



**CALIFORNIA APPLICATION FOR A CLAIMS-MADE AND REPORTED
LAWYERS PROFESSIONAL LIABILITY POLICY**

Present Policy Number		Expiration Date (Month/Day/Year)	
Legal Name of Firm			
CURRENT		DESIRED	
Limit:	<u> SELECT ONE </u>	Limit:	<u> SAME AS EXPIRING </u>
Deductible:	<u> SELECT ONE </u>	Deductible:	<u> SAME AS EXPIRING </u>

- Has the firm's name, principal address, telephone number, facsimile number or e-mail address changed?
 NO YES - If YES, provide a copy of the new letterhead.
- Have any attorneys joined the firm since the previous application was completed?
 NO YES - If YES, an Add Attorney Form must be completed for each new attorney.
- Have any attorneys left the firm since the previous application was completed?
 NO YES - If YES, provide the following information. Add an attachment if necessary.

Name of attorney: _____ Date left firm: _____
- After inquiry, are you or any attorney in your firm aware of any circumstances, incidents, acts or omissions, which have led to a professional liability claim or which could reasonably be expected to lead to a professional liability claim being made against your firm? NO YES - If YES, please report it immediately to Arch Insurance Company's Claim Department per the Claims Handling Procedures in your Lawyers Professional Liability Policy.
- During the past year, has any attorney in the firm been the subject of a reprimand, disciplinary action, or current investigation? If YES, please provide full details in an attachment on your letterhead. NO YES
- For the last fiscal year, provide the percentage of gross billable dollars allocated to each Area of Practice. If no change from your previous application, check the box and do not complete the percentages.
 NO CHANGE - Failure to provide updated details will represent "No Change."

AREA OF PRACTICE Round to the nearest whole percent.	Prev %	New %	AREA OF PRACTICE Round to the nearest whole percent.	Prev %	New %
Admiralty/Maritime			Government -- Federal and State		
Antitrust			Government -- Local (Not Bond Work)		
Arbitration/Mediation			Immigration/Naturalization		
Business Transactions - Commercial Law			International Law		
Business Transactions - Entertainment			Labor Law		
Civil Rights/Discrimination			PI/PD – Plaintiff*		
Collection/Bankruptcy			Insurance Defense		
Construction Law (Building Contracts)			Workers Compensation -- Defense		
Consumer Claims			Workers Compensation -- Plaintiff		
Business Organization:			Natural Resources/Oil & Gas		
Formation/Alteration & Mergers/Acquisitions			Copyright/Trademark		
Secured Transactions			Patent		
Administrative Law/Record Keeping			Real Estate		
Criminal			Securities Law		
Environmental Law			State or Federal (both exempt and registered)		
Estate/Trust/Probate			Municipal Bonds		
Family Law			Taxation/Tax Opinions		

BOLD INDICATES THAT A SEPARATE SUPPLEMENTAL APPLICATION IS REQUIRED.

* If any member of the firm handles or has handled a mass tort/class action/multiple plaintiff case please provide a narrative describing the mass tort/class action/multiple plaintiff case. Description should include the capacity in which any attorney in the firm was involved in the case, the size of the class, and the amount of money involved.

The applicant represents that the above statements are true and correct to the best of his or her knowledge and that no material or relevant facts have been suppressed or misstated and agree that the policy, if issued, will be issued on the reliance of such representations.

Applicant acknowledges a continuing obligation to report to us as soon as practicable any material changes in the facts or statements above, and in each supplementary application, which applicant becomes aware after signing the application.

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

Completion of this form does not bind coverage. Applicant's acceptance of company's quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance should a policy be issued and it will be attached to the policy.

Signature of Owner/Partner: _____ Date: ____

Print name: _____ Title: _____

PLEASE NOTE THAT THE FOLLOWING SECTION ONLY APPLIES TO FIRMS WITH ONE OR TWO ATTORNEYS

There are many factors used by the company to evaluate an application for Lawyers Professional Liability Insurance. Such factors may include a law firm's areas of practice, loss history, risk management and an insurance score.

An insurance score is developed from a mathematical model that weighs and measures credit information obtained from a number of sources, including a consumer credit report. Credit information may include payment history, the number of collections, bankruptcies, outstanding debt, length of credit history, types of credit in use and the number of new applications for credit. These factors have been shown to correlate with insurance loss history.

