

INDIVIDUAL LAWYER(S) SUPPLEMENT



Firm name: _____

List all lawyers to be covered under this policy. Add additional sheets, if necessary.

Lawyer Name	* Status in Firm	State(s) Admitted	Year First Admitted to the Bar	Year Lawyer Joined Applicant Firm	Coverage for work done prior to joining applicant firm?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
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					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

* P - Partner/Officer/Owner/Shareholder E - Employed Lawyer OC - Of Counsel
 RP - Retired Partner IC - Independent Contractor

