



Application for Lawyers' Professional Liability Insurance

CLAIMS MADE AND REPORTED COVERAGE – PLEASE READ ALL POLICY PROVISIONS

NOTICE: EXCEPT AS MAY BE OTHERWISE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR COVERED ACTS COMMITTED SUBSEQUENT TO THE RETROACTIVE DATE, IF APPLICABLE, FOR WHICH CLAIMS ARE FIRST MADE AGAINST YOU WHILE THE POLICY IS IN FORCE AND WHICH ARE REPORTED TO US NO LATER THAN SIXTY (60) DAYS AFTER THE TERMINATION OF THIS POLICY. THE COVERAGE OF THIS POLICY DOES NOT APPLY TO CLAIMS FIRST MADE AGAINST YOU AFTER THE TERMINATION OF THIS POLICY UNLESS, AND IN SUCH EVENT ONLY TO THE EXTENT, AN EXTENDED REPORTING PERIOD OPTION APPLIES

Please fully answer all questions in ink. Complete all sections, including the appropriate supplements. If space is inadequate to answer all questions in full, please provide details on a supplemental sheet of paper.

Throughout this application the words "you" and "your" refer to the applicant herein and any subsidiary, partner, officer, director, member, covered independent contractor or employee of the applicant. The words "we", "us" and "our", refer to the insurance company to which this application is made.

New York policyholders: This policy is written on a claims-made basis and unless otherwise stated on the Declarations Page, contains no coverage for claims arising out of incidents, occurrences or alleged wrongful acts which took place prior to the retroactive date stated on the Declarations Page. This policy covers only claims actually made against the insured while the policy remains in effect and all coverage under the policy ceases upon the termination of the policy, except for the Automatic Extended Reporting Period coverage, unless the insured purchases Additional Extended Reporting Period coverage.

There may be coverage gaps that may arise upon expiration of such extended reporting period. During the first several years of the claims-made relationship, claims-made rates are comparatively lower than occurrence rates, and you can expect substantial increases, independent of overall rate level increases, until the claims-made relationship reaches maturity. The premium charged for the Additional Extended Reporting Period coverage is based on a percentage of the premium stated herein and provides a variety of additional time periods in which to report claims.

WARNING – COLORADO, FLORIDA, HAWAII, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO, OKLAHOMA, PENNSYLVANIA AND VIRGINIA RESIDENTS ONLY.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime and may be subject to fines and confinement in prison (For COLORADO residents only: Any insurance company or agent of an insurance company who knowingly provide false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance with the Department Regulatory Authority Agencies). (For Hawaii residents only: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss is a crime punishable by fines or imprisonment, or both). (For LOUISIANA residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison).

PLEASE ENSURE THAT THE APPROPRIATE SUPPLEMENTS ARE COMPLETED AND ATTACHED.

General Firm Information

Name of Firm: _____

Individual Partnership P.A. P.C. L.L.C. L.L.P. Other

Please attach sample letterhead. If you have multiple offices, please attach a sample letterhead for each office.

Address of Principal Office:

Street: _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone Number: _____ Facsimile: _____

Email Address: _____

Web Site: _____

Contact Person:

Name: _____

Telephone Number: _____ Facsimile: _____

E-mail address: _____

1. Do **you** have branch offices: Yes No
If "Yes", please also complete the Branch Office and Affiliate Supplement.

2. Date Firm was founded: _____

3. List the names of all predecessor practices of **your** firm. Name only those firms for which **you** are a majority successor in interest (50% or more of the former firm's assets and liabilities). *Please use separate addendum if necessary.*

Name of Predecessor Firm	Dates of Existence From/To	Number of Lawyers Acquired
	/	
	/	
	/	

4. Are there any pending material changes to **your** organization including but not limited to merger, acquisition combination or other restructuring? Yes No
If "Yes", please provide full details in a separate addendum.

Attorneys & Staff

5. Total number of **your** attorneys:

Current Number of:

Partners/shareholders/owners: _____

Associates/employed lawyers: _____

Of Counsel Members who are expected to bill more than 1200 hrs. per year: _____

Independent Contractors who are expected to bill more than 1200 hrs. per year: _____

Patent Agents: _____

Current Number of:

Paralegals: _____

Clerical staff:
Other (please describe):

Breakdown Of Practice

12. Please complete the Breakdown of Practice section below to reflect the percentage of Total Gross Billings derived from all areas of practice.

