



**LAWYERS PROFESSIONAL LIABILITY
DETAIL INFORMATION ADDENDUM**

Use this addendum to capture the detailed information requested in the Application. This addendum is a part of the application and will become a part of any policy issued. Any warranty or fraud statements on the signature page of the application are applicable to the information provided herein.

1. Changes in number of attorneys of more than 30% in any one (1) year during the past six (6) years:

2. Docket / Diary System:

3. Audit:

4. Fee Suits (include number resolved):

5. Conflict of Interest System:

6. Back-Up Attorney:

7. Engagement / Nonengagement / Disengagement Letters:

8. Web Site Details:

9. Support Staff:

Position	Number	Responsibilities

10. Office Sharing / Staff Sharing / Letterhead Sharing Details:

11. Additional Office Locations:

Address	Purpose	Number attorneys	Number Support Staff

12. Employee of an organization other than the applicant firm:

13. Other Professional Services Details:

14. **Area of Practice Details:**

a. Corporate General:

b. Environmental:

c. Fiduciary:

d. Investment Counseling / Money Management:

e. Limited Partnerships:

f. Mergers & Acquisitions:

g. Oil and Gas:

h. Other:

i. Venture Capital:

15. Disciplinary Action Details:

16. Declination / Cancellation / Non-renewal Details:

17. Additional Details:

The undersigned represents and 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 known, or that should be known, and agrees that this application and all supplements and attachments hereto will become the basis of any coverage and a part of any policy that may be issued by the Company.

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Signature of Partner, Officer or Owner _____ Date _____

Print or Type Name _____ Title _____