



**APPLICATION FOR LAWYERS
PROFESSIONAL LIABILITY INSURANCE**

Predecessor Firm Supplement

List all predecessor(s) of the firm for which the applicant is requesting coverage:

| Firm Name | Type of Entity | Dissolution Date | # of Atty at Dissolution |
|------------------|-----------------------|-------------------------|-------------------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

| # of Atty at Applicant Firm | Insurer at dissolution | Was ERP purchased? |
|------------------------------------|-------------------------------|--|
| 1. | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | | <input type="checkbox"/> Yes <input type="checkbox"/> No |