



**APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE  
OF COUNSELS AND / OR INDEPENDENT CONTRACTORS SUPPLEMENT**

Firm Name:

Policy Number:

Effective Date (m/d/yyyy):

**A Firm principle should complete the information below for each lawyer designated as Of Counsel (OC) or Independent Contractor (IC).**

**Note:** Where a description of legal services or cases handled is requested, refer to the Areas of Practice chart of the base application. Coverage for OC/ICs is provided for services rendered on behalf of the Named Insured unless otherwise endorsed or excluded from the policy.

1. Name of Lawyer :	→									
2. Designation (check one)		OC	IC		OC	IC		OC	IC	
3. Is this OC/IC listed on the Firm's letterhead?		Yes	No	NA	Yes	No	NA	Yes	No	NA
4. Is this OC/IC listed on the Firm's website?		Yes	No	NA	Yes	No	NA	Yes	No	NA
5. Does OC/IC perform legal services on behalf of Firm?		Yes	No		Yes	No		Yes	No	
5a. If yes, is such done on Firm's letterhead?		Yes	No		Yes	No		Yes	No	
6. Detail legal services rendered										
7. Is relationship with OC/IC for referrals only?		Yes	No		Yes	No		Yes	No	
8. Does the Firm continue involvement on the case once referred to OC/IC?		Yes	No		Yes	No		Yes	No	
9. Detail type of cases referred										
10. What is the basis of the relationship with OC/IC if not for legal work on behalf of the Firm for referrals?										
11. Does OC/IC carry Malpractice Insurance separate from the Firm? <i>If yes, attach copy of Declarations and endorsements</i>		Yes	No		Yes	No		Yes	No	
		Attached			Attached			Attached		
12. Does the Firm desire coverage under this policy for OC/IC?		Yes	No		Yes	No		Yes	No	
13. How is this lawyer compensated? Check what applies:		W2	1099		W2	1099		W2	1099	
14. Is OC/IC employed or otherwise affiliated with any other entity other than this Named Insured Law Firm? <i>If yes, provide name of entity, role there and weekly hours worked.</i>		Yes	No		Yes	No		Yes	No	

Signature of Named Insured Firm Principle:

Date: