

OFFICE/EXPENSE SHARING SUPPLEMENT

Name of applicant: _____

If you are currently in an office sharing or expense sharing arrangement with other attorneys, please provide the following:

1.

Name of Office/Expense Sharing Attorney	Current Professional Liability Carrier	Limits of Liability	Expiration Date

- | | | | |
|----|---|--------------------------|--------------------------|
| | | Yes | No |
| 2. | Do you share common letterhead?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Yes | No |
| 3. | Do you advertise together as a "firm"?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Yes | No |
| 4. | Do you share professional Staff, i.e., paralegals or legal assistants?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Yes | No |
| 5. | Do you share a common phone line?..... | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, how are the phone lines answered? ("Law Offices" is acceptable.)

NOTE: If you respond positively to Questions 2-4 and/or answer a shared phone line in the name of a firm, you will be required to insure all lawyers under the same policy.

I/We understand that this Supplement becomes a part of my/our Professional Liability application and is subject to the same representations and conditions.

 X

 Signature of Applicant (Must be signed by Partner, Owner or Officer)

 X

 Date