

# NAVIGATORS INSURANCE COMPANY

## RENEWAL APPLICATION FOR LAWYERS' PROFESSIONAL LIABILITY INSURANCE

**THIS APPLICATION IS FOR A CLAIMS MADE AND REPORTED POLICY (must complete in ink)**

1. Name of Applicant (type or print) \_\_\_\_\_ Name of Designated Contact \_\_\_\_\_ E-Mail Address/Web-Site \_\_\_\_\_

Business Address (Must Include Street Address) **List secondary locations on SUPPLEMENT #1, Item A**

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

2. Type of Business: **CHECK IF NO CHANGE SINCE LAST APPLICATION**

Partnership  Professional Association  Professional Corporation

Other \_\_\_\_\_

3. Coverage Requested: **CHECK IF NO CHANGE SINCE LAST APPLICATION**

A. Effective Date: \_\_\_\_\_

A. Limits:

\$500K/\$500K  \$1M/\$1M  \$3M/\$3M  \$5M/\$5M  
 \$500K/\$1M  \$2M/\$2M  \$4M/\$4M  OTHER: \_\_\_\_\_

B. Deductible:

\$15,000  \$50,000  \$100,000  
 \$25,000  \$75,000  OTHER: \_\_\_\_\_

4. Insured Section: **CHECK IF NO CHANGE SINCE LAST APPLICATION**

A. Are there any Predecessor Firms of the Applicant? (**Predecessor Firm** means a partnership or professional corporation which has been dissolved provided that at least 50% of the lawyers in the dissolved partnership or professional corporation become partners of, shareholders in, or employees of the applicant). Yes  No   
 If "yes", please list them on **SUPPLEMENT #1, Item B**.

B. List the names of all lawyers that work on behalf of the firm.

Name	Year Joined Firm	State/Year of Admission to Bar	Designation*	CLE in Last 12 Mos. Y/N	Average Hours Worked Per Week

\*"O" Owner/Officer/Director/Shareholder  
 "OC" Of Counsel lawyer of Applicant

"P" Partner of a Partnership  
 "RP" Retired Partner of Applicant

"E" Employed Lawyer of Applicant  
 "S" Sole Proprietor

C. Number of other employees: \_\_\_\_\_ law clerks/paralegals \_\_\_\_\_ secretarial/clerical/support

5. **Practice Information:**

6. **Gross Income:**

Last Fiscal Year: \_\_\_\_\_ This Fiscal Year: \_\_\_\_\_ Projected Next Year: \_\_\_\_\_

B. **Areas of Practice: AREAS MUST TOTAL 100%**

<p><b>I.</b></p> <p>____ % Administrative</p> <p>____ % Bankruptcy</p> <p>____ % Commercial &amp; Corporate General Litigation - Defense</p> <p>____ % Corporate Formation/Alteration *</p> <p>____ % Criminal</p> <p>____ % ERISA or Employee Benefits</p> <p>____ % Family Law - <b>excluding Divorce</b></p> <p>____ % Immigration</p> <p>____ % Labor Management Representation</p> <p>____ % Mediation/Arbitration</p> <p>____ % Personal or Bodily Injury - Defense</p> <p>____ % Taxation - Individual</p> <p>____ % Worker's Compensation - Defense</p> <p>____ % Other Defense Work _____</p> <p>____ % <b>Subtotal (I)</b></p> <p><b>II.</b></p> <p>____ % Admiralty/Maritime</p> <p>____ % Banking or Financial Institutions Services – <b>other than loan documentation</b></p> <p>____ % Commercial &amp; Corporate General Litigation - Plaintiff</p> <p>____ % Environmental</p> <p>____ % Family Law – <b>Divorce</b></p> <p>____ % Labor Union Representation/Employee Relations</p> <p>____ % Personal or Bodily Injury – Plaintiff</p> <p>____ % Real Estate – Commercial</p> <p>____ % Real Estate – Residential</p>	<p>____ % Real Estate - Title**</p> <p>____ % Taxation - Commercial</p> <p>____ % Wills/Estate/Probate/Trust</p> <p>____ % Worker's Compensation - Plaintiff</p> <p>____ % Medical Malpractice</p> <p>____ % Other Plaintiff Work _____</p> <p>____ % <b>Subtotal (II)</b></p> <p><b>III.</b></p> <p>____ % Banking, or Financial Institutions Services – <b>loan documentation, Bonds, Commercial Paper*</b></p> <p>____ % Collections</p> <p>____ % Securities, both exempt and non-exempt*</p> <p>____ % Entertainment, Sports or Celebrity</p> <p>____ % Investment Counseling/Money Management*</p> <p>____ % Mergers/Acquisitions *</p> <p>____ % Oil, Gas or Mining</p> <p>____ % Patent, Copyright or Trademark</p> <p>____ % Real Estate Syndication/Limited Partnerships*</p> <p>____ % Civil Rights - Plaintiff</p> <p>____ % Class Action - Defense</p> <p>____ % Class Action – Plaintiff</p> <p><b>IV.</b></p> <p>____ % Other (please describe below)</p> <p>_____</p> <p>_____</p> <p><b>100% GRAND TOTAL</b></p>
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\* Complete Supplement #4

