**LAWYERS DETAIL ADDENDUM**

**This Addendum MUST be completed in full, providing all information for each Lawyer in the firm.**

**Attach additional sheets if necessary.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Lawyer***State the full name of each lawyer* |  **D/C \****For OC/IC, complete additional information below* | **Average Hours Worked per Week** | **State Bar Number** | **Date Admitted to Bar MM/YY** | **Date of Hire by Applicant MM/DD/YY** | **Current Prior Acts** **Date MM/DD/YY** | **CLE Hours Taken During the Past Year** |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |

**D/C\* = Designated Codes:** O = Officer/Director/Shareholder P = Partner

 S = Sole Proprietor E = Employed Lawyer

 RP = Retired Partner of Applicant OC = Of Counsel Lawyer

 IC = Independent Contractor

**Of Counsel / Independent Contractor Additional Information Table**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of OC/IC** | **Average number of weekly hours spent on behalf of the Applicant?** | **Is this lawyer a prior partner, officer, director, shareholder or employee of the applicant? Y/N** | **Does this lawyer carry his/her own individual professional liability coverage? Y/N** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |