



New York Marine & General Insurance Company  
 Gotham Insurance Company  
 Southwest Marine & General Insurance Company  
**APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE**

**About the Firm**

1. The precise name of the applicant firm to be insured, as reflected on the firm's letterhead

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

Attach a sample of the firm's letterhead to this application. Inconsistencies between it and the application, including attorney's name, address, and other offices, etc. should be explained on a separate sheet of paper.

2. Street Address 1: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_ Web address: \_\_\_\_\_

3. Total number of attorneys:

List all of the firm's attorneys. Differences between the date attorney began practicing law for other than a corporate or government entity and the date the attorney was admitted to the Bar must be explained on a separate sheet of paper following the same format.

Attorney 1. First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Attorney Last Name: \_\_\_\_\_

Attorney Designation: \_\_\_\_\_ Partner Designation: \_\_\_\_\_

Number of years In this practice: \_\_\_\_\_ With this firm: \_\_\_\_\_ Continuous Malpractice Coverage: \_\_\_\_\_

Prior Acts Date: \_\_\_\_\_ CLE Credits/Seminar Date: \_\_\_\_\_ Law School Name: \_\_\_\_\_

Attorney 2. First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Attorney Last Name: \_\_\_\_\_

Attorney Designation: \_\_\_\_\_ Partner Designation: \_\_\_\_\_

Number of years In this practice: \_\_\_\_\_ With this firm: \_\_\_\_\_ Continuous Malpractice Coverage: \_\_\_\_\_

Prior Acts Date: \_\_\_\_\_ CLE Credits/Seminar Date: \_\_\_\_\_ Law School Name: \_\_\_\_\_

Attorney 3. First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Attorney Last Name: \_\_\_\_\_

Attorney Designation: \_\_\_\_\_ Partner Designation: \_\_\_\_\_

Number of years In this practice: \_\_\_\_\_ With this firm: \_\_\_\_\_ Continuous Malpractice Coverage: \_\_\_\_\_

Prior Acts Date: \_\_\_\_\_ CLE Credits/Seminar Date: \_\_\_\_\_ Law School Name: \_\_\_\_\_

Attorney list, cont.

Attorney 4. First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Attorney Last Name: \_\_\_\_\_

Attorney Designation: \_\_\_\_\_ Partner Designation: \_\_\_\_\_

Number of years In this practice: \_\_\_\_\_ With this firm: \_\_\_\_\_ Continuous Malpractice Coverage: \_\_\_\_\_

Prior Acts Date: \_\_\_\_\_ CLE Credits/Seminar Date: \_\_\_\_\_ Law School Name: \_\_\_\_\_

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Attorney 5. First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Attorney Last Name: \_\_\_\_\_

Attorney Designation: \_\_\_\_\_ Partner Designation: \_\_\_\_\_

Number of years In this practice: \_\_\_\_\_ With this firm: \_\_\_\_\_ Continuous Malpractice Coverage: \_\_\_\_\_

Prior Acts Date: \_\_\_\_\_ CLE Credits/Seminar Date: \_\_\_\_\_ Law School Name: \_\_\_\_\_

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Attorney 6. First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Attorney Last Name: \_\_\_\_\_

Attorney Designation: \_\_\_\_\_ Partner Designation: \_\_\_\_\_

Number of years In this practice: \_\_\_\_\_ With this firm: \_\_\_\_\_ Continuous Malpractice Coverage: \_\_\_\_\_

Prior Acts Date: \_\_\_\_\_ CLE Credits/Seminar Date: \_\_\_\_\_ Law School Name: \_\_\_\_\_

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Attorney 7. First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Attorney Last Name: \_\_\_\_\_

Attorney Designation: \_\_\_\_\_ Partner Designation: \_\_\_\_\_

Number of years In this practice: \_\_\_\_\_ With this firm: \_\_\_\_\_ Continuous Malpractice Coverage: \_\_\_\_\_

Prior Acts Date: \_\_\_\_\_ CLE Credits/Seminar Date: \_\_\_\_\_ Law School Name: \_\_\_\_\_

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Attorney 8. First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Attorney Last Name: \_\_\_\_\_

Attorney Designation: \_\_\_\_\_ Partner Designation: \_\_\_\_\_

Number of years In this practice: \_\_\_\_\_ With this firm: \_\_\_\_\_ Continuous Malpractice Coverage: \_\_\_\_\_

Prior Acts Date: \_\_\_\_\_ CLE Credits/Seminar Date: \_\_\_\_\_ Law School Name: \_\_\_\_\_

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Attorney 9. First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Attorney Last Name: \_\_\_\_\_

Attorney Designation: \_\_\_\_\_ Partner Designation: \_\_\_\_\_

Number of years In this practice: \_\_\_\_\_ With this firm: \_\_\_\_\_ Continuous Malpractice Coverage: \_\_\_\_\_

Prior Acts Date: \_\_\_\_\_ CLE Credits/Seminar Date: \_\_\_\_\_ Law School Name: \_\_\_\_\_

Attorney list, cont.