Area of Practice	Percent	Area of Practice	Percent
Arbitration / Mediation	%	Entertainment / Sports ^[1]	
Administrative law	%	Environmental ^[1]	%
Admiralty / Maritime	%	Intellectual Property Trademark Registration ^[3]	%
Bankruptcy	%	Intellectual Property Trademark Search ^[3]	%
Collection/Repossessions	%	Labor - Labor Representation	%
Commercial Litigation	%	Mergers / Acquisitions	%
Criminal law	%	Oil, Gas or Mining ^[1]	%
Domestic Relations	%	Pension & Employee Benefits	%
Insurance Defense ^[1]	%	Personal BI/PD Plaintiff ^[1]	%
Personal BI/PD Defense	%	Real Estate - Commercial	%
Workers Compensation Defense	%	Real Estate - Residential ^[1]	%
Total	%	Real Estate - Land Use / Zoning ^[1]	%
		Real Estate - Title Examination ^[1]	%
		Tax - Opinions	%
		Worker's Compensation - Plaintiff	%
		Total	%
Anti-Trust/Trade Regulation	%		
Civil rights/Discrimination	%	Banking / Financial Institutions ^[1]	%
Commercial Transactions	%	Other Intellectual Property Services ^[3]	%
Corporation Formation / Alteration	%	Patent/Copyright/Trademark Licensing ^[3]	%
Immigration and Naturalization	%	Securities ^[1]	%
Intellectual Property Litigation ^[3]	%	Real Estate - Loan Modification	%
International/Foreign Law ^[2]	%	Real Estate - HOA/COA Representation	%
Labor - Management Representation	%	Total	%
Government/Municipal (Not bonds)	%		
Tax - Preparation of Returns	%	Patent Prosecution - Domestic or Foreign ^[3]	%
Estate, Trust, Probate ^[1]	%	Patent Searches - Domestic or Foreign ^[3]	%
Total	%	Intellectual Property Counseling ^[3]	%
Other (explain):	%	Intellectual Prop. Infringement/Opinions ^[3]	%
		Class Action/Mass Tort Law	%
Total		Total	%
		Total of all areas of practice must equal	100%

^[1] Corresponding Supplement must be completed.

^[2] Describe: _____

^[3] Request alternative application

Independent Contractors

13. In the past 24 months, if **you** have retained attorneys on an Independent Contractor basis to provide legal services to **your** clients please complete the following: N/A
- a. Do **you** require that all Independent Contractor services be performed on **your** letterhead? Yes No
- b. Are **you** exclusively responsible for billing **your** clients for services performed by Independent Contractors? Yes No
- c. Do **you** require that all Independent Contractors carry professional liability insurance and provides evidence of such coverage prior to being retained? Yes No

Please explain the reasons for retaining an Independent Contractor to provide legal services to your clients below:

Please provide details of each Independent Contractor retained:

Name of Independent Contractor:	Hours:	Insurance Verified:
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

Please note: Coverage for which you are applying does not extend to include Independent Contractors for services performed on behalf of lawyers or law firms other than your firm, unless specifically agreed by the insurer and evidenced by the issue of an endorsement.

Other Activities

14. Does **your** practice also involve acting in the capacity of any of the following?

No

Yes - please complete the following:

Type of Practice:	Percent of Practice Devoted to Each:	Professional Liability Insurance Company Providing You Separate Coverage:	Expiration Date: (mo./day/yr.)
a. Accountant:			
b. Real Estate Agent or Broker			
c. Title Abstractor/Searcher			
d. Notary			
e. Title Agent ^[1] :			

^[1]Please complete the Title Agent Supplement.

15. Does any of **you** act as:

- a. A Public Defender? Yes No
- b. A Prosecuting Attorney? Yes No
- c. An in-house lawyer of any corporation, municipality or state department? Yes No
- d. An Arbitrator or Mediator? Yes No

If the response to any of the above is "Yes" please provide details on a separate addendum.

Resource Sharing

16. Do **you** share any of the following with other attorneys or law firms?

- Office Space: Yes No If yes, name of law firm(s): _____
- Staff: Yes No If yes, please describe staff sharing arrangement on a separate addendum.
- Cases: Yes No If yes, please describe case sharing arrangement on a separate addendum.
- Letterhead: Yes No If yes, please explain relationship on a separate addendum and provide sample letterhead.

Conflict Screening

17. Are potential conflicts referred to an independent conflict committee? Yes No

18. Describe how **you** resolve potential and actual conflicts:

19. After matters have been opened, what steps do **you** take to supplement conflict of interest searches regarding new parties?

20. Are **you** or any of **your** lawyers a director or officer of, a partner in, hold equity interest in or an employee of a business entity other than **your** firm? If "Yes", please complete the Outside Interest Supplement. Yes No

