# LAWYERS PROFESSIONAL LIABILITY INSURANCE
## LARGER FIRM SUPPLEMENT

**Medmarc Casualty Insurance Company** • 4795 Meadow Wood Lane • Suite 335 West • Chantilly, VA 20151-2219 • 800.356.6886 • 703.652.1300

Please complete this supplement if the applicant firm includes more than ten (10) law partners, associates, employed or "of counsel" lawyers. If additional space is needed, please attach a separate sheet.

Name of Applicant Firm: _____

| Lawyer Name | Date of Birth mm/dd/yyyy | Date Admitted mm/dd/yyyy | State(s) Admitted | Status* | Date of Hire (w/Applicant) mm/dd/yyyy | Prior Acts Date mm/dd/yyyy | Avg. Hours Worked Per Week** | CLE in the past 12 mos |
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*Status = "O" Owner/Officer/Partner     "A" Associate/Employed Lawyer     "OC" Of Counsel     "IC" Independent Contractor
**Average hours worked required for Of Counsel, Independent Contractors and Part-time Lawyers

Name of Applicant Firm: _____

1.  Does the applicant have a policy forbidding its lawyers from participating as a partner, officer or director
    in any entity that is a client of the firm? ..................................................................................................................Yes ☐  No ☐

    **(If special circumstances exist as to why the firm does not have such a policy, please explain below.)**

    _____

2.  Does the applicant have a full time Office Manager? ......................................................................................Yes ☐  No ☐

3.  Does the applicant have a Management/Executive Committee? **If yes, please answer the following:** ...........................Yes ☐  No ☐

    a.   How many members comprise the committee?_____

    b.   How often does the committee meet?_____

4.  Does the applicant have a formal training program for lawyers joining the firm? ...................................................Yes ☐  No ☐

5.  Does the applicant undergo internal (risk management) audits on a regular basis? ..........................................Yes ☐  No ☐

6.  Are CPA-audited financial statements produced on at least a yearly basis? ......................................................Yes ☐  No ☐

7.  Does the applicant have a formal peer review requirement for each lawyer's work product? .......................................Yes ☐  No ☐

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should have been known, and agrees that this application will be included in the basis of any coverage that may be issued by the Company.

Signature of Partner, Officer or Owner of Applicant Firm:_____ Date: _____

Print or Type Name:_____ Title: _____