ExecutivePerils

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dba: Executive Perils Insurance Services

APPLICATION FOR EMPLOYED COUNSEL PROFESSIONAL LIABILITY INSURANCE

CLAIMS – MADE COVERAGE

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Full Legal Name of Employer: | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| 2. Principal Address: | | |  | | | | | | | | |  | | | | | |
| City: |  | | | | | State: | | | | | | | | Zip Code: | | | |
| Phone: | |  | | | Fax: | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | |
| 3. Date Employer was established: | | | | | |  | |  |  | | | |  | | | |  |
|  | | | | | | Month | | Day | Year | | | |  | | | |  |
|  | | | | | | | | | | | | | | | | | |
| 4. Indicate: Corporation Partnership Individual Other | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| 5. Indicate the gross income for the applicable fiscal year | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | **Year** | | | | | | **Amount** | |
|  | | | | | | | | | | a. Current Projected | | | | | | $ | |
|  | | | | | | | | | | b. | | | | | | $ | |
|  | | | | | | | | | | c. | | | | | | $ | |
|  | | | | | | | | | |  | | | | | |  | |
| 6. Please submit most recent financial statement and brochure of services provided. | | | | | | | | | | | | | | | | | |
| 1. Please advise the following regarding the Applicant Firm’s staff | | | | | | | | | | | | | | | | | |
| **\***Total Number of Employed Lawyers | | | Number of Lawyers added within the past 12 months | | | | Number of Lawyers terminated or resigned past 12 months | | | | Number of Investigators, Paralegals, Abstractors supervised by attorneys | | | | Number of Law Clerks and Clerical staff supervised by attorneys | | |
|  | | |  | | | |  | | | |  | | | |  | | |

1. Please describe the nature of business of the Employer:
2. Briefly describe responsibilities handled by Employed Lawyers:

10. Does the applicant allow it’s Employed Lawyers to perform personal legal services for any officer, director, employee, shareholder of the Applicant or other persons? Yes  No

(If “Yes”, please advise the general policy of the Employed Lawyers legal department concerning such “moonlighting activities” and whether coverage is required for such activities)

11. Name of principal outside legal counsel of Applicant and nature of work referred:

12. Does the Applicant permit or require Employed Lawyers to represent in court the Employer or other parties in the course of the Employed Lawyer’s Employment? Yes  No

(If “Yes”, please state circumstances)

13. Is any Employed Lawyer applying for this coverage employed by any other entity other than the Employer listed under question # 1? Yes  No

(If “Yes”, please provide full details)

14. Please complete the following for each Employed Lawyer:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Employed Lawyer | Year Admitted to the State Bar Association | Percentage of Time practicing outside scope of employment | Primary Area of Practice Specialty |
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1. Please describe internal controls and operating procedures for Employed Lawyers, including procedures governing the issue of legal opinions, advices or recommendations:

16. After inquiry of each Employed Lawyer, has any professional liability claim or suit ever been made against any Employed Lawyer? Yes  No

(If "Yes", please complete Claim Supplement)

17. After inquiry of each Employed Lawyer, does any Employed Lawyer know of any incident, act, error or omission that could result in a claim or suit against any Employed Lawyer? Yes  No

(If "Yes", please complete Claim Supplement)

1. Has any Employed Lawyer for whom coverage is sought been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, or held in contempt by any court, administrative agency or regulatory body? Yes  No

(If "yes", please provide full details)

19. Please list any the Employed Lawyers Professional Liability Insurance Coverage carried during the past five (5) years.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Insurer | Policy Period | Limits of  Liability | Deductible/  Retention | Premium | Number of Lawyers |
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20. Has the Applicant Firm or any attorney for whom coverage is sought ever purchase an extended reporting endorsement ? Yes  No?

(If "Yes", please provide date purchased and term of endorsement)

1. In the past five (5) years, has the Firm or any Firm member ever had professional liability insurance or similar insurance declined, cancelled or non-renewed? Yes  No

(If "yes", please provide full details)

22. Does the applicant carry Directors and Officers Liability Insurance? Yes  No

(If not, please explain)

1. Desired Limits:

24. Desired Deductible:

25.Desired Effective Date:

26. Desired Retroactive Date:

All written statements and materials furnished to the insurance company to which this application is submitted (herein called the company) in conjunction with this application are hereby incorporated by reference into this application and made part hereof.

This application does not bind the applicant to buy, or the company to issue the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy. The undersigned applicant declares that if the information supplied on this application changes between the date of this application and the time when the policy is issued, the applicant will immediately notify the company of such changes, and the company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

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| --- | --- | --- |
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| Signature of the Insured, Owner, Partner or Principal | Title | Date |
|  | | |
| Producer: | | |