

# Carolina Casualty Insurance Company

4600 Touchton Road East, Building 100, Suite 400, Jacksonville, FL 32246

## Renewal Proposal Form

### Lawyers' Professional Liability Insurance

#### CLAIMS MADE WARNING FOR APPLICATION

**THIS PROPOSAL FORM IS FOR A CLAIMS MADE AND REPORTED POLICY, RELATING TO CLAIMS MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD, THE AUTOMATIC EXTENDED REPORTING PERIOD OR THE PURCHASED EXTENDED REPORTING PERIOD, IF APPLICABLE.**

Whenever printed in this Proposal Form, the terms in boldface type shall have the same meanings as indicated in the Policy. This Proposal Form is to be completed with respect to the entire Applicant Firm.

Name of Applicant Firm \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

The person designated as agent of the Applicant Firm and of all **Insureds** to receive any and all notices from the **Insurer** or their authorized representatives concerning this insurance:

Name \_\_\_\_\_

Title \_\_\_\_\_

E-mail Address \_\_\_\_\_

### General Information

1. Indicate the total number of personnel by location.

	Principal Office	Branch Office (a)	Branch Office (b)	Branch Office (c)
Total number of lawyers				
Paralegals or law clerks				
Other clerical/support staff				

Complete the Individual Insured Supplemental Form (LPL 29600).

2. In the past 12 months, has any lawyer in the Applicant Firm accepted a position as director, officer, trustee or partner of, or exercised any fiduciary control over, any organization other than the Applicant Firm?

Yes  No

If "Yes", complete the following.

Name of Lawyer	Name of Organization	Is Organization For Profit or Non—Profit?	Is the Organization a Firm Client?	Position Held by Lawyer	Percentage of Equity Held	Percentage of Total Firm Billings
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			

3. Indicate the Applicant Firm's gross income from the practice of law for the current fiscal year.

\$ \_\_\_\_\_

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## Nature of Practice

4. In the past year has there been any change in the Applicant Firm's area of practice?  Yes  No

If "Yes", indicate the percentage of gross income for the past fiscal year derived from the following areas of practice:

<u>Area of Practice</u>	<u>%</u>	<u>Area of Practice</u>	<u>%</u>
Administrative Law - General	_____ %	Insurance Coverage	_____ %
Carolina Casualty/Maritime	_____ %	Insurance Defense Litigation	_____ %
Antitrust/Trade Regulation	_____ %	International Law	_____ %
Arbitration/Mediation	_____ %	Labor Relations - Labor	_____ %
Bankruptcy	_____ %	Labor Relations - Management	_____ %
Banks/Savings and Loans	_____ %	Litigation (Civil)	_____ %
Civil Rights and Discrimination	_____ %	Local Government Law – without bonds	_____ %
Collection/Repossession	_____ %	Mergers and Acquisitions	_____ %
Commercial Law	_____ %	Oil and Gas	_____ %
Commercial Litigation – Defense	_____ %	Pension and Employee Benefits	_____ %
Commercial Litigation - Plaintiff	_____ %	Personal Injury and Negligence Litigation - Defense	_____ %
Communications (FCC)	_____ %	Personal Injury and Negligence Litigation - Plaintiff	_____ %
Construction Law	_____ %	Public Contract Law	_____ %
Copyright/Patent/Trademark	_____ %	Public Utilities	_____ %
Corporate Organization/Formation	_____ %	Real Property - Conveyance	_____ %
Criminal Law	_____ %	Real Property - Development	_____ %
Entertainment/Sports – with Money Management	_____ %	Real Property - Title Examination	_____ %
Entertainment/Sports – without Money Management	_____ %	Securities Law – including municipal bonds	_____ %
Environmental Law	_____ %	Taxation - Opinions	_____ %
Estate, Trust and Probate	_____ %	Taxation - Preparation	_____ %
Family Law	_____ %	Workers' Compensation Litigation - Plaintiff	_____ %
General Corporate/Business	_____ %	Workers' Compensation Litigation - Defense	_____ %
Healthcare	_____ %	Other (list):	_____ %
Immigration and Naturalization	_____ %		_____ %
		<b>TOTAL</b>	<b>100%</b>

5. Indicate the percentage of the Applicant Firm's plaintiff cases that are class actions suits. \_\_\_\_\_ %

## General Policy and Procedures

6. Since the completion of the last application, have there been any changes to the Applicant Firm's docket or conflict of interest systems or any other office procedures?  Yes  No

If "Yes", provide complete details on a separate sheet.

7. How many lawyers of the Applicant Firm have participated in formal continuing legal educational programs of at least 7 hours during the last year? \_\_\_\_\_

8. How many suits for collection of fees have been filed by the Applicant Firm during the past year? \_\_\_\_\_

9. Does the Applicant Firm share office space, expenses, cases, or letterhead with any other individual, of counsel, partnership, firm, or organization? If "Yes", provide, on separate attachment, the name of the entity(ies).  Yes  No

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## Litigation and Claim Information

10. Has any lawyer in the Applicant Firm ever been refused admission to practice, disbarred, or suspended from practice, reprimanded, sanctioned, or disciplined by any court or administrative agency?  Yes  No

If "Yes", provide full details.

11. During the last 12 months:

(a) has any professional liability claim or suit been made against the Applicant Firm, or any predecessor in business, or any past or present lawyers in the Applicant Firm?  Yes  No

(b) has there been any change in the status of claims reported to other companies?  Yes  No

If "Yes" to either (a) or (b) above, provide full details on the Claim / Incident Supplemental Form (LPL 29610).

## Please Read Carefully

The undersigned acting on behalf of the Applicant Firm and all persons proposed for this insurance declares that the statements set forth herein are true and correct and that thorough efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Proposal Form.

The undersigned agrees that the particulars and statements contained in the Proposal Form and any material submitted herewith are their representations and that they are material and are the basis of the insurance contract. The undersigned further agree that the Proposal Form shall be considered attached to and a part of the Policy. Any material submitted with the Proposal Form shall be maintained on file with the **Insurer** and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

- if any significant change in the condition of the applicant is discovered between the date of this Proposal Form and the Policy inception date, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the **Insurer** immediately;
- the information contained in this Proposal Form shall not be used by the Applicant Firm and/or any **Insureds** as notice of **Claims** as provided for in section VII. of the Policy, nor will the **Insurer** recognize and/or accept the information contained herein as notice of **Claims** as provided for in section VII. of the Policy;
- any Policy, if issued, will be in reliance upon the truth of such representations;
- this Proposal Form has been completed as respects the entire Applicant Firm;
- and the signing of this Proposal Form does not bind the undersigned to purchase the insurance.

	Title:
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Signature of Partner, Owner, Officer or Principal

	Dated:
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Print Name

This Carolina Casualty Insurance Company Proposal Form, including any material submitted herewith, shall be held in strictest confidence.

**A POLICY CANNOT BE ISSUED UNLESS THE PROPOSAL FORM IS PROPERLY SIGNED AND DATED.**

Please submit this Proposal Form including appropriate documentation to:

Monitor Liability Managers, LLC, 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008-4039

	Dated:
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Submitted by (PRODUCER)

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AGENT'S NAME (Please Print Name Here)

AGENT'S LICENSE NUMBER

## **Carolina Casualty Insurance Company**

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**NOTICE TO COLORADO APPLICANTS:** 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, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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 OF REGULATORY AGENCIES.

**NOTICE TO NEW MEXICO, PENNSYLVANIA APPLICANTS:** 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.

**NOTICE TO APPLICANTS OF KENTUCKY:** 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 IS A CRIME.

**NOTICE TO APPLICANTS OF MINNESOTA, NEW JERSEY, OHIO, AND OKLAHOMA:** ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO MAINE, MASSACHUSETTS, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS:** 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.

**NOTICE TO APPLICANTS OF FLORIDA:** 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.

**NOTICE TO ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, AND RHODE ISLAND APPLICANTS:** 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.

**NOTICE TO NEW YORK APPLICANTS:** 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 SUCH VIOLATION.