\*\* Complete Supplement #5

C. At any time, has the firm or an attorney of the firm (regardless of what firm they were practicing with at the time) provided professional services in any way related to a security or to securities transactions (whether or not consummated) which are or may be subject to the Securities Act of 1933 or the Securities Exchange Act of 1934, or any amendments thereof, or any state blue sky or securities law, or any law related to any purchase, sale or offer to purchase or sell a security, or any rule or regulations issued pursuant to any of the foregoing?  
 If "yes", complete SUPPLEMENT #4. Yes  No

7. **Outside Interests: CHECK IF NO CHANGE SINCE LAST APPLICATION**

- A. Has the applicant had any one account or group of related accounts that has produced more than 30% of the total income of the applicant over the past three years? If "yes", complete SUPPLEMENT #1, Item C. Yes  No
- B. Does any firm member serve as a director, officer, trustee, partner or employee and/or possess any ownership interest in any client of the applicant firm? If "yes", complete SUPPLEMENT #3. Yes  No
- C. Does any firm member exercise fiduciary control in any client or in any joint venture with a client? If "yes", complete SUPPLEMENT #3. Yes  No

7. **Firm Management and Administration: CHECK IF NO CHANGE SINCE LAST APPLICATION**

- A. Docketing: Does your firm use a (check all that apply):  Computer  Tickler System  Perpetual Calendar  Pocket Diary/Daytimer  Other: \_\_\_\_\_
- A. Is the system maintained by at least 2 people? (This may include one person who has day-to-day responsibility for maintaining the docket and a second person who knows how to maintain and oversees or supervises the docket.)  
 Yes  No
- C. How often are they cross checked?  Daily  Weekly  Bi-weekly  Monthly

Other \_\_\_\_\_

- D. If a sole practitioner, do you have a back-up attorney? Yes  No  Name: \_\_\_\_\_
- E. If a sole practitioner and no support staff, can back-up attorney operate and maintain your docket? Yes  No
- F. Indicate which of the following you use:  
Engagement letters on all new matters to the firm? Yes  No   
Written fee agreements? Yes  No   
Declination letters? Yes  No
- G. Does your firm maintain a conflict of interest system? Yes  No   
If "yes", please indicate what type of system is used.  Single Index Files  Multiple Index Files  
 Computer  Oral/Memory  Other (explain) \_\_\_\_\_
- H. What percentage of your firm's billings is past ninety (90) days overdue? \_\_\_\_\_ %
- I. During the past year, how many times has the firm sued any of its clients for the collection of fees. # \_\_\_\_\_
- J. Do you advertise your professional services other than a White Pages phone book listing? If "yes", please attach all advertising material (including web-site pages). Yes  No

