



**APPLICATION FOR LAWYERS
PROFESSIONAL LIABILITY INSURANCE**

EQUITY / OUTSIDE INTEREST / GROSS BILLINGS SUPPLEMENT

Firm Name:	
Policy Number:	
Effective Date:	

Name of Client	Name of Attorney	Position Held	Nature of business	Current Client?	Nature of Services Rendered	Ownership Interest	Gross Billings
				<input type="checkbox"/> yes <input type="checkbox"/> no		%	%
				<input type="checkbox"/> yes <input type="checkbox"/> no		%	%
				<input type="checkbox"/> yes <input type="checkbox"/> no		%	%
				<input type="checkbox"/> yes <input type="checkbox"/> no		%	%
				<input type="checkbox"/> yes <input type="checkbox"/> no		%	%