



**SUPPLEMENT 1**

**APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE**  
**INDIVIDUALS FOR WHOM COVERAGE IS BEING SOUGHT**

FULL NAME OF APPLICANT: \_\_\_\_\_

IN ACCORDANCE WITH QUESTION 2.G. PLEASE NAME ALL PERSONS FOR WHOM COVERAGE IS SOUGHT, WHETHER OWNER(S), PRINCIPALS, PARTNERS, OFFICERS, EMPLOYED LAWYERS, AND OF COUNSEL .

	Name	Title	Month/Year Admitted To Bar	State Bar Member Number	Date of hire by Applicant	Previous Firm
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Applicant hereby warrants that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts which are known, or should be known. Applicant agrees that this Supplemental Application shall become the basis for any coverage and part of any policy that is issued by the Company.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_