

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

Predecessor Firm Supplement

List all predecessor(s) of the firm for which the applicant is requesting coverage:

Firm Name	Type of Entity	Dissolution Date	# of Atty at Dissolution
1.			
2.			
3.			
4.			

# of Atty at Applicant Firm	Insurer at dissolution	Was ERP purchased?		
1.		☐ Yes	□ No	
2.		☐ Yes	□ No	
3.		☐ Yes	□ No	
4.		☐ Yes	□ No	