



- St. Paul Fire and Marine Insurance Company, Saint Paul, Minnesota
- St. Paul Mercury Insurance Company, Saint Paul, Minnesota
- St. Paul Guardian Insurance Company, Saint Paul, Minnesota

Please complete this Supplement and submit it to St. Paul Travelers along with your completed Lawyers Professional Liability Insurance Application, (form 58303) if instructed to do so. You agree that this Supplement will become part of your application for Lawyers Professional Liability Insurance and is subject to the same terms.

1. Name(s) of Legal Entity(ies) to be insured (as referenced on your letterhead)

ATTACH A COPY OF THE FIRM'S LETTERHEAD FOR EACH OFFICE LOCATION IF DIFFERENT.

2. Does responsibility for your Firm's other office location(s) rest with management at your principal location?..... Yes No
3. Do personnel at the following location(s) utilize different letterhead than that used at your Firm's principal location? Yes No
If yes, please provide sample.

4. List address(es) of other office(s):

- a. _____
- b. _____
- c. _____
- d. _____

5. List total number of personnel assigned to each of the Firm's office location(s):

	Primary Location	Location (a)	Location (b)	Location (c)	Location (d)
Owners, Officers or Partners					
Employed Attorneys					
Of Counsels					
Paralegals or Law Clerks					
Other Staff					

6. Are the Firm's other office location(s) staffed on a full-time basis? Yes No
If no, please identify the location and describe the situation:

NOTICE

Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

Signature of Owner, Partner or Principal	Title	Date
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