ATTORNEY INFORMATION SUPPLEMENT
Page 1
LIST OF CURRENT FIRM MEMBERS

Firm Name: _____

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
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[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
Page 2

PRIOR EMPLOYMENT HISTORY

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