

HANOVER Lawyers Advantage

Professional Liability Insurance

Roster of Lawyers

Underwritten by The Hanover Insurance Company

INSTRUCTIONS

Whenever used in this Application, the term **Firm** shall mean the **Named Insured** proposed for insurance, and **You** or **Your(s)** shall mean the persons and entities proposed for insurance unless otherwise stated.

A. APPLICANT INFORMATION

1. Name of Firm:

B. ROSTER OF LAWYERS (Use a separate sheet if needed)

Lawyer Name	Position	Date of Hire	Retro Date (if other than Date of Hire)	Hours Worked per Week	State(s) of Licensure & Bar/Registration Number	Date(s) Admitted
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						



22.							
23.							
24.							
25.							
26.							
27.							
28.							
29.							
30.							
	* O – Own	er E-Emp	lovee OC	- Of Counsel**	· IC – Inde	ependent contracto	r**

E – Employee OC – Of Counsel** IC – Independent contractor**

** Coverage limited to work done for the Firm

C. DECLARATIONS, NOTICE AND SIGNATURES

The undersigned, acting on behalf of the **Firm**, represents that the statements set forth in this Application are true and correct and that thorough efforts were made to obtain requested information from all of You to facilitate the proper and accurate completion of this Application.

The undersigned agree that the information provided in this Application and any material submitted herewith are the representations of all of You and that they are material and are the basis for issuance of the insurance Policy provided by Us. The undersigned further agree that the Application and any material submitted herewith shall be considered attached to and a part of the **Policy**. Any material submitted with the Application shall be maintained on file (either electronically or paper) with Us.

It is further agreed that:

- If any of You discover or become aware of any material change which would render the Application inaccurate or incomplete between the date of this application and the **Policy** inception date, notice of such change will be reported in writing to **Us** as soon as practicable;
- Any **Policy** issued will be in reliance upon the truthfulness of the information provided in this Application.
- The signing of this Application does not bind the **Firm** to purchase insurance.

Signature/Title

The information requested in this Supplemental Application is for underwriting purposes only and does not constitute notice to Us under any policy of a Claim or potential Claim.

Note: This Application must be signed by a representative of the Firm acting as the authorized representative of all of You.

(mm/dd/yyyy)	(Chief Executive Officer, President, Chief Financial Officer, Managing Partner or Owner)
Produced By: Agent: _	Agency:
Agency Taxpayer ID or	r SS No.:
Agent License No.:	Agent Signature:
Address (Street, City, S	State, Zip):

Date