



Individual Attorney Roster

First Name	Last Name	Designation*	Avg. Hrs/Wk	Yrs. in Practice	Yrs. w/Firm	Yrs. of continuous coverage	Individual Prior Acts Date (MM/DD/YYYY)	Risk Mgt. Seminar?
								<input type="radio"/> Yes <input type="radio"/> No
								<input type="radio"/> Yes <input type="radio"/> No
								<input type="radio"/> Yes <input type="radio"/> No
								<input type="radio"/> Yes <input type="radio"/> No
								<input type="radio"/> Yes <input type="radio"/> No
								<input type="radio"/> Yes <input type="radio"/> No

*"A" Associate – "IC" Independent Contractor – "OC" Of-Counsel – "O" Officer – "M" Member – "P" Partner