

# **LLOYD'S**

SUPPLEMENT 1

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE  
"WITH CERTAIN UNDERWRITERS AT LLOYDS"  
**INDIVIDUALS FOR WHOM COVERAGE IS BEING SOUGHT**

IN ACCORDANCE WITH QUESTION 1.H. PLEASE NAME ALL OWNERS, PRINCIPALS,  
PARTNERS, OFFICERS' AND EMPLOYED LAWYERS:

NB: COVERAGE APPLIES ONLY TO WORK UNDERTAKEN FOR OR ON BEHALF OF THE APPLICANT FIRM.

	Name	Title	Year Admitted to Bar	Year Joined Applicant	Previous Firm
1.					
2.					
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I UNDERSTAND AND THE INFORMATION SUBMITTED HEREIN BECOMES PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

Wet signature required.

\_\_\_\_\_  
AUTHORIZED SIGNATURE OF APPLICANT

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
Date