

**ATTORNEY'S ERRORS & OMISSIONS  
SUPPLEMENTAL QUESTIONNAIRE  
FOR "OF COUNSEL/INDEPENDENT CONTRACTOR" COVERAGE**

Name of Firm: \_\_\_\_\_

Name of "Of Counsel/Independent Contractor" Attorney: \_\_\_\_\_

1. Number of hours that the Of Counsel/Independent Contractor works weekly on behalf of the firm: \_\_\_\_\_
  
2. Explain the relationship between the firm and the Of Counsel/Independent Contractor attorney.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. How much coverage does the firm intend to provide for the Of Counsel/Independent Contractor?
  - a. Only acts performed on behalf of the firm?  Yes  No
  - b. Work outside of the firm?  Yes  No
  - c. Prior Acts?  Yes  No
  
4. Does the Of Counsel/Independent Contractor:
  - a. Maintain a dual calendar docket system?  Yes  No
  - b. Use engagement, declination and disengagement letters for all matters accepted, declined or withdrawn from?  Yes  No
  - c. Check both internally and with the firm for potential conflicts of interest and disclose all conflicts in writing to the parties involved?  Yes  No
  
5. Is the Of Counsel's practice percentage and areas of practice reflected in the application?  
If not, please provide the areas of practice and percentages.  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Has the Of Counsel/Independent Contractor been questioned regarding his/her claim/incident history?  
If there is a claim/incident, please complete the **Supplemental Claim Form**.  Yes  No
  
7. Does the Of Counsel/Independent Contractor have coverage now and is there any retroactive date and/or other restrictive endorsement on the policy? (If yes, please attach a copy).  Yes  No
  
8. Will the Of Counsel/Independent Contractor be listed on the firm's letterhead?  Yes  No
  
9. How is the Of Counsel/Independent Contractor paid?
  - a. Are payroll taxes withheld?  Yes  No
  - b. Are employee benefits provided?  Yes  No

\_\_\_\_\_  
Signature of Owner, Officer or Partner \_\_\_\_\_ Title \_\_\_\_\_ Date