You may be eligible for a premium discount based upon your insurance score. An insurance score will not result in a premium increase. The insurance score is also never the basis on which this company will accept or reject an application for an insurance policy.

If this is acceptable all members of the applicant firm must provide authorization.

(1) Signature _____ Date: _____

Print name: _____ Title: _____

(2) Signature _____ Date: _____

Print name: _____ Title: _____

If you do not wish to have your insurance score computed check here

SUPPLEMENTAL CLAIM/INCIDENT INFORMATION

This form should be completed for each claim, suit or incident applicant firm is aware of after inquiry of all partners, officers, owners and employees.

Make sure all questions are answered completely.

1. Full name of Applicant or Insured: _____
2. Full name of Firm which reported claim: _____
3. Full name of claimant: _____
4. Indicate whether: Claim/suit Incident
5. Date of alleged error: ____ / ____ / ____
6. Date you became aware of alleged error: / ____ / ____
7. Date it was reported to your insurance carrier: ____ / ____ / ____
Name of your insurance carrier: _____
8. Additional defendants: _____
9. a. IF CLOSED indicate date closed. ____ / ____ / ____ Total amount paid \$ _____
b. Of the total amount paid, how much was paid for legal expenses: \$ _____
What was your deductible: \$ _____
10. IF PENDING, PLEASE SEND SUIT PAPERS AND ANSWER ALL QUESTIONS BELOW:
 - a. Claimant's settlement demand \$ _____
 - b. Defendant's offer for settlement \$ _____
 - c. Insurer's loss reserve \$ _____
(Available by calling your insurance company and/or defense counsel)
 - d. Is claim in suit? Yes No
If yes, amount asked in summons \$ _____
 - e. Limits of liability _____ Deductible _____
11. Name of insurance carrier responding to this claim or incident: _____
12. Was an engagement letter used? Yes No
13. Provide a brief description of the claim, indicating the alleged error, type of engagement and alleged injury.

Signature of Owner, Officer or Partner

Date (month-day-year)

PATENTS/TRADEMARK/COPYRIGHT SUPPLEMENT

Name of Applicant: _____

1. Areas of Practice

Please provide a breakdown of the firm's intellectual property practice according to the percentage listed under "Patents, Trademarks & Copyrights" in the area of practice section of the application.

- (A) Patent Prosecution _____ %
- (B) Patent Infringement Counseling _____ %
- (C) Trademark & Copyright Registration & Licensing _____ %
- (D) Other Patent (specify) _____ %
- (E) Other Trademark (specify) _____ %

(Percentages listed must equal the total percentage listed under "Patent, Trademarks & Copyrights.")

2. Industry Areas

Please provide a breakdown of the firm's intellectual property practice by indicating the percentages of gross revenues derived from intellectual property matters within the following industries.

- (A) Chemical _____ %
- (B) Biotechnical _____ %
- (C) Pharmaceutical _____ %
- (D) Technology _____ %
- (E) Other (specify) _____ %

(Percentages listed must equal the total percentage listed under "Patent, Trademarks & Copyrights.")

3. Patent Searches

- (A) Does the firm do patent searches? Yes No
- (B) Does the firm engage the services of third parties to carry out patent searches? Yes No

If yes, please explain. _____

I/We understand the information herein becomes a part of the Professional Liability Application and is subject to the same representations and conditions.

X _____
Signature of Applicant (Must be signed by Partner, Owner or Officer)

X _____
Date

**SUPPLEMENTAL QUESTIONNAIRE
FOR NEW ATTORNEYS AND
“OF COUNSEL/INDEPENDENT CONTRACTORS”**

INSTRUCTIONS:

- This form is to be completed by the Insured for each new lawyer or Of Counsel/Independent Contractor joining the firm.
- If space is insufficient to answer any questions fully, attach separate sheet.
- Answer all questions completely.

