



Application for Limited License Legal Technician ("LLLT") Professional Liability Insurance
 Complete One Per LLLT

Individual LLLT Supplement

Name of Applicant Firm: _____

1. Individual LLLT Supplement for: Mr. Ms. _____
 Email Address: _____

Do you work **less** than 30 hours per week? Yes No
 If yes, provide the average number of hours worked per **week** on behalf of the applicant firm: _____

2. Position with the firm: Solo Practitioner Partner/Owner Associate Other* (Describe) _____ *

3. In the twelve (12) months prior to the requested effective date of the policy, did you complete three (3) or more hours of CLE seminars in Ethics, Risk Management, Loss Prevention, and/or Office Management? Yes No

4. If you are currently covered by Professional Liability Insurance, provide your current retro-active coverage date: _____ (mm/dd/yyyy)

5. Date you joined the firm: _____ (mm/dd/yyyy)

6. Has any professional liability claim or suit been made against you within the last 5 years, regardless of whether indemnity was paid? Yes No
 If yes, how many? _____ Complete a Claim Information Supplement for each claim.

7. Are you aware of or do you have knowledge of any fact, circumstance, act, error, or omission that could reasonably be expected to be the basis of a claim against you or any current or former LLLT in the firm or its predecessors, regardless of the merit of such claim? Yes No
 If yes, how many? _____ Complete a Claim Information Supplement for each.

8. What percentage of your professional time in LLLT practice is devoted to those services or activities that may be performed by a LLLT? _____ %
 If less than 100%, specifically describe the services or activities that you perform other than LLLT services or activities:

Do you maintain separate errors and omissions insurance for the services specifically described above? Yes No

If no, please explain:

9. Last four digits of your Social Security Number XXX-XX- _____

10. Date of Birth: _____ (mm/dd/yyyy)

11. State licensed or admitted to practice as LLLT:

State	Date Admitted/Licensed (mm/dd/yyyy)	Do you provide professional services for clients in this state?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

12. Previous employment since licensure as LLLT:

Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Name of Employer	Position	State
	to			
	to			
	to			

13. Are you an employee of any organization other than the applicant firm?
If yes, please provide the name of your employer and your position: Yes No
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14. Do you serve as director or officer, or exercise any fiduciary control over any business enterprise other than the applicant firm or do you have any interest in a client's business? This includes profit and not-for-profit organizations.*
If yes, complete the Outside Interest supplement.* Yes No
15. Do you perform any professional LLLT services for any entity other than the applicant firm?*
- If yes, please provide the name of the other entity.* Yes No
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*Refer to policy exclusions regarding these exposures.

I understand information submitted herein becomes a part of my firm's Professional Liability Application and is subject to the same terms and conditions. By executing this application, I hereby acknowledge and agree that I shall be jointly and severally liable for all Claim Expenses and Damages up to the Deductible in the event the Named Insured firm fails to make any required payment up to the Deductible.

LLLT's Signature

Date (mm/dd/yyyy)