

# OFFICE/EXPENSE SHARING SUPPLEMENT

Name of Applicant: \_\_\_\_\_

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

1.

Name of Office/Expense Sharing Attorney	Current Professional Liability Carrier	Limits of Liability	Expiration Date

2. Do you share common letterhead?  Yes  No

3. Do you advertise together as a "firm"?  Yes  No

4. Do you share professional Staff, i.e., paralegals or legal assistants?  Yes  No

5. Do you share a common phone line?  Yes  No

If yes, how are the phone lines answered?

\_\_\_\_\_

6. Describe the nature and purpose of the relationship between your firm and the other firms with whom you share an office:

\_\_\_\_\_

\_\_\_\_\_

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same representations and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act.

**NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECIEVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.**

\_\_\_\_\_  
Signature of Owner, Officer or Partner

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date