TLIE TEXAS LAWYERS' INSURANCE EXCHANGE™
Experience when you need it most.

ATTORNEY INFORMATION SUPPLEMENT

COMPLETE BOTH SIDES

Applicant: _____

Provide information for each attorney for whom coverage is requested. Attach additional sheets if necessary.

Attorney's Name	Email Address[1]	Bar Card No.	Position[2]	Years in Private Practice	Primary Area of Practice	State(s) Licensed	Mo/Day/Yr Licensed	State(s) Practicing	Avg Hrs Worked per Week

1 Email address requested for subscription to TLIE's quarterly online newsletter, *Legal Malpractice Advisory*, which addresses current legal malpractice and ethics issues and offers practical tips for avoiding claims and grievance complaints.

2 **A** = Associate or Employed Attorney; **IC** = Independent Contract Attorney; **M** = Member of PLLC; **O** = Officer or Shareholder of PC; **OC** = Of Counsel; **P** = Partner; **S** = Sole Proprietor

ATTORNEY INFORMATION SUPPLEMENT (Continued)

COMPLETE BOTH SIDES

–––––––––––––––––––––––––––––– PRIOR EMPLOYMENT SINCE LICENSED ––––––––––––––––––––––––––––––

Provide information for each attorney for whom coverage is requested. Attach additional sheets if necessary.

Attorney's Name	Date Joined Present Firm	Former Employer or Firm Name	Position[3]	Dates of Employment[4]

I understand information submitted herein becomes a part of my Professional Liability Application and is subject to the same warranty and conditions.

Signature of Applicant: _____ Date _____

[3] **A** = Associate or Employed Attorney; **IC** = Independent Contract Attorney; **M** = Member of PLLC; **O** = Officer or Shareholder of PC; **OC** = Of Counsel; **P** = Partner; **S** = Sole Proprietor

[4] Provide complete work history since being licensed, including any period(s) not employed.