



**APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
OUT OF STATE AND / OR ADDITIONAL PRACTICE LOCATION SUPPLEMENT**

Firm Name: _____

Policy Number: _____

1. List the firm's additional practice locations:

	State	City	Zip Code	County	Are the attorneys licensed in state? Yes <input type="checkbox"/> No* <input type="checkbox"/> Pro Hoc Vice <input type="checkbox"/> Federal Only <input type="checkbox"/>	Area(s) of Practice	(T)emporary or a (P)ermanent part of the law firm's practice? <input type="checkbox"/> T <input type="checkbox"/> P	Percent of the law firm's total billable hours _____ %	Number of Attorneys	Number of Support Staff at this location
1					Yes <input type="checkbox"/> No* <input type="checkbox"/> Pro Hoc Vice <input type="checkbox"/> Federal Only <input type="checkbox"/>		<input type="checkbox"/> T <input type="checkbox"/> P	_____ %		
2					Yes <input type="checkbox"/> No* <input type="checkbox"/> Pro Hoc Vice <input type="checkbox"/> Federal Only <input type="checkbox"/>		<input type="checkbox"/> T <input type="checkbox"/> P	_____ %		
3					Yes <input type="checkbox"/> No* <input type="checkbox"/> Pro Hoc Vice <input type="checkbox"/> Federal Only <input type="checkbox"/>		<input type="checkbox"/> T <input type="checkbox"/> P	_____ %		
4					Yes <input type="checkbox"/> No* <input type="checkbox"/> Pro Hoc Vice <input type="checkbox"/> Federal Only <input type="checkbox"/>		<input type="checkbox"/> T <input type="checkbox"/> P	_____ %		
5					Yes <input type="checkbox"/> No* <input type="checkbox"/> Pro Hoc Vice <input type="checkbox"/> Federal Only <input type="checkbox"/>		<input type="checkbox"/> T <input type="checkbox"/> P	_____ %		
6					Yes <input type="checkbox"/> No* <input type="checkbox"/> Pro Hoc Vice <input type="checkbox"/> Federal Only <input type="checkbox"/>		<input type="checkbox"/> T <input type="checkbox"/> P	_____ %		

2. Do all practice locations abide by the same internal controls and procedures, including but not limited to conflict of interest clearance and calendaring? Yes No

*If "No", please describe how the additional practice locations operate and are managed.

Signature of Partner/Officer _____

Print Name _____

Date: _____