**8. Experience – After Inquiry of Each Lawyer Included in Section 4**

**ALL QUESTIONS IN THIS SECTION MUST BE ANSWERED**

- A. In the last five years, has any lawyer included in Question 4B ever had any insurance company decline, cancel, or refuse to renew any professional liability insurance? If "yes", complete **SUPPLEMENT #1**, Item D1. Yes  No
- B. Has any lawyer included in Question 4B ever been the subject of a reprimand, complaint, disciplinary action, revocation, suspension or refused admissions to the Bar, by any bar association court or administrative agency, etc.? If yes, please provide dates and details on the **SUPPLEMENT #1**, Item D2. Yes  No
- C. In the last year, does any lawyer included in Question 4B know of an act, error or omission that may reasonably be expected to be the basis of a claim against them, the firm, any prior or predecessor firm, or against any current or former attorney of the firm, while affiliated with the firm? If "yes", complete **SUPPLEMENT #2** for each circumstance/incident. Yes  No

**IT IS UNDERSTOOD AND AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM ARISING THEREFROM IS EXCLUDED FROM THIS PROPOSED INSURANCE.**

- D. In the last year, has any professional liability claim or suit ever been made against any lawyer included in Question 4B or against the applicant law firm, any prior firm, or any lawyer while practicing at the applicant law firm or prior firm, whether or not the lawyer is still employed. Furthermore, has any incident or circumstance (open or closed) been reported to any malpractice carrier or not, in the last year? If "yes", complete **SUPPLEMENT #2** for each claim, circumstance or incident. Yes  No

**IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE.**

**COVERAGE DOES NOT APPLY TO KNOWN OR EXPECTED CLAIMS OR THOSE WHICH THE APPLICANT SHOULD HAVE FORESEEN.**



**Applicant:**

**SUPPLEMENT 1**

**ADDITIONAL INFORMATION SUPPLEMENTAL APPLICATION**

Use this addendum to capture the detailed information requested in the application for lawyers professional liability coverage (attach a separate sheet if necessary).

**A. Other Office Location(s):** List the other office location(s), number of attorneys at each location and purpose of each additional location:

Location	Number of Attorneys	Purpose

**B. Predecessor Firm(s):**

Name of Firm	No. of Lawyers in Prior Firm	Date Formed MM/DD/YY	Date of Merger or Dissolution	% Of Assets and Liabilities Assumed	No. of Principals/ Employed Lawyers From Prior Firm

**C. Clients Producing More than 30% of Applicant's Income:**

Name of Client	% of Billings	Industry

**D. Experience**

**1. Insurance Declination/Cancellation/NonRenewal:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Reprimand/Disciplinary/Suspension/Disbarment/Revocation:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known.

\_\_\_\_\_  
Signature of Owner, Officer or Partner of the Firm

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# Applicant:

## SUPPLEMENT 2

### CLAIM SUPPLEMENTAL APPLICATION

#### Applicant's Instructions:

1. This form is to be completed by Applicant who has been involved in any claim or suit during the past five years. **COMPLETE ONE FORM FOR EACH CLAIM.**
2. If space is insufficient to answer any questions fully, use reverse side of this page or attach separate sheet.
3. **Leave no answer blank.**

Please type or print.

1. Full Name of Applicant: \_\_\_\_\_
2. Full Name of individual(s) of firm involved in the claim:  
\_\_\_\_\_
3. Full Name of Claimant: \_\_\_\_\_
4. Date of Alleged Error: \_\_\_\_\_ 5. Date of Claim: \_\_\_\_\_
6. Additional Defendants:  
\_\_\_\_\_
7. Present Status of Claims: \_\_\_\_\_ Open \_\_\_\_\_ In Suit \_\_\_\_\_ Closed
8. Total Loss Paid: \$ \_\_\_\_\_ Name of Insurer: \_\_\_\_\_  
Court Judgment: \_\_\_\_\_ Out of Court Settlement: \_\_\_\_\_
9. If pending: Amount asked in summons: \$ \_\_\_\_\_  
Claimant's settlement demand: \$ \_\_\_\_\_  
Defendant's offer for settlement: \$ \_\_\_\_\_  
Insurer's loss reserve: \$ \_\_\_\_\_  
Name of insurer: \_\_\_\_\_
10. Description of claim - including likelihood of liability if pending: (Please provide enough information to allow an evaluation and use reverse side if additional space is required.)
  - A. Allegation upon which Claimant bases claim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Description of case and events:

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I understand information submitted becomes a part of my Professional Liability Application and is subject to the same representations and conditions.

