

## 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?										
2.		Since your last application, has the firm experienced a merger, acquisition or dissolution of any kind?									
	NAM	E OF FIRM	DATE ESTABLISHED OR MERGED (MM/DD/YY)	2. NA	FOLLOWING: SSOLVED ME CHANGE NTINUE TO EXIST	DATE DISSOLVED (MM/DD/YY)	PERCENTAGE ( ASSETS / LIABI APPLICANT FIR	LITIES			
3.			your firm begun any new office e entity, describe the relation					ES No			
4.	What	was the firm's revenue for	r the last 12 months? \$								
5.	How many non-lawyer office staff does the firm have?										
ŝ.	Does the firm employ a full-time legal administrator or office manager?										
7.	a. If	f yes, how many attorneys	any attorneys handled matters  ? In what states?  n every state in which they practice.		· ·		<del></del>	ES □ NO			
3.	Since	the last application, how r	many attorneys have joined the	e firm?	Depart	ed from the firm?					
9.	List al	I lawyers in the firm, using I	g a separate sheet if more spac	e is needed:	OC/IC ANNUAL		DATE				
		Name		DESIGNATION*	HOURS WORKED FOR APPLICANT FIRM	DATE OF HIRE (MM/DD/YY)	ADMITTED TO BAR (MM/DD/YY)	CLE Hours			
	1						,				
	2										
	3										
	4										
	5										
	6										
	7										
	8										
	9										
	10										

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

10.	0. COMPLETE THIS GRID <u>ONLY</u> IF YOUR FIRM'S AREAS OF PRACTICE HAVE INCREASED OR DECREAED 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.: □								
	months. The example, "Ta	combined total are x Litigation" should	e numbers) of gross billable hours for as of practice must equal 100%. A be coded under "Taxation". Any p be completed (available from you	Il litigation should ercentage in an	d be coded under its respe	as engaged during the past 12 ctive Area of Practice Section; for ced by an asterisk (*) indicates the			
	%	Administrative Lav	V	%	Financial Institutions/B	anking *			
	%	Admiralty Law		%	Government Contracts a	nd Claims			
	%	Adoption Law		%	Guardianship/Juvenile				
	%	Antitrust/Trade Re	gulation	%	Immigration and Naturali	zation			
	%	Arbitration/Mediat	on	%	Insurance Defense				
	%	Bankruptcy*		%	I. P. Copyrights & Trad	emarks*			
	%	Business Transac	tions & Contracts	%	I.P. Patents*				
	%	Civil Rights and D	scrimination	%	International Law				
	<pre> % Class Actions/Mass Tort* % Collection/Repossession – Commercial*</pre>		ass Tort*	%	Local Government (not bonds)				
			%	Oil & Gas*					
	% Collection/Repossession – Consumer*			%	Personal Injury – Defense				
	%	Commercial Litiga	tion – Defense	%	Personal Injury – Plaintiff*				
	%	Commercial Litig	ation – Plaintiff*	%	Real Estate – Commerc	cial*			
	%	Construction/Build	ing Contracts	%	Real Estate – Foreclosi	ıre*			
	% Consumer Claims			%	Real Estate – Land Use & Zoning *				
	%	Corporate & Busin	ess Formation	%	Real Estate – Residenti	al*			
	% Corporate Mergers and Acquisitions		s and Acquisitions	%	Real Estate –Title*				
	%	Criminal		%	Securities or Bonds*				
	%	Divorce - w/ Asse	ts < \$1M	%	Social Security				
	%	Divorce – w/ Asse	ts \$1M - \$5M	%	Taxation*				
	%	Divorce – w/ Asse	ts > \$5M	%	Wills, Trusts & Estates	< \$1M*			
	% Employment Law – Employee /Union *			%	Wills, Trusts & Estates \$1M - \$5M*				
	%	Employment Law	– Employer /Management	%	Wills, Trusts & Estates	> \$5M*			
	%	Entertainment *		%	Workers Compensation -	- Defense			
	%	Environmental Lav	V	%	Workers Compensation -	- Plaintiff			
	%	ERISA/Employee	Benefits	%	Other (Describe):				
				%	TOTAL				
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?								
13.	8. Are all client invoices maintained current within 90 days? (If no, % over 90 days:)								
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			
	Name of C								
	Date Suit F	iled							
	Amount of Has the SC								
	Status	/L IXUII :							
	Date Suit C	Closed							

	Outcome									
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?									
17.	17. Since your last application, has any attorney in the firm assumed a <u>NEW</u> 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	
	Attorney's Name	Name of Organization	Nature of Clients Business	Profit or Non- Profit	% of Firm Billings	% of Equity Interest	Position(s) Held		al Services rovided	Directors & Officers protected by D&O Insurance?
	i. If this is a solo attorney firm, do you have a backup attorney to handle matters in case of your absence?									
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?									
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?									
21.	After inquiry, are there any claims (or potential claims) that have not yet been reported to the Company?									
22.	2. 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?									

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.

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	Y ISSUED WILL APPLY ON A "CLAIMS-MADE AND REPORTED" BASIS. T represents that all statements and particulars herein are true, complete and fact and agrees that this application shall be the basis of coverage.
	REQUIRED TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OF WEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE
Print Name	Title
Signature of Owner, Partner, Principal, Officer, or Member of the Applicant Firm	Date
	S LETTERHEAD WITH THIS APPLICATION. INCOMPLETE, IONS 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):	