Attorney 10. First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Attorney Last Name: \_\_\_\_\_  
Attorney Designation: \_\_\_\_\_ Partner Designation: \_\_\_\_\_  
Number of years In this practice: \_\_\_\_\_ With this firm: \_\_\_\_\_ Continuous Malpractice Coverage: \_\_\_\_\_  
Prior Acts Date: \_\_\_\_\_ CLE Credits/Seminar Date: \_\_\_\_\_ Law School Name: \_\_\_\_\_

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Attorney 11. First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Attorney Last Name: \_\_\_\_\_  
Attorney Designation: \_\_\_\_\_ Partner Designation: \_\_\_\_\_  
Number of years In this practice: \_\_\_\_\_ With this firm: \_\_\_\_\_ Continuous Malpractice Coverage: \_\_\_\_\_  
Prior Acts Date: \_\_\_\_\_ CLE Credits/Seminar Date: \_\_\_\_\_ Law School Name: \_\_\_\_\_

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Attorney 12. First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Attorney Last Name: \_\_\_\_\_  
Attorney Designation: \_\_\_\_\_ Partner Designation: \_\_\_\_\_  
Number of years In this practice: \_\_\_\_\_ With this firm: \_\_\_\_\_ Continuous Malpractice Coverage: \_\_\_\_\_  
Prior Acts Date: \_\_\_\_\_ CLE Credits/Seminar Date: \_\_\_\_\_ Law School Name: \_\_\_\_\_

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Attorney 13. First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Attorney Last Name: \_\_\_\_\_  
Attorney Designation: \_\_\_\_\_ Partner Designation: \_\_\_\_\_  
Number of years In this practice: \_\_\_\_\_ With this firm: \_\_\_\_\_ Continuous Malpractice Coverage: \_\_\_\_\_  
Prior Acts Date: \_\_\_\_\_ CLE Credits/Seminar Date: \_\_\_\_\_ Law School Name: \_\_\_\_\_

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Attorney 14. First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Attorney Last Name: \_\_\_\_\_  
Attorney Designation: \_\_\_\_\_ Partner Designation: \_\_\_\_\_  
Number of years In this practice: \_\_\_\_\_ With this firm: \_\_\_\_\_ Continuous Malpractice Coverage: \_\_\_\_\_  
Prior Acts Date: \_\_\_\_\_ CLE Credits/Seminar Date: \_\_\_\_\_ Law School Name: \_\_\_\_\_

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Attorney 15. First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Attorney Last Name: \_\_\_\_\_  
Attorney Designation: \_\_\_\_\_ Partner Designation: \_\_\_\_\_  
Number of years In this practice: \_\_\_\_\_ With this firm: \_\_\_\_\_ Continuous Malpractice Coverage: \_\_\_\_\_  
Prior Acts Date: \_\_\_\_\_ CLE Credits/Seminar Date: \_\_\_\_\_ Law School Name: \_\_\_\_\_

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**4. Guidelines for completing this section:**

- a. Express percentages of gross billable hours in each area during the previous year.
- b. Indicate percentage in whole numbers next to the type of law you practice, not the business client you represent.

