



OF COUNSEL INFORMATION SUPPLEMENT

Applicant's Instructions:

- 1. COMPLETE ONE SUPPLEMENT FOR EACH OF COUNSEL
2. If space is insufficient to answer any questions fully, use reverse side of this page or attach a separate sheet.
3. If more than one Supplement is needed, please photocopy this form.
4. Answer all questions COMPLETELY.

(Please Type or Print)

1. Who is the person acting "Of Counsel" to your firm? (If there is more than one person acting in such a capacity, please fill out a separate supplement for each.)

Attorney's Name

Year Attorney became "Of Counsel"

Bar Card Number

2. On average, how many hours per week does the person acting "Of Counsel" work for your firm? _____

3. In the past 12 months, how many hours did the person acting "Of Counsel" bill on behalf of your firm? _____

Answer Question #4 only if the "Of Counsel has been acting in that capacity for less than 12 months.

4. If the person acting "Of Counsel" to your firm has been acting in that capacity for less than 12 months, how many hours do you estimate the "Of Counsel" will bill on behalf of your firm during their first year as "Of Counsel"? _____

5. [] Yes [] No Does the person acting "Of Counsel" to your firm also practice independently from your firm?

If your answer to question #5 was "No," proceed to question #7.

6. If your answer to question #5 was "Yes," please advise: Where does the person acting "Of Counsel" practice independently from your firm? Please provide the name and address of that firm.

7. [] Yes [] No Does the person acting "Of Counsel" to your firm carry any professional liability insurance?

If your answer to question #7 was "No," proceed to question #9.

8. If your answer to question #7 was "Yes," please advise:

- a. With which company does the "Of Counsel" carry their own insurance? _____
b. What are the effective dates of that policy? _____
c. What are the limits of liability of that policy? _____

Answer questions #9-11 with regard to the "Of Counsel" work on behalf of your firm:

9. [] Yes [] No Does the person acting "Of Counsel" to your firm appear in court?

10. [] Yes [] No Does the person acting "Of Counsel" to your firm sign pleadings?

11. [] Yes [] No Does the person acting "Of Counsel" to your firm have direct contact with clients?

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 _____

