



## Lawyers Professional Liability Insurance Renewal Application

**1. Applicant Information** – Please include a copy of firm letterhead.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 \_\_\_\_\_ Website: \_\_\_\_\_  
 \_\_\_\_\_ E-mail: \_\_\_\_\_  
 City State Zip  
 Limit of Liability Requested: \_\_\_\_\_ Deductible: \_\_\_\_\_

- A. Has the Applicant merged with or acquired another law firm since last year's application?  Yes  No  
 If "Yes," please attach a narrative describing the details.
- B. Has Applicant opened or closed any branch offices since last year's application?  Yes  No  
 If "Yes," please attach a narrative describing the details.
- C. Does any firm attorney serve as a director, officer, trustee (other than estate trusts), partner or employee of any client?  Yes  No  
 If "Yes," please complete the **Outside Interests Supplemental Application**.
- D. Does any firm member exercise fiduciary control or possess any ownership interest in any client or any business venture with a client?  Yes  No  
 If "Yes," please complete the **Outside Interests Supplemental Application**.
- E. How many suits for collection of your legal fees were filed in the past year? \_\_\_\_\_
- F. Have any new lawyers joined the firm in the past year?  Yes  No  
 If "Yes," please complete the **New Lawyer Supplemental Application**.

**2. Personnel** – List all partners/members, employed lawyers and Of Counsel:

NAME	DESIGNATION CODES*	STATE(S) ADMITTED TO PRACTICE	YEAR FIRST ADMITTED TO BAR	YR. LAWYER JOINED APPLICANT FIRM
1.				
2.				
3.				
4.				
5.				
6.				
7.				

P-Partner/Member

E-Employed lawyer

C-Of Counsel (include hours per year)

\_\_\_\_\_ Current total number of non-lawyer employees.  
 Attach separate sheet if necessary.



**3. Area of Practice**

NO CHANGE

Administrative Law	___%	Litigation:	___%
Admiralty/Marine	___%	Bodily Injury/Defense	___%
Antitrust Trade Regulation	___%	Insurance Defense	___%
Arbitration/Mediation	___%	Plaintiff*	___%
Bankruptcy	___%	Workers' Comp Defense	___%
Collection/Repossession	___%	Other - Describe	___%
Copyright/Patent/TM*	___%	Public Utilities	___%
Corporate Formation/Alteration	___%	Real Estate:	___%
Corporate General	___%	Commercial	___%
Criminal	___%	Residential	___%
Discrimination/Harassment	___%	Syndication/Development	___%
Domestic Relations	___%	Title Work	___%
Entertainment*	___%	Securities:	___%
Environmental	___%	Bonds*	___%
ERISA/Employee Benefits	___%	Federal*	___%
Estate Planning/Probate/Trusts/Wills	___%	Private Placement*	___%
Financial Institutions*	___%	State*	___%
Immigration	___%	Social Security Disability	___%
International Law	___%	Tax Preparation	___%
Investment Counseling	___%	Tax Opinions	___%
Labor Relations	___%	OTHER (Describe if over 5%)	___%
		TOTAL (Must equal 100%)	100%

\*Please complete **Supplemental Applications**

**4. Claims, Incidents & Disciplinary Actions**

After inquiry, have any of the following occurred during your expiring policy:

- A. Disciplinary actions against any lawyer? Ever been disbarred or been the subject of reprimand, censure, sanction or other disciplinary action, or been refused admission to the Bar?  Yes  No  
If "Yes," please explain by attachment.
- B. Claims?  Yes  No
- C. Incidents or circumstances that could result in a claim?  Yes  No
- D. Changes in the status, amounts reserved and/or amounts paid for claims, incidents or circumstances that were open as of the inception date of the expiring policy?  Yes  No

If "Yes," to B. C. or D., please complete a **Claims Supplemental Application** for each instance.



**5. Signature and Agreements**

Please read carefully and sign below where indicated.

The undersigned proprietor, partner, member or officer, acting on behalf of the Applicant and all others to be insured, hereby,

- (A) declares after diligent inquiry that the above statements and particulars are true and that no material facts have been suppressed or misstated;
- (B) acknowledges that it is understood and agreed that (1) the completion of this application does not bind Liberty Surplus Insurance Corporation ("LSI") to issue nor the Applicant to purchase the insurance; (2) however, this application will be the basis of the contract if a policy is issued; and (3) all written statements and material furnished to LSI in conjunction with this application are hereby incorporated by reference into this application and made part hereof; and
- (C) acknowledges that, in the event LSI issues a policy, (1) LSI in providing coverage will have relied upon, as representations, the declarations and statements which are contained in or attached to or incorporated into the policy; and (2) in the event of a claim for which coverage would otherwise be available under this policy, the Applicant will be required to be defended by lawyers appointed by LSI and if the Insured elects to handle any claim without such lawyers or otherwise without LSI's involvement, then no coverage for such claim will be afforded the Applicant under the policy.

**NOTICE :** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

**Sign & Date in ink.**

Signed by: \_\_\_\_\_

Title: \_\_\_\_\_

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

Date: \_\_\_\_\_

# Executive Perils

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