

# Westport Insurance Corporation

## INDIVIDUAL LAWYER SUPPLEMENT

**If more than 19 attorneys, please complete Supplemental Questions for Firms with More Than 19 Attorneys**

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 or Title Agency.

NOTE for renewals: New Lawyer Supplement is required for all new hires not previously reported to Westport.

Name	Position <sup>1</sup>	Date of Hire	Date First Admitted	States Admitted	Bar # for Primary State	CLE in Past 12 Months	Claim Prevention Seminar in Past 12 Months (month/year)	Retro Coverage <sup>2</sup>	Renewals Date Atty left firm, if applicable

<sup>1</sup> S = sole proprietor; P = Partner; O = Officer / Director / Shareholder; E = Employed Lawyer; OC = Of Counsel; I = Independent Contractor

<sup>2</sup> 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 = none (this will also exclude coverage for the applicant firm's liability for the designated attorney's services)

**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.

**THIS SUPPLEMENT MUST BE SIGNED BY AN OWNER, PARTNER OR PRINCIPAL OF THE FIRM.**

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Owner, Officer or Partner  
  
\_\_\_\_\_  
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 the application and before policy inception.

**IF YOU ARE SIGNING AND SUBMITTING THIS DOCUMENT ELECTRONICALLY:** By checking the Electronic Signature Acceptance box below, you acknowledge that it is your intent that the name typed in the Signature of Owner, Officer or Partner line will serve as your signature for the purpose of this application and that you agree to complete and submit this application electronically. Once submitted, your signed application will be just as enforceable as a written document signed by hand.

Electronic Signature and Acceptance of the Owner, Officer or Partner.

Signed: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Owner, Officer or Partner