



**LAWYERS PROFESSIONAL LIABILITY  
RENEWAL APPLICATION**



**NOTICE:** This is an application for a "claims-made and reported" policy. Coverage for prior acts and claims made after termination of this policy may be restricted. Please read the policy carefully.

Firm Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

1. Since your last application, has the firm's physical address or contact information changed, or has the firm opened or closed any additional locations? . . . . .  Yes  No  
**If yes, attach a detailed explanation and sample firm letterhead with your application.**

2. Since your last application, has the firm experienced a merger, acquisition or dissolution of any kind? . . . . .  Yes  No  
**If yes, complete the grid below, using a separate sheet if additional explanation is needed.**

NAME OF FIRM	DATE ESTABLISHED OR MERGED (MM/DD/YY)	CONFIRM THE FOLLOWING:		PERCENTAGE (%) OF ASSETS / LIABILITIES APPLICANT FIRM ASSUMED
		1. DISSOLVED	DATE DISSOLVED (MM/DD/YY)	
		2. NAME CHANGE		
		3. CONTINUE TO EXIST		

3. Since your last application, has your firm begun any new office sharing, staff sharing or case sharing relationships? . . . . .  Yes  No  
**If yes, provide the name of the entity, describe the relationship and confirm whether the entity is separately insured.**

\_\_\_\_\_

4. What was the firm's revenue for the last 12 months? \$ \_\_\_\_\_

5. How many non-lawyer office staff does the firm have? \_\_\_\_\_

6. Does the firm employ a full-time legal administrator or office manager? . . . . .  Yes  No

7. Since the last application, have any attorneys handled matters in states outside the firm's physical locations? . . . . .  Yes  No

a. If yes, how many attorneys? \_\_\_\_\_ In what states? \_\_\_\_\_

b. In what areas of practice? \_\_\_\_\_

c. Is each attorney licensed in every state in which they practice?  Yes  No

8. Since the last application, how many attorneys have joined the firm? \_\_\_\_\_ Departed from the firm? \_\_\_\_\_

9. List all lawyers in the firm, using a separate sheet if more space is needed:

	NAME	DESIGNATION*	OC/IC ANNUAL HOURS WORKED FOR APPLICANT FIRM	DATE OF HIRE (MM/DD/YY)	DATE ADMITTED TO BAR (MM/DD/YY)	CLE HOURS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

\*Designation: O – Officer, OC – Of Counsel, P – Partner, IC – Independent Contractor, S – Shareholder, R – Retired Partner, A – Associate

10. COMPLETE THIS GRID ONLY IF YOUR FIRM'S AREAS OF PRACTICE HAVE INCREASED OR DECREASED BY 15% OR MORE SINCE THE LAST APPLICATION, OR IF ANY AREAS OF PRACTICE ARE NEW TO THE FIRM SINCE THE LAST APPLICATION. IF THERE HAVE BEEN NO CHANGES, CHECK THIS BOX AND PROCEED TO QUESTION 12.:

Provide the percentage (in whole numbers) of gross billable hours for each area of practice in which the firm has engaged during the past 12 months. The combined total areas of practice must equal 100%. All litigation should be coded under its respective Area of Practice Section; for example, "Tax Litigation" should be coded under "Taxation". **Any percentage in an area of practice referenced by an asterisk (\*) indicates the appropriate supplement must be completed (available from your broker):**

