TLIE
TEXAS LAWYERS' INSURANCE EXCHANGE

YOU MUST COMPLETE BOTH SIDES OF THIS FORM

ATTORNEY INFORMATION SUPPLEMENT

Applicant: _____

Provide the information listed below for each attorney, including those individual attorneys operating as a professional corporation within a firm, for whom insurance coverage is desired. Attach additional sheets if necessary. You may use your own form if it contains all of the information requested, or you may copy this form as needed to supply additional information.

Use the following abbreviations for position within the firm:

A-Associate **OC** - Of Counsel **O** - Officer or Shareholder of Professional Corporation **S** - Sole Proprietor

P - Partner **E** - Employed or Contract Attorney **M** - Member of PLLC

Attorney's Name	Bar Card #	Position	Years in Private Practice	Primary Area of Practice	State(s) Licensed	Date Licensed (Month/Yr)	State Where Practicing	Hours per Week If Not Full Time

CONTINUED ON REVERSE SIDE

ATTORNEY INFORMATION SUPPLEMENT (Continued)

YOU MUST COMPLETE BOTH SIDES OF THIS FORM

Provide the following information for each attorney listed in response to the previous question.

PRIOR EMPLOYMENT SINCE LICENSED

Attorney's Name	Date Joined Present Firm	Former Employer or Firm Name	Position	Dates of Employment