



LAWYERS PROFESSIONAL LIABILITY APPLICATION
SUPPLEMENT B - LAWYER INFORMATION

LAWYER'S NAME	DESIGNATION*	AREA(S) OF SPECIALTY	DATE OF HIRE	STATE(S) LICENSED	MONTH/YEAR ADMITTED	PRIOR ACTS DATE **

* - Designation Key: S - Sole Practitioner P - Partner O - Officer E - Employed Lawyer C - Counsel/Of Counsel I - Independent Contractor/Per Diem
** - If Lawyer seeks career coverage and they are with the firm less than 5 years, they must complete Supplement I - Career Coverage Questionnaire.