

Kaestner & Berry
Professional Insurance Services, LLC

Tel: 314.808.6865
 Fax: 314.200.8553
www.kb-insurance.com

Gerry@kb-insurance.com
Mark@kb-insurance.com

ATTORNEY ROSTER

Please complete the attorney supplement listing for each attorney currently with the firm.

	Last Name	First	Designation	Date Admitted To Bar	Date of Hire	Attorney Retro Date on Current Policy	Hours Worked Per Week For The Firm
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Please continue on a separate sheet if necessary

Designation: O= Owner P= Partner E= Employee OC= Of Counsel