_____ %	Administrative Law	_____ %	<b>Financial Institutions/Banking *</b>
_____ %	Admiralty Law	_____ %	Government Contracts and Claims
_____ %	Adoption Law	_____ %	Guardianship/Juvenile
_____ %	Antitrust/Trade Regulation	_____ %	Immigration and Naturalization
_____ %	Arbitration/Mediation	_____ %	Insurance Defense
_____ %	<b>Bankruptcy*</b>	_____ %	<b>I. P. Copyrights &amp; Trademarks*</b>
_____ %	Business Transactions & Contracts	_____ %	<b>I.P. Patents*</b>
_____ %	Civil Rights and Discrimination	_____ %	International Law
_____ %	<b>Class Actions/Mass Tort*</b>	_____ %	Local Government (not bonds)
_____ %	<b>Collection/Repossession – Commercial*</b>	_____ %	<b>Oil &amp; Gas*</b>
_____ %	<b>Collection/Repossession – Consumer*</b>	_____ %	Personal Injury – Defense
_____ %	Commercial Litigation – Defense	_____ %	<b>Personal Injury – Plaintiff*</b>
_____ %	<b>Commercial Litigation – Plaintiff*</b>	_____ %	<b>Real Estate – Commercial*</b>
_____ %	Construction/Building Contracts	_____ %	<b>Real Estate – Foreclosure*</b>
_____ %	Consumer Claims	_____ %	<b>Real Estate – Land Use &amp; Zoning *</b>
_____ %	Corporate & Business Formation	_____ %	<b>Real Estate – Residential*</b>
_____ %	Corporate Mergers and Acquisitions	_____ %	<b>Real Estate –Title*</b>
_____ %	Criminal	_____ %	<b>Securities or Bonds*</b>
_____ %	Divorce – w/ Assets < \$1M	_____ %	Social Security
_____ %	Divorce – w/ Assets \$1M - \$5M	_____ %	<b>Taxation*</b>
_____ %	Divorce – w/ Assets > \$5M	_____ %	<b>Wills, Trusts &amp; Estates &lt; \$1M*</b>
_____ %	<b>Employment Law – Employee /Union *</b>	_____ %	<b>Wills, Trusts &amp; Estates \$1M - \$5M*</b>
_____ %	Employment Law – Employer /Management	_____ %	<b>Wills, Trusts &amp; Estates &gt; \$5M*</b>
_____ %	<b>Entertainment *</b>	_____ %	Workers Compensation – Defense
_____ %	Environmental Law	_____ %	Workers Compensation – Plaintiff
_____ %	ERISA/Employee Benefits	_____ %	Other (Describe): _____
		_____ %	<b>TOTAL</b>

11. Percentage of the firm's overall practice that falls within the defense area: \_\_\_\_\_%
12. Do you have any clients that represent more than 25% of your annual revenue? . . . . .  YES  NO  
*If yes, provide details including name of client, services provided to client and % of revenue derived from client.*
13. Are all client invoices maintained current within 90 days? (If no, % over 90 days: \_\_\_\_\_) . . . . .  YES  NO  
*If over 35%, provide a separate explanation for the backlog and how the firm is bringing these accounts current.*
14. Since your last application, how many outstanding client bills has the firm sent to a collection agency in order to collect fees? \_\_\_\_\_
15. Since your last application, how many times has the firm sued clients in order to collect unpaid client fees? \_\_\_\_\_  
*If any fee suits, please complete table below using a separate sheet if more space is needed.*

	CLIENT NO. 1	CLIENT NO. 2	CLIENT NO. 3
<b>Name of Client</b>			
<b>Legal Services</b>			
<b>Date Suit Filed</b>			
<b>Amount of Dispute</b>			
<b>Has the SOL Run?</b>			
<b>Status</b>			
<b>Date Suit Closed</b>			

Outcome			
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16. Since your last application, has any attorney in the firm (regardless of what firm he or she was practicing with at the time):
- a. Represented any high profile clients? . . . . .  YES  No
  - b. Handled any class action or mass tort litigation? . . . . .  YES  No
  - c. Had any involvement with the issuance, offering or sale of securities or bonds? . . . . .  YES  No
  - d. Been on a board or loan committee, or acted as regulatory, advisory, or general counsel for a financial institution? . . . . .  YES  No
- If yes, provide an explanation and (if applicable) complete the Area of Practice Supplement.**

17. Since your last application, has any attorney in the firm assumed a **NEW** role as Director, Officer, Trustee, Partner or Employee or acquired an ownership interest or financial interest in any entity other than the Applicant firm? . . . . .  YES  No

**If yes, please complete the grid below, using a separate sheet of paper if more space is needed.**

Attorney's Name	Name of Organization	Nature of Clients Business	Profit or Non-Profit	% of Firm Billings	% of Equity Interest	Position(s) Held	Legal Services Provided	Directors & Officers protected by D&O Insurance?

