Westport Insurance Corporation

INDIVIDUAL LAWYER SUPPLEMENT

Name	Position (1)	Date of Hire	Date First Admitted	States Admitted	Bar # for Primary State	CLE in Past 12 Months	Loss Control Seminar in Past 12 Months (month/year)	Retro Coverage (2)	Renewals only: Atty. Status (3)

Provide all information for each lawyer, including independent contractors and of counsels, in the firm, including those working in your additional offices. Copy this page if needed for additional lawyers. Include lawyers that are part of any wholly owned Mediation/Arbitration firm as well as Title Agency.

(1) S = sole proprietor; P = Partner; O = Officer / Director / Shareholder; E = Employed Lawyer; OC = Of Counsel; I = Independent Contractor
(2) A = on behalf of applicant firm; B = On behalf of applicant firm and prior firm(s); C = after individual retro date (please fill in retro date); D = no coverage desire for this lawyer
(3) Y = Still with firm; L = Left Firm; N = New lawyer (complete New Lawyer Supplement)

FOR OF COUNSEL AND INDEPENDENT CONTRACTORS ONLY:

Name	Avg. Hours Per Week for Applicant Firm	Does Attorney Carry Separate E&O Insurance? (Y/N)

I understand information submitted herein becomes a part of the application and is subject to the same conditions as stated on the application

Signed: _____ _____ Date: _____
Partner, Officer and/or Owner Title

The applicant understands and agrees that she or he is obligated to report any changes in the information provided in the supplement that occur after the date of application and before policy inception.

SP 3 687 0306

Copyright ©2006 Westport Insurance Corporation. All rights reserved.
The reproduction or utilization of this work in any form whether by any electronic, mechanical, or other means, now known or hereafter invented, including xerography, photocopying, and recording, and information storage and retrieval system is forbidden without the written permission of Westport Insurance Corporation.