



Great American Insurance Company
PREDECESSOR FIRM SUPPLEMENT

Firm Name: _____ GAIC Policy Number LPL- _____

PLEASE NOTE: In order to be considered for coverage, ALL PREDECESSOR FIRMS must be disclosed on this form. Please refer to the policy language or you Sales Representative/Agent for more details.

(Predecessor firm means: Any law firm to whose financial assets and liabilities the Named Insured is the majority successor in interest and which you designate as a predecessor firm in your application for coverage.)

Please list each Predecessor Firm, the date it was established and indicate if it maintained continuous legal malpractice or legal professional liability insurance coverage.

Table with 3 columns: Predecessor Firm Name, Date Established, Did the firm maintain LPL coverage? (Yes/No checkboxes). Includes 8 rows for data entry.

Signature of Authorized Firm Representative Title Date