

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

		Firm Name:						
		Policy Number:						
		Effective Date:						
			<u>'</u>					
1.	List	additional locations:						
		Addre	ess	City	County	Zip Code	# of attorneys	en
	1					Code	attorneys	GII
	2							
	3							
	4							
	5							
	6							
2.	Con	State	all states that the % of Total Billable Hours	firm practices in: # of Attorneys	State	Bill	f Total lable A	
2.	Con		% of Total Billable	# of	State	Bill	lable A	
2.	Con		% of Total Billable	# of	State	Bill	lable A	
2.	Com		% of Total Billable Hours om more than one	# of Attorneys	nsibility for the fir	Bill Ho	lable A	
		State If the firm practices fr	% of Total Billable Hours om more than one management at the	# of Attorneys e office, does respo	nsibility for the fir	Bill Ho	lable A	# of
	a.	If the firm practices frother offices rest with	% of Total Billable Hours om more than one management at the	# of Attorneys e office, does respo	nsibility for the fir	Bill Ho	lable A	
	a.	If the firm practices frother offices rest with If "no", please describe	% of Total Billable Hours om more than one management at the behow the branch	# of Attorneys e office, does respo he principal location office operates and	nsibility for the fir n? d is managed.	Bill Ho	lable A	
3.	a. b.	If the firm practices frother offices rest with If "no", please describe	% of Total Billable Hours om more than one management at the behow the branch conflict of interestes?	# of Attorneys e office, does responde principal location office operates and attorneys	nsibility for the fir n? d is managed.	m's	lable Abours Yes	