|                                 |                      |                                       |                      |                       |                              |
|---------------------------------|----------------------|---------------------------------------|----------------------|-----------------------|------------------------------|
| Administrative Law              | <input type="text"/> | Discrimination/Harassment Plaintiff** | <input type="text"/> | Landlord/Tenant       | <input type="text"/>         |
| Admiralty/Maritime              | <input type="text"/> | Discrimination/Harassment Defense     | <input type="text"/> | Litigation Defense    | <input type="text"/>         |
| Arbitration/Mediation           | <input type="text"/> | Domestic/Family                       | <input type="text"/> | Litigation Plaintiff* | <input type="text"/>         |
| Acquisitions/Mergers            | <input type="text"/> | Entertainment                         | <input type="text"/> | Medical Malpractice*  | <input type="text"/>         |
| Bankruptcy                      | <input type="text"/> | Environmental                         | <input type="text"/> | Municipal Law         | <input type="text"/>         |
| BI/PD Defense                   | <input type="text"/> | ERISA/EE Benefit                      | <input type="text"/> | Oil/Gas               | <input type="text"/>         |
| BI/PD Plaintiff                 | <input type="text"/> | Estate/Trust/Probate                  | <input type="text"/> | Products Liability    | <input type="text"/>         |
| Bonds                           | <input type="text"/> | Financial Institution                 | <input type="text"/> | Public Utilities      | <input type="text"/>         |
| Business/Corp.                  | <input type="text"/> | Government                            | <input type="text"/> | Real Estate *         | <input type="text"/>         |
| Collection/Repossession         | <input type="text"/> | Immigration                           | <input type="text"/> | Social Security       | <input type="text"/>         |
| Construction/Building Contracts | <input type="text"/> | Insurance Defense                     | <input type="text"/> | Securities*           | <input type="text"/>         |
| Consumer Claims                 | <input type="text"/> | Intellectual Property Litigation*     | <input type="text"/> | Tax Opinion           | <input type="text"/>         |
| Corporate Formation             | <input type="text"/> | International Law                     | <input type="text"/> | Taxation              | <input type="text"/>         |
| Copyright/Patent/ Trademark*    | <input type="text"/> | Inv Counsel/Money Mgmt                | <input type="text"/> | WC Defense            | <input type="text"/>         |
| Criminal                        | <input type="text"/> | Juvenile/Guardian                     | <input type="text"/> | WC Plaintiff*         | <input type="text"/>         |
| Defense                         | <input type="text"/> | Labor Relation                        | <input type="text"/> | Other:                | <input type="text"/>         |
|                                 |                      |                                       |                      |                       | TOTAL <input type="text"/> % |

**\*If any percentage, complete the applicable Supplemental Application(s)**

If law type is "Other," please describe: \_\_\_\_\_

5. Enter the prior acts exclusive date, if applicable: \_\_\_\_\_

**NOTE:** If the firm is a spin-off from another firm(s), include the number of years that the firm has been continuously insured. \_\_\_\_\_

6. Enter the details of the firm's insurance history for the past five years (if applicable):

| Effective Date | Insurance Company | Limits<br>(per claim/aggregate) | Deductible<br>(per claim/aggregate) | Covered # of<br>Attorneys | Annual Premium |
|----------------|-------------------|---------------------------------|-------------------------------------|---------------------------|----------------|
|                |                   |                                 |                                     |                           |                |
|                |                   |                                 |                                     |                           |                |
|                |                   |                                 |                                     |                           |                |
|                |                   |                                 |                                     |                           |                |

- 7. For how many years has the firm been continuously insured for malpractice claims? \_\_\_\_\_
- 8. Has the firm's coverage ever been non-renewed, cancelled, rescinded or declined by another Carrier? \_\_\_\_\_
- 9. Has the firm been involved in any mass tort/class action cases within the past five years? \_\_\_\_\_

If "Yes", complete the Mass Tort/Class Action Supplemental Application.

**Claim Incident/Disciplinary Information**

- 10a. Within the past five years, has any attorney been subject to any disciplinary inquiry, complaint or proceeding for any reason other than non-payment of dues? \_\_\_\_\_
- 10b. If "Yes", has the attorney been refused admission to practice, disbarred, suspended, formally reprimanded, or sanctioned in any other way? \_\_\_\_\_

If "Yes" to 10a or 10b above, complete the Claims/Disciplinary Supplemental Application.

After inquiry, is any attorney in the firm aware of:

- 11a. A professional liability claim made in the past five years against them, the firm, any predecessor firm or against any current or former attorney of the firm while affiliated with the firm? \_\_\_\_\_
- 11b. An actual or alleged act, omission, circumstance or breach of duty that a reasonable attorney would recognize might reasonably be expected to result in a claim being made against the firm, any predecessor firm, or against any attorney currently or formerly affiliated with the firm or any predecessor firm, regardless of whether any such claim would be meritorious? \_\_\_\_\_

If "Yes" to 11a or 11b above, complete the Claims/Disciplinary Supplemental Application.

