



# 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:

<u>Address of Branch Office</u>	<u>Date Established</u>
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 above].

	Principal Office	Branch Office (a)	Branch Office (b)
<b>Partners or Officers</b>			
<b>Associates</b>			
<b>Of Counsel</b>			
<b>Staff</b>			
<b>Percent of firm's revenue derived from each location</b>	%	%	%

3. Has the firm closed a branch office or had a group departure of five (5) or more lawyers during the past five (5) years? *If "Yes", please provide full details:*  Yes  No

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

4. Is the firm a member of a network of affiliates or a consortium? *If "Yes", please provide the name of the network/consortium and provide a detailed description of the affiliation:*  Yes  No

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

5. Are the firm's client intake and docket systems centralized and accessible at all locations? *If "No", please explain how conflicts are checked and docket systems are maintained.*  Yes  No

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

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*

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

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

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