18. If this is a solo attorney firm, do you have a backup attorney to handle matters in case of your absence? . . . . .  YES  No
19. Since your last application, has any attorney been the subject of a bar complaint, bar grievance, denied the right to practice, suspended from practice, disbarred, reprimanded, or had other disciplinary action by any court or administrative agency? . . . . .  YES  No  
**If yes, please provide details and all official bar correspondence on the matter.**
20. Since your last application, have there been any changes to the status (settlement, award, dismissal, etc.) of claims previously reported to carriers other than Aspen? . . . . .  YES  No  
**If yes, provide updated loss runs and a Claim Supplement for each matter.**
21. After inquiry, are there any claims (or potential claims) that have not yet been reported to the Company? . . . . .  YES  No  
**If any, please provide a Claim Supplement for each matter.**
22. Is any member of the firm aware of an act or omission (other than those you have mentioned in questions 19., 20. or 21.) that might reasonably be expected to be the basis of a claim against him or her, the firm, any predecessor firm, any current attorney or employee of the firm, or against any former attorney or employee while affiliated with the firm? . . . . .  YES  No  
**If yes, please provide a Claim Supplement for each matter.**

**Fraud Warning:** 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 subjects such person to criminal and civil penalties. **Arkansas, Louisiana, New Mexico, and West Virginia Fraud Warning:** 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. **Colorado Fraud Warning:** 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 benefits, and/or civil damages. In Colorado, 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 or regulatory agencies. **D.C. Fraud 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. **Florida Fraud Warning:** 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 of the third degree. **Maryland Fraud Warning:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Minnesota Fraud Warning:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime. **Ohio Fraud Warning:** Any person who, with the 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. **Oregon Fraud Warning:** Any person who knowingly and with 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 may be a crime. **Pennsylvania Fraud Warning:** 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 subjects such person to criminal and civil penalties. **Tennessee Fraud Warning:** 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. **Maine, Virginia and Washington Fraud Warning:** It is a crime to

knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and a denial of insurance benefits.

NOTICE TO APPLICANT – PLEASE READ CAREFULLY BEFORE SIGNING

**Please note that listing a claim or potential claim in an application does NOT constitute notice to the Company pursuant to the terms and conditions of the policy currently in effect and is not sufficient to invoke any coverage that might be available. For proper claim reporting instructions, please refer to your policy Section V. Conditions, Subsection A. Reporting of Claims and Potential Claims.**

THE APPLICANT AND FIRM ACCEPTS NOTICE THAT ANY POLICY ISSUED WILL APPLY ON A “CLAIMS-MADE AND REPORTED” BASIS. The undersigned is authorized by and acting on behalf of the Applicant and represents that all statements and particulars herein are true, complete and accurate and that there has been no suppression or misstatements of fact and agrees that this application shall be the basis of coverage.

THE APPLICANT AND FIRM ACCEPTS NOTICE THAT THEY ARE REQUIRED TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OF ANY CHANGES TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Owner, Partner, Principal, Officer, or Member  
of the Applicant Firm

\_\_\_\_\_  
Date

**PLEASE SUBMIT A SAMPLE OF THE APPLICANT’S LETTERHEAD WITH THIS APPLICATION. INCOMPLETE, UNSIGNED AND UNDATED APPLICATIONS WILL BE RETURNED FOR COMPLETION.**

BROKER NAME:	
AGENCY NAME:	
TAXPAYER ID NO.:	PRODUCER LICENSE NO. AND STATE:
PRODUCER'S ADDRESS (No., Street, City, State, and Zip):	