

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.						
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11.						
12.						
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17.						
18.						
19.						
20.						
21.						

**** Coverage limited to work done for the Firm**

Produced By: Agent: _____ Agency: _____
 Agency Taxpayer ID or SS No.: _____
 Agent License No.: _____ Agent Signature: _____
 Address (Street, City, State, Zip): _____