



**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)

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 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
01 LPL 00015 05 09 02

Date (month-day-year)

Small Firm Risk Management Questionnaire

To be used for firms with 1–10 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



ARCH
Insurance Group
A Division of the Arch Capital Group

ENTERTAINMENT AND INVESTMENT COUNSELING/ MONEY MANAGEMENT SUPPLEMENTAL APPLICATION

NAME OF FIRM _____
(Please Print)

1. Provide a brief description of the nature and scope of your representation.

2. List all entertainment and sports clients who are public figures
(Attach a supplemental sheet if necessary).

3. Does your firm have the authority to write or sign checks for any of your
entertainment, sports or investment clients?
If "YES", explain.

Yes No

4. Does any member of your firm:

a) Receive commissions, fees, reciprocity, or revenue for sale, promotion
or recommendation of investments or tax shelters?

Yes No

b) Organize, arrange or procure investments, real estate or tax shelters?

Yes No

c) Participate in the management of any investment partnership, limited
partnership or other investment venture?

Yes No

d) Make recommendations as to the sale or purchase of specific stocks,
bonds or other securities?

Yes No

If "Yes" to any of the above, please provide details below (nature of services, number of clients, types of investments, etc.)

5. Does your firm receive any compensation from lenders for arranging financing? Yes No
If "Yes", explain.

6. Does your firm negotiate or arrange financing other than normal contract Yes No
If "Yes", explain.

7. Does your firm or any related or controlled entity represent both a performer and any company with which the performer has an agreement, relationship or contract? Yes No

If "Yes", identify the performer and the nature and scope of the contract or relationship between the performer and the company by attachment.

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and subject to the same warranty and conditions.

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 false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Signature of Owner, Officer or Partner	Title	Date
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