



**REFERRAL SERVICE ONLY POLICY
APPLICATION ATTACHMENT**

The Referral Service Only Policy provides coverage solely for claims arising out of a matter referred to the Insured by a Referral Service specifically named in the Declarations. If you desire to apply for the Referral Service Only Policy, please list the Referral Services which you wish to be listed in the Declarations of the policy:

- _____
- Dallas Bar Association Lawyer Referral Service
- _____
- Tarrant County Bar Association Lawyer Referral Service
- _____

On behalf of the applicant, the undersigned acknowledges his or her understanding that a Referral Service Only Policy provides coverage solely for claims arising out of a matter referred to the Insured by the Referral Service specifically named in the Declarations. The undersigned, on behalf of the applicant, further authorizes disclosure to the marked referral services of the status of any policy that may be issued to the applicant.

Firm Name: _____

Date: _____ Authorized Signature: _____

Printed Name and Position: _____