



Great American Insurance Company
OF COUNSEL/INDEPENDENT CONTRACT ATTORNEY SUPPLEMENT

Firm Name: \_\_\_\_\_ GAIC Policy Number LPL- \_\_\_\_\_
\*A New Attorney Supplement MUST be completed if the Attorney is Joining the Firm Mid-policy

The following attorney(s) have professional relationships with our firm as follows:

[ ] Of Counsel [ ] Independent Contractor (Attorney)

Name of Attorney: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Primary Areas of Practice: \_\_\_\_\_

Hours worked per week on behalf of applicant firm: \_\_\_\_\_

Does this attorney maintain a practice apart from the applicant firm or is a member or employee of another firm? [ ] Yes [ ] No
If "Yes" please indicate the firm's name: \_\_\_\_\_

Does this attorney maintain professional liability coverage independent from the applicant firm? [ ] Yes [ ] No
If "Yes" please provide proof of coverage.

Is this attorney listed on the firm's letterhead? [ ] Yes [ ] No

Is the applicant firm listed on this attorney's letterhead? [ ] Yes [ ] No

Signature of Authorized Firm Representative

Title

Date