

NAME	AVG. #HOURS PER WEEK FOR APPLICANT FIRM	DOES ATTORNEY CARRY SEPARATE E&O INSURANCE

I understand that the information submitted herein shall become part of the application and is subject to the same conditions as stated in the application.

Signed: _____ Date: _____
 Partner, Officer and/or Owner Title

The applicant understands and agrees that he or she is obligated to report any changes in the information provided in this supplement that occur after the date of application and before policy inception.