



Predecessor Firm Question and Supplemental Information

Does your firm desire Predecessor Firm coverage? Yes ___ No ___
(If you answered Yes - please complete the supplemental questionnaire)

Predecessor Information

List all Predecessor(s) of the firm for which the applicant is requesting coverage:

Firm Name: _____
Type of Entity : _____
Dissolution Date: _____
Number of Atty at Dissolution: _____
Number of Atty at Applicant Firm: _____
Insurer at dissolution: _____
Was ERP Purchased? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is coverage desired for all lawyers previously affiliated with this firm? <input type="checkbox"/> Yes <input type="checkbox"/> No

Firm Name: _____
Type of Entity : _____
Dissolution Date: _____
Number of Atty at Dissolution: _____
Number of Atty at Applicant Firm: _____
Insurer at dissolution: _____
Was ERP Purchased? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is coverage desired for all lawyers previously affiliated with this firm? <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Applicant _____
Date

Firm Name: _____