

Part Time Attorney Supplement

N/A

1. Name of attorney working part time:
2. How many hours per week do you devote to your firm in the private practice of law? _____
3. Are you engaged in any business activity or employment outside of your part time law practice? ____ Yes No
 - a. If "Yes", Provide details regarding what your job responsibilities are for this outside activity or employment.
 - b. Indicate how many hours per week you devote to it. _____
4. Provide details regarding why you are only practicing law for your firm on a part time basis.
5. Do you intend to expand your practice to more than 26 hours per week in the future? _____ Yes No

APPLICANT UNDERSTANDS THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

Sign and date in ink

Signature:

Title:

Date:

Printed Name:

Name of firm: