



**APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
ADDITIONAL LOCATIONS SUPPLEMENT**

Firm Name: _____

Policy Number: _____ Effective Date (m/d/yyyy): _____

1. List the firm's additional locations:

	Address	City	County	State	Zip Code	Number of Attorneys	Number of Support Staff	Gross Billings from this Location	Percent of Firm's Total Billable Hours	Is this a VOA* or Conference Room-only location?
1								\$	%	Yes <input type="checkbox"/> No <input type="checkbox"/>
2								\$	%	Yes <input type="checkbox"/> No <input type="checkbox"/>
3								\$	%	Yes <input type="checkbox"/> No <input type="checkbox"/>
4								\$	%	Yes <input type="checkbox"/> No <input type="checkbox"/>

*VOA – Virtual Office Arrangement (e.g. - mailing address only, reserved office space on a shared basis, alternate arrangement for work-at-home attorney, etc.)

2. If the firm practices from more than one office, does responsibility for the firm's other offices rest with management at the principal location? Yes No

If "No", please describe how the branch office operates and is managed.

3a. Is there a centralized conflict of interest cross-checking system utilized by all Lawyers in all branches? Yes No

3b. Does the branch office(s) maintain calendaring and docketing systems linked to the main office? Yes No

If "No" to a. or b. above, please describe the system(s) used.
