



# Branch Office/ Affiliate Supplement

## Lawyers Professional Liability Insurance

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

1. Please list the addresses of all branch offices and the dates the branch offices were established:

Address of Branch Office

Date Established

a) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

b) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Please indicate the total number of personnel by location (match branch office personnel with the branch office(s) listed in question 1).

	Principal Office	Branch Office (a)	Branch Office (b)
<b>Partners or Officers</b>	_____	_____	_____
<b>Associates</b>	_____	_____	_____
<b>Of Counsel</b>	_____	_____	_____
<b>Staff</b>	_____	_____	_____

3. Has the firm closed a branch office or had a group departure of 5 or more lawyers during the past five years?

Yes  No If yes, please provide full details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Is the firm is a member of a network of affiliates or a consortium?  Yes  No. If yes, please provide the name of the network/consortium and provide a detail description of the affiliation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare that the information submitted herein is true to the best of my knowledge and I understand that it becomes a part of my application.

\_\_\_\_\_  
*Signature of Applicant*

(Must be signed by Managing Partner or Officer of the Firm)

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*