



**LEGAL AID SERVICES LAWYERS PROFESSIONAL LIABILITY INSURANCE  
PUBLIC ENTITY / ORGANIZATION RENEWAL APPLICATION**

IN ACCORDANCE WITH **QUESTION 2** OF THE **APPLICATION**, PROVIDE THE NAMES OF ALL ATTORNEYS AND OTHER PROFESSIONALS PROVIDING LEGAL SERVICES 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:**

- A =** Staff Attorney
- V =** Volunteer Attorney
- AR =** DOJ Accredited Representative
- IC=** Independent Contractor Attorney - Specify number of hours worked per week
- OC=** Of Counsel Attorney

Name of Attorney for Whom Coverage is Being Applied		Hours worked per week <b>(IC)</b>	Status <b>(Use applicable Designation Code)</b>	Date of Employment by Applicant	State / Year Admitted to Bar
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2.					
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20.					

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

***(Must be signed by the Chief Executive Officer, Executive Director or Officer of the Applicant)***

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