



OFFICE/EXPENSE SHARING SUPPLEMENTAL APPLICATION

Firm Name (as shown on your letterhead): _____

Policy No.: _____

- 1. If you are currently in an office sharing or expense sharing arrangement with other attorneys, please provide the following:

Individual Attorney Name(s) of the Office/Expense Sharing Attorney	Do they carry malpractice insurance? Yes, No or Unknown

(Use reverse side for additional space, if needed)

- 2. Do you share common letterhead? Yes No
(Please provide a copy of all letterheads used by attorneys in Question No. 1)
- 3. Do you advertise together as a "firm?" Yes No
- 4. Do you share professional staff, i.e. paralegals or legal assistants (other than secretarial/receptionist)? Yes No
- 4a. If yes, please advise how you keep client files separate and confidential.
- 5. Do you share a common phone line? Yes No
- 5a. If yes, how are the phone lines verbally answered?

I/We understand that this Supplement becomes a part of my/our application for Lawyer's Professional Liability Insurance and is subject to the same representations, conditions and warranties.

By: _____ Date _____
(Authorized representative of applicant and/or policyholder)

"Office Expenses" are considered to be **any** sharing of expenses with another attorney **not** on your policy. "Office Sharing" can be determined if you come in the same common front door to each attorney's office. If you share a common suite, you are considered office sharing.

WARNING: Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. (O.R.C.-3999.21)