PLEASE PRINT OR TYPE

1. FIRM NAME (If partnership or corporation, show complete firm name)

Date of Hire: _____

Policy Number: _____

2. COMPLETE THE FOLLOWING FOR EACH NEW LAWYER JOINING THE FIRM:

Lawyer's Name	Social Security #	Design Code*	Year Admitted to Bar (Mo-Yr)	Years in Private Practice	Members in good standing of the following Bar Associations	Lawyer's Individual Specialty

- * Designation Codes: **F**-Full Time
E-Member/Employee of the Firm
OC-Of Counsel/Independent Contractor (must answer a. and b. below)
PT-Part Time attorney (working **20** hours or fewer per week)

a. How many hours per week does the Of Counsel attorney spend working on behalf of the firm _____.

b. Explain the relationship between the firm and the Of Counsel attorney.

PAST YEARS	PROFESSIONAL LIABILITY INSURANCE COMPANY*	POLICY NUMBER	LIMIT OF LIABILITY PER CLAIM/AGGREGATE	POLICY PERIOD (month/day/year)
1				
2				
3				
4				
5				

2a. PLEASE INDICATE IF PRIOR ACTS COVERAGE IS DESIRED FOR THE NEW ATTORNEY(S):
 NO PRIOR ACTS (If "no prior acts" is requested, there is no need to answer questions 3. and 4. Please proceed to question 5. and sign and date the form.)

FULL PRIOR ACTS CONTINUE CURRENT RETROACTIVE DATE

3. ARE YOU AWARE OF ANY PROFESSIONAL LIABILITY CLAIM MADE AGAINST YOU IN THE PAST 5 YEARS, OR ANY INCIDENT, ACT, OR OMISSION WHICH MIGHT REASONABLY BE EXPECTED TO BE THE BASIS OF A CLAIM OR SUIT, ARISING OUT OF YOUR PERFORMANCE OR PROFESSIONAL SERVICES FOR OTHERS?

Yes No (If "Yes", Supplemental Claim Information Form must be completed for each claim or incident.)

4. HAS ANY INSURANCE CARRIER DENIED, CANCELED OR REFUSED TO RENEW YOUR LAWYERS' PROFESSIONAL LIABILITY COVERAGE (other than for loss of market)?

Yes No (If "Yes", please provide details.)

5. HAVE YOU EVER BEEN REFUSED ADMISSION TO PRACTICE, DISBARRED, SUSPENDED FROM PRACTICE, OR FORMALLY REPRIMANDED BY ANY COURT OR ADMINISTRATIVE AGENCY?

Yes No (If "Yes", please provide date and explanation of any such action.)

Warranty: It is warranted that the information contained herein is true and deemed incorporated into the Lawyer's Professional Liability Application. I/We hereby authorize the release of claim information from any prior insurer to Arch Insurance Company

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Producer Name _____ Signing this form and tendering premium does not bind the applicant or the company to complete the insurance. The application must be signed to be considered for coverage.

Signature of Owner, Officer or Partner of Firm	Date: (Mo-Day-Yr)	New Attorney Signature	Date: (Mo-Day-Yr)
------------------------------------------------	-------------------	------------------------	-------------------

Small Firm Risk Management Questionnaire

To be used for firms with 1-5 attorneys

Please provide additional details in support of a response to any question on a separate attachment.

1. Are departing lawyers' files reviewed by a partner or officer of the Firm? Yes No
2. Have you sued any client for fees in the past five years? (if yes, please explain) Yes No
3. Does your firm utilize an electronic docket control system? Yes No
4. Does your firm have an electronic conflict avoidance system? Yes No
5. Does your firm use engagement letters on all matters? Yes No
6. Does the Firm outline and reduce to writing its billing policy and procedures when agreeing to represent a new client? Yes No
7. Does your firm use non-engagement letters on matters not undertaken? Yes No
8. Does the Firm have a formal system to respond to complaints? Yes No
9. Does the firm have a procedure for evaluating prospective client's financial strength, management expertise, reputation, and history of changing lawyers? Yes No
10. Is information as to all new clients made available on at least a weekly basis to all lawyers of the Firm? Yes No
11. Does the Firm use scope of service letters when taking on new matters for existing clients? Yes No
12. Does the Firm have formal, written procedures regarding the maintenance of custodial accounts and escrow funds? Yes No
13. Do you participate in an office sharing agreement with attorneys not listed on your letterhead? Yes No

If you are a solo practitioner:

Do you have a back up attorney in the event of leave of absence? Yes No N/A

Are you currently listed as a back up for another firm on their application? Yes No N/A

Signature of Owner, Partner or Officer of Firm Date
Name of Firm