Risk Management

21. Do **you** employ a firm administrator? Yes No
22. Is **your** firm managed by a committee that meets on a regularly scheduled basis? Yes No
23. Do **you** have *written* risk management procedures? Yes No
24. Do **you** use a formal system to evaluate the performance of all practicing *lawyers*? Yes No
25. In the last two years how many suits have **you** filed against clients for recovery of **your** fees? _____
26. How many of these suits have been resolved? _____
27. What percentage of **your** billings are ninety (90) days or more overdue? _____%
28. Are new clients and new matters approved by a committee or by a partner in **your** firm? If "**No**", please explain on a separate addendum. Yes No
29. Are engagement letters or retainer agreements, which establish the scope of **your** representation and billings arrangements, required to be sent on all new client engagements? If "**No**", please explain. Yes No
30. Do engagement letters or retainer agreements include an Alternative Disputes Resolution Clause? Yes No
31. Are non-engagement letters required to be used when declining representation? If "**No**", please explain. Yes No
32. Are changes to the scope of representation evidenced by an addendum or revision to the engagement letter? If "**No**", please explain. Yes No
33. Are disengagement letters or termination letters required to be used upon terminating or completing the legal representation? Yes No
34. Which of the following are incorporated in **your** docket control system? (check all that apply)
Calendar Master Listing Tickler File Pocket Diary Computerized System
Other _____
35. Does the control system include? (check all that apply)
Litigated items Non-litigated items Statute of limitations Dates of long-term matters
Other _____
36. How frequently are deadlines cross-checked? (check all that apply)
Daily Weekly Monthly Other _____
37. How do **you** maintain a conflict of interest system? (check all that apply)
Oral/memory Index File Computer Conflict Committee Other _____
38. Indicate the items captured by this system? (Check all that apply)
Client Name Client Principals Client Subsidiaries Opposing Party Opposing Counsel

Claims History

39. Have any of **you** ever been refused admission to practice, disbarred, suspended, reprimanded, sanctioned or held in contempt by any court, administrative agency, or regulatory body? *If "Yes", please provide details on a separate addendum.* Yes No
How Many? _____
40. Have any of **you** had a disciplinary complaint made to any court, administrative agency or regulatory body in the past 5 years? *If "Yes", please complete a Claim Supplement for each disciplinary complaint.* Yes No
How Many? _____
41. Has any professional liability claim or suit been made against any of **you** or any previous member of **your** current firm or predecessor firm within the last five (5) years? *If "Yes", please complete a Claim Supplement for each claim/incident.* Yes No
How Many? _____
42. Are **you** aware of any incident, circumstances, acts, errors, omissions, or personal injuries that could result in a professional liability claim against any attorney of the firm or its predecessors irrespective of the actual validity of such claim? *If "Yes", please complete a Claim Supplement for each incident.* Yes No
How Many? _____
43. Have all of the matters indicated above been reported to **your** appropriate professional liability carrier(s)? *If "No", please explain on a separate addendum.* Yes No

Insurance History

44. Current policy expiration date: _____
45. What is the inception date of **your** earliest "claims made" policy maintained without interruption? _____
46. Please list all lawyers' professional liability insurance policies carried by **you** for the past five (5) years or attach a copy of the Declarations Page from **your** current policy:

POLICY PERIOD From: To: Mo/Day/Yr Mo/Day/Yr	Insurance Company	Limits of Liability Per Claim/Agg.	Deductible	Annual Premium	No. of Attorneys Covered
to					
to					
to					
to					
to					

47. Does **your** current policy have a prior acts exclusion (retroactive) date? Yes ____/____/____ No
48. Have any of **your** professional liability insurance policies been canceled or non-renewed during the last 5 years? (not applicable to Missouri Applicants) Yes No *If Yes, please provide details in a separate addendum.*
49. Does **your** current policy have any other type of endorsements that exclude or modify coverage? Yes No *If yes, please attach a copy of each endorsement.*
50. Please provide limits of liability and deductible options requested:

LIMITS OF LIABILITY: Per Claim/Aggregate \$ _____/\$ _____	DEDUCTIBLE: \$ _____
*Minimum deductible will apply based upon size of	

Representations and Signature

REPRESENTATION: It is represented to us, that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should we evidence its acceptance of this application by issuance of a policy. The undersigned hereby authorize the release of claim information from any prior insurer to the insurer.

Except to such extent as may be provided otherwise in the policy, the policy for which application is being made is limited for ONLY THOSE CLAIMS FIRST MADE AGAINST YOU while the policy is in force.

FRAUD PREVENTION - GENERAL WARNING

NOTICE: Any person who knowingly, or knowingly assists another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an Insurance Company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO IDAHO APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any Insurance Company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO INDIANA APPLICANTS: Any person who knowingly and with the intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE APPLICANTS: It is a crime to provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MICHIGAN APPLICANTS: Any person who knowingly and with intent to injure or defraud any insurer submits a claim containing any false, incomplete or misleading information shall upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEVADA APPLICANTS: Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

NOTICE TO NEW HAMPSHIRE APPLICANTS: Any person who, with purpose to injure, defraud or deceive any Insurance Company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO LOUISIANA AND NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any fact materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE, VIRGINIA & WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

I agree that signing this form will permit the program manager or their agents to use emails to communicate directly to the party identified in Item 1. of this application, and/or their designees.

Signature of Applicant* _____ Date: _____
Title: _____ Firm: _____

***SIGNING THIS FORM DOES NOT BIND YOU OR US TO COMPLETE THE INSURANCE.**

Agent: _____

Producer: _____