



**CONTINENTAL CASUALTY COMPANY**

**APPLICATION FOR LAWYERS PROFESSIONAL  
LIABILITY INSURANCE**

**Of Counsel / Independent Contractor Supplement**

<b>FIRM NAME:</b>	
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1. Name of Of Counsel or Independent Contractor: \_\_\_\_\_
2. Does this lawyer work exclusively for the firm?  Yes  No
3. When did this lawyer begin working exclusively for the firm as an Of Counsel or Independent Contractor? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
4. a. Has this lawyer worked for the firm in a capacity other than Of Counsel or Independent Contractor?  Yes  No  
 b. Provide details including prior designation and dates of affiliation: \_\_\_\_\_  
 \_\_\_\_\_
5. a. Is this lawyer a prior partner of the firm?  Yes  No  
 b. If yes, when did the status change to Of Counsel or Independent Contractor? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
6. What are the annual billable hours generated by this lawyer? \_\_\_\_\_
7. a. Does this lawyer carry professional liability coverage independent from the firm?  Yes  No  
 b. If yes, answer the following:  
     Name insured policy is issued to: \_\_\_\_\_  
     Carrier: \_\_\_\_\_  
     Policy Period: From: \_\_\_\_\_ To: \_\_\_\_\_  
     Limit of Liability: \_\_\_\_\_ Deductible: \_\_\_\_\_  
     Is coverage under the policy restricted to services on behalf of the Named Insured?  Yes  No  
     Number of years of continuous malpractice insurance: \_\_\_\_\_
8. Describe the services the lawyer renders on behalf of the firm: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Is all work performed by this lawyer done on the firm's letterhead?  Yes  No
10. Is this lawyer ever the main contact for the client?  Yes  No
11. Is the firm responsible for billing clients for services by this lawyer?  Yes  No



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12. a. Does the firm wish to extend coverage for work by this lawyer other than on behalf of the firm?  Yes  No
- b. If yes, provide detail of coverage desired: \_\_\_\_\_

*Coverage is subject to Company approval.*

13. Have any claims been made against this lawyer during the past seven years?  Yes  No
14. Is this lawyer aware of any potential claims against him/her?  Yes  No
15. Has this lawyer ever been the subject of any disciplinary complaint, refused admission to practice, disbarred, suspended or formally reprimanded or been the subject of any disciplinary proceeding?  Yes  No

Firm Principle: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Of Counsel /  
Indep. Contractor  
Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_