

**ATTORNEY'S ERRORS & OMISSIONS
SUPPLEMENTAL QUESTIONNAIRE
FOR "OF COUNSEL/INDEPENDENT CONTRACTOR" COVERAGE**

Name of Firm _____

Name of "Of Counsel/Independent Contractor" Attorney _____

- 1a. What percentage of time does the Of Counsel/Independent Contractor spend working on behalf of the firm? _____ %
 1b. Approximately how many hours per week does the Of Counsel/Independent Contractor work for the firm? _____

2. Explain the relationship between the firm and the Of Counsel/Independent Contractor attorney.

3. How much coverage does the firm intend to provide for the Of Counsel/Independent Contractor?
- a. Only acts performed on behalf of the firm? Yes No
 b. Work outside of the firm? Yes No
 c. Prior Acts? Yes No

4. Does the of counsel/Independent Contractor:
- a. Maintain a dual calendar docket system? Yes No
 b. Use engagement, declination and disengagement letters for all matters accepted, declined or withdrawn from? Yes No
 c. Check both internally and with the firm for potential conflict of interests and disclose all conflicts in writing to the parties involved? Yes No

5. Is the of counsel's practice percentage and areas of practice reflected in the application?
 If not, please provide the areas of practice and percentages. Yes No

6. Has the Of Counsel/Independent Contractor been questioned regarding his/her claim/incident history?
 If there is a claim/incident, please complete the Supplemental Claim Form. Yes No

7. Does the Of Counsel/Independent Contractor have coverage now and is there any retroactive date and/or other restrictive endorsement on the policy? (If yes, please attach a copy). Yes No

8. Will the Of Counsel/Independent Contractor be listed on the firm's letterhead? Yes No

9. How is the Of Counsel/Independent Contractor paid?
- a. Are payroll taxes withheld? Yes No
 b. Are employee benefits provided? Yes No

Signature of owner, Officer or Partner

Title

Date