

**INTELLECTUAL PROPERTY LAWYERS
APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
LAWYERS FOR WHOM COVERAGE IS BEING APPLIED**

SUPPLEMENT I

NAME OF THE APPLICANT: _____

IN ACCORDANCE WITH QUESTION 3 C OF THE JAMISONPRO APPLICATION, PROVIDE THE NAMES OF ALL LAWYERS FOR WHOM COVERAGE IS BEING APPLIED. USE THE DESIGNATION CODES BELOW TO INDICATE THE STATUS OF THEIR RELATIONSHIP TO THE APPLICANT.

PLEASE MAKE COPIES OF THIS FORM IF ADDITIONAL SPACE IS NEEDED.

COVERAGE APPLIES ONLY TO PROFESSIONAL SERVICES RENDERED BY OR ON BEHALF OF THE APPLICANT, SUBJECT TO POLICY TERMS AND CONDITION.

- DESIGNATION CODES:**
- P** = Partner, Member, Shareholder or Corporate Officer
 - A** = Associate
 - PT** = Part-Time Associate - **Must work less than 15 hours per week to be considered part-time**
 - OC*** = Of Counsel - **Specify number of hours worked per week**
 - IC*** = Independent Contractor - **Specify number of hours worked per week**

Name of Lawyer for Whom Coverage is Being Applied	Status	Hours Worked* (OC / IC)	Month / Year of Employment by Applicant	Month / Year Admitted to Bar	Name of Lawyer's Prior Employer (i.e. law firm). If not previously engaged in private practice, please state "Not in Private Practice".
1.		hr.	/	/	
2.		hr.	/	/	
3.		hr.	/	/	
4.		hr.	/	/	
5.		hr.	/	/	
6.		hr.	/	/	
7.		hr.	/	/	
8.		hr.	/	/	
9.		hr.	/	/	
10.		hr.	/	/	
11.		hr.	/	/	
12.		hr.	/	/	
13.		hr.	/	/	
14.		hr.	/	/	
15.		hr.	/	/	
16.		hr.	/	/	
17.		hr.	/	/	
18.		hr.	/	/	
19.		hr.	/	/	
20.		hr.	/	/	
21.		hr.	/	/	
22.		hr.	/	/	
23.		hr.	/	/	
24.		hr.	/	/	

Name of Lawyer for Whom Coverage is Being Applied	Status	Hours Worked* (OC / IC)	Month / Year of Employment by Applicant	Month / Year Admitted to Bar	Name of Lawyer's Prior Employer (i.e. law firm). If not previously engaged in private practice, please state "Not in Private Practice".
25.		hr.	/	/	
26.		hr.	/	/	
27.		hr.	/	/	
28.		hr.	/	/	
29.		hr.	/	/	
30.		hr.	/	/	
31.		hr.	/	/	
32.		hr.	/	/	
33.		hr.	/	/	
34.		hr.	/	/	
35.		hr.	/	/	
36.		hr.	/	/	
37.		hr.	/	/	
38.		hr.	/	/	
39.		hr.	/	/	
40.		hr.	/	/	
41.		hr.	/	/	
42.		hr.	/	/	
43.		hr.	/	/	
44.		hr.	/	/	
45.		hr.	/	/	
46.		hr.	/	/	
47.		hr.	/	/	
48.		hr.	/	/	

I UNDERSTAND INFORMATION SUBMITTED HEREIN BECOMES PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATION AND CONDITIONS.

AUTHORIZED SIGNATURE OF APPLICANT _____

TITLE _____

DATE _____