Westport Insurance Corporation

INDIVIDUAL LAWYER SUPPLEMENT

Provide all information for each lawyer in the firm, including those working in your additional offices. Copy this page if needed for additional lawyers. Include lawyers that are part of any wholly owned Mediation/Arbitration firm as well as Title Agency.

A. Name and Status	**B. Attorney Admission Information**	**C. Coverage Desired for Work**	**D. Renewals Only**
_____ Date of hire: __ / __ / __ ☐ Sole Proprietor ☐ Employed Lawyer ☐ Partner ☐ Of Counsel ☐ Officer/Director ☐ Independent Shareholder Contractor Average hours per week (for applicant firm): _____ Carries separate E&O insurance? ☐ Yes ☐ No	Date first admitted: __ / __ / __ States admitted: _____ Bar Number (primary state): _____ Number of CLE hours: (last 12 months) _____ ☐ Attended Loss Control Seminar in last 12 months	☐ On behalf of applicant firm ☐ On behalf of firm and work done by this lawyer prior to joining firm ☐ After individual retroactive date of __ / __ / __ ☐ None	☐ Still with firm ☐ Left firm ☐ New lawyer ☐ Other **Please Describe**: _____
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I understand information submitted herein becomes a part of the application and is subject to the same conditions as stated on the Application.

Signed: _____ Date: _____

Partner, Officer and/or Owner Title

The Applicant understands and agrees that she or he is obligated to report any changes in the information provided in the supplement that occur after the date of the application and before policy inception.