



LAWYERS PROFESSIONAL LIABILITY INSURANCE
INCORPORATED SUPPLEMENTAL APPLICATION

Medmarc Casualty Insurance Company • 14280 Park Meadow Drive • Suite 300 • Chantilly, VA 20151-2219 • 800.356.6886 • 703.652.1300

NOTICE: This professional liability coverage is provided on a Claims Made and Reported basis. Only claims that are first made against the insured and reported to the Company during the policy term are covered, subject to the policy provisions.

1. Name (Primary Firm Name): _____
Is this a d/b/a (doing business as) name? Yes [] No [] If yes, provide legal name: _____
Contact Person: _____ Email Address: _____
Street Address: _____
City: _____ State: _____ ZIP: _____

2. Has the information contained in the application and any supplemental applications submitted to the Company remained true and accurate: If no, please explain on a separate sheet. Yes [] No []
3. Since submitting the firm's application and supplemental applications to the Company, has any lawyer proposed for this insurance:
i. become aware of any act, error, omission or specific circumstances which could reasonably be expected to result in a professional liability claim against the firm, any past or present lawyers in the firm, or any predecessor firm? Yes [] No []
ii. been the subject of any investigation or disciplinary action? Yes [] No []

If yes to any of the above, please explain on a separate sheet.

This Supplemental Application, along with the Applicant Firm's lawyers professional liability application and any supplemental applications submitted to and accepted by the Company shall constitute the Application.

Fraud Warning Notice: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant's Authorization and Certification

The undersigned authorized partner, officer or owner of the applicant firm acknowledges that the statements herein are true, and understands that this Company is relying on the accuracy of such information in determining eligibility and qualification for insurance.

Completing and signing this application does not bind coverage. Coverage will not be bound, nor will a policy be issued, until the applicant signifies acceptance of the Company's premium quotation. This application and all information and representations made by the applicant in connection with this application are considered physically attached to and part of the policy, if issued.

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

Print or Type Name: _____ Title: _____

For Agent's Use Only (Where Required By Law)

Name of Agency: _____

Agency Address: _____ Telephone Number: _____

Agent's Name: _____ Signature: _____

Date: _____