



**APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE  
LAWYERS WORKING ON A PART-TIME BASIS SUPPLEMENT**

**A principal of the Firm should complete this supplement for each lawyer working on a part-time basis.**

Named Insured Firm (also referred to as Firm):

Policy Number:

Policy Effective Date:

Attorney Name:

Weekly Hours Worked:

1. Is this lawyer listed on Firm's

- |                |     |    |    |  |
|----------------|-----|----|----|--|
| a. letterhead? | Yes | No | NA | -Firm has no lawyers on the letterhead |
| b. website?    | Yes | No | NA | -Firm has no website                   |

2. Is this lawyer employed in any capacity or otherwise affiliated with another entity, including a solo or firm practice, other than the Firm?

Yes      No

*If Yes, provide the following:*

a. Entity:

b. Role:

c. Weekly Hours Worked:

3. Does this lawyer carry Lawyers Malpractice Insurance separate from the Firm?      Yes      No

*If yes, provide a copy of the current Declarations and endorsements.*

4. How is this lawyer compensated by the Firm

- |                                    |     |    |
|------------------------------------|-----|----|
| a. Are payroll taxes withheld?     | Yes | No |
| b. Are employee benefits provided? | Yes | No |

5. Do you anticipate this lawyer

a. retiring from the practice of law in the near future?      Yes      No

*If yes, what is target date?*

b. increasing practice to full-time?      Yes      No

*If yes, what is target date?*

c. decreasing practice to even lesser part-time hours?      Yes      No

*If yes, what is target date?*

Signature of Named Insured Firm Partner:

Date: