



Legalis Vexillum (Admitted) & Legalis Consilium (Non-Admitted)

Lawyer Roster

PLEASE COMPLETE FOR EACH LAWYER SEEKING COVERAGE

Name of Applicant Firm: _____

- Codes:**
- "O"** Officers, Directors or Shareholders of the Firm who are licensed attorneys
 - "P"** Partner / Member
 - "E"** Employed Lawyers (must be an employee of the Firm)
 - "C"** Of Counsel attorneys for whom coverage is desired
 - "A"** Associate for whom coverage is desired
 - "IC"** Independent Contractor attorney for whom coverage is desired

NAME OF INDIVIDUAL LAWYER		CODE(S)	YEAR ADMITTED TO BAR	YEAR JOINED FIRM	ANNUAL BILLABLE HOURS
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NOTICE: It is agreed by all concerned that if any of the proposed Insured Persons is responsible for or has knowledge of any Wrongful Act, fact, circumstance, or situation which s(he) has reason to suppose might result in a future Claim, whether or not described above, any Claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

NOTICE: The undersigned Applicant represents that the statements set forth in this application and its attachments and other materials submitted to the Insurer are true and correct. Signing of this application does not bind the Applicant or the Insurer. In the event there is any material change in the answers to the questions herein prior to the issuance date of the Policy that would render this application form inaccurate or incomplete, the Applicant will notify the Insurer in writing, and, if necessary, any outstanding quotation may be modified or withdrawn.

The Principal below declares and warrants that he / she has the authority to sign this letter on behalf of the Firm.

Print Name: _____

Signature: _____

Date: _____ **Title:** _____