



**APPLICATION FOR LAWYERS
PROFESSIONAL LIABILITY INSURANCE**

PREDECESSOR FIRM SUPPLEMENT

Firm Name:	
Policy Number:	
Date:	

List all predecessor(s) of the firm for which the applicant is requesting coverage:

Firm Name	Type of Entity	Dissolution Date	# of Atty at Dissolution
1.			
2.			
3.			
4.			

# of Atty at Applicant Firm	Insurer at dissolution	Was ERP purchased?
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No