



ALLIED WORLD INSURANCE COMPANY
1690 New Britain Avenue, Suite 101, Farmington, CT 06032 · Tel. 860-284-1300 · Fax 860-284-1319

ALLIED WORLD LPL ASSURE
LAWYERS PROFESSIONAL LIABILITY INSURANCE POLICY
OFFICE LOCATIONS SUPPLEMENT

Applicant Name: _____

1. Complete the following for each location. If additional space is needed, complete additional supplements:

Table with 4 columns (1, 2, 3) and 5 rows (Office Location, Number of attorney staff, Number of non-attorney staff, Does responsibility for management and supervision of associates or office staff rest with a partner at the primary location?, Purpose of location?).

2. Do all locations utilize the same computer network? [] Yes [] No

3. Do all locations have consistent policies, procedures and workflows? [] Yes [] No

If "No", to any question above, please explain:

Horizontal lines for providing explanation.

NOTICE:

Applicant understands that the information submitted herein becomes part of the Applicant's Lawyers Professional Liability Insurance Application or Renewal Application and is subject to the same warranties, notices and conditions.

This application 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

Date

Print Name

Title

Licensed Agent

License Number