worked required for Of Counsel, Independent Contractors and Part-time Lawyers

Name of Applicant Firm: _____

1. Does the applicant have a policy forbidding its lawyers from participating as a partner, officer or director in any entity that is a client of the firm? Yes No

(If special circumstances exist as to why the firm does not have such a policy, please explain below.)

2. Does the applicant have a full time Office Manager? Yes No

3. Does the applicant have a Management/Executive Committee? **If yes, please answer the following:** Yes No

a. How many members comprise the committee? _____

b. How often does the committee meet? _____

4. Does the applicant have a formal training program for lawyers joining the firm? Yes No

5. Does the applicant undergo internal (risk management) audits on a regular basis? Yes No

6. Are CPA-audited financial statements produced on at least a yearly basis? Yes No

7. Does the applicant have a formal peer review requirement for each lawyer's work product? Yes No

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should have been known, and agrees that this application will be included in the basis of any coverage that may be issued by the Company.

Signature of Partner, Officer or Owner of Applicant Firm: _____ Date: _____

Print or Type Name: _____ Title: _____