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Signature of Owner, Officer or Partner of the Firm

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Title

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Date

**Applicant:**

**SUPPLEMENT 3**

**DIRECTORS & OFFICERS/OUTSIDE INTERESTS SUPPLEMENTAL APPLICATION**

Name of Lawyer	Position Held	Name of Business	Nature of Business	% Equity Interest
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or should be known.

\_\_\_\_\_  
Signature of Owner, Officer or Partner of the Firm                      Title                      Date



Applicant:

**SUPPLEMENT 4**

SECURITIES, SYNDICATION/DEVELOPMENT, CORPORATE  
FORMATION/ALTERATION AND MERGERS/ACQUISITIONS  
**SUPPLEMENTAL APPLICATION**

1. List the names of all lawyers engaged in securities and/or related practice:

Name	Years in this Specialty	Former SEC Staff Member	
		Yes	No

2. Gross income derived from securities and/or securities related practice:  
Last twelve months \$ \_\_\_\_\_ Anticipated next twelve months \$ \_\_\_\_\_  
Does the applicant accept securities in lieu of fees as payment of services rendered involving securities related transactions? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. List all securities offerings, private placements, limited partnerships, syndications and bonds handled in the past three years:

Year	Client	Industry	Size of Offering	Primary (P) or Secondary (S)	Taken Up or Not	Type of Transaction

4. Other than primary and secondary offerings, describe in detail any other work involving securities practice: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Describe in detail what steps are taken to satisfy the "due diligence" requirements under Section 11 of the Securities Act of 1933 by attachment.

6. Does the applicant provide investment counselor services or render tax opinions in connection with the transactions handled? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, provide details:

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7. Please list all syndication/development transactions the firm has handled in the last five years.

Client	Type of Business	Type of Syndication/Development	Dollar Amount	% Equity Interest		D&O Insurance Y or N
				Indiv.	Firm	

8. Does any service described above involve rendering of advice on securities?  Yes  No

9. Does the Firm's syndication/development activities include the rendering of Taxation advice?  
 Yes  No If yes, please explain.

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10. Corporate Formation/Alteration (describe):

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11. Mergers/Acquisitions (describe):

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\_\_\_\_\_  
 Signature of Owner, Officer or Partner of the Firm                      Title                      Date

# Applicant:

## SUPPLEMENT 5

### OPTIONAL TITLE INSURANCE AGENTS/AGENCY SUPPLEMENTAL APPLICATION

THIS SUPPLEMENT MUST BE COMPLETED BY APPLICANTS THAT ARE TITLE AGENTS AND/OR OWN A TITLE AGENCY.

1. Name of the Title Firm: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Does the applicant own this firm?  Yes  No

2. List the names of the persons acting as Title Insurance Agents:  
\_\_\_\_\_  
\_\_\_\_\_

3. Provide the total number of title policies, for all persons, issued in the past 12 months? \_\_\_\_\_

4. Gross Income:

	Last 12 Months	Estimate for Next 12 Months
Title Insurance Commissions	\$ _____	\$ _____
Abstracting/Search Fees	\$ _____	\$ _____
Escrow Fees	\$ _____	\$ _____
Closing Fees	\$ _____	\$ _____
Other(describe)	\$ _____	\$ _____

5. In the last 5 years, has any claims or suits been made during the past 5 years against any applicants, their predecessor firm or any of the present agents, or to the knowledge of the agency, against any past agent?  Yes  No

6. Is any applicant aware of any circumstances that may result in any claim being made against the applicant, their predecessor firm or any of the present or past agents?  Yes  No

**Please complete Supplement 2 if answer is yes to question**

7. Has any similar insurance for any applicant, present agents, associates or predecessor firm ever been declined or canceled?  Yes  No If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or should be known.

\_\_\_\_\_  
Signature of Owner, Officer or Partner of the Firm

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date