**About the Firm**

- 12. Coverage is requested to be effective: \_\_\_\_\_
- 13. Number of years in business as a Firm: \_\_\_\_\_
- 14. Type of Entity? \_\_\_\_\_
- 15. Enter the FEIN/TAX ID Number: \_\_\_\_\_
- 16. Is the firm's office or suites shared with attorneys other than firm members? \_\_\_\_\_
- 17. Does the firm have offices (other than conference room only facilities) at locations other than the primary location? \_\_\_\_\_
- 18. Does the firm practice in states other than the primary location? \_\_\_\_\_

If "Yes", provide the following information for the additional states in which you practice.

| State | Primary Country | Revenue | # of Attorneys |
|-------|-----------------|---------|----------------|
|       |                 |         |                |
|       |                 |         |                |
|       |                 |         |                |

- 19. Is the ratio of support staff to attorneys greater than 3 to 1? \_\_\_\_\_
- 20. Has the firm ever purchased an Extended Reporting Period option? \_\_\_\_\_

**About the Firm, cont.**

21. Does the firm desire coverage for previously-dissolved predecessor firms and those attorneys affiliated therewith? \_\_\_\_\_

22. Is there an attorney listed on the letterhead not covered by the firm's insurance? \_\_\_\_\_

If "Yes", please provide details: \_\_\_\_\_

**Firm Operations and Management**

23. At any time in the past five years, has any member of the firm served as a director, officer, partner or employee of any client or has any firm member exercised fiduciary control or possessed any ownership interest in any client or any joint venture with a client? \_\_\_\_\_

If "Yes", please complete Outside Interest Supplemental Application.

24. Does the firm have any one client in which the firm's attorneys have an equity interest greater than 10% combined? \_\_\_\_\_

25. Does the firm have any one client which represents more than 25% or more of the firm's billings? \_\_\_\_\_

If "Yes", please provide details: \_\_\_\_\_

26. Does anyone in the firm serve as a director, officer or employee or in any other management capacity for a client? \_\_\_\_\_

27. Does the firm have a procedure for identifying and resolving potential or actual conflicts of interest including crosschecking of former, existing or potential clients? \_\_\_\_\_

28. Does the firm have at least two independently maintained docket controls? \_\_\_\_\_

29. Does the firm regularly confirm representations in writing via use of formal engagement agreements? \_\_\_\_\_

30. Does the firm regularly acknowledge in writing the declination or termination of representatives? \_\_\_\_\_

31. For firms greater than five (5) attorneys: Does the firm require at least two attorneys in the firm be informed of the initiation of a representation? \_\_\_\_\_

32. If you are a solo practitioner, do you have a procedure in place regarding provisions of services if you are incapacitated or otherwise unavailable? \_\_\_\_\_

33. Are there non-attorney office managers? \_\_\_\_\_

34. Are there attorney office managers? \_\_\_\_\_

35. What percentage of time do attorneys spend managing employees of the firm? \_\_\_\_\_ %

If any percentage, what areas do they oversee? \_\_\_\_\_

36. Has the firm initiated lawsuits or arbitration procedures during the last two years to enforce the collection of unpaid fees to the firm? \_\_\_\_\_

If "Yes", complete the Fee Suit Supplemental Application.

**Firm Operations and Management, cont.**

37. In the past year has the firm represented any publicly traded clients in any practice area? \_\_\_\_\_

If "Yes", what were the firm's gross billings attribute to such representation? \_\_\_\_\_

If "Yes", does the firm accept stock in lieu of fees? \_\_\_\_\_

If the firm accepts stock in lieu of fees, please provide the name of client, date of first affiliation, services rendered and whether this is a current client of the firm.

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39. Has the firm been involved in any mass tort/class action cases within the past five (5) years? \_\_\_\_\_

If "Yes", complete the Mass Tort/Class Action Supplemental Application.

40. Provide the firms gross revenues:

| Year                | Year End Date | Gross Revenues |
|---------------------|---------------|----------------|
| Current Fiscal Year |               |                |
| Prior Fiscal Year   |               |                |
| 2 Years Prior       |               |                |

41. What percentage of accounts receivable are outstanding more than 90 days? \_\_\_\_\_ %

42. Requested Coverage

| 42a. Select each Claim/Aggregate Limit the firm desires (NOTE: Limits offered subject to company underwriter approval):   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$100,000/\$300,000  | <input type="checkbox"/> \$1,000,000/\$1,000,000 | <input type="checkbox"/> \$3,000,000/\$3,000,000 | <input type="checkbox"/> \$7,000,000/\$7,000,000   |
| <input type="checkbox"/> \$200,000/\$600,000  | <input type="checkbox"/> \$1,000,000/\$2,000,000 | <input type="checkbox"/> \$4,000,000/\$4,000,000 | <input type="checkbox"/> \$10,000,000/\$10,000,000 |
| <input type="checkbox"/> \$250,000/\$500,000  | <input type="checkbox"/> \$2,000,000/\$2,000,000 | <input type="checkbox"/> \$5,000,000/\$5,000,000 |  |
| <input type="checkbox"/> \$500,000/\$1,000,000  | <input type="checkbox"/> \$2,000,000/\$4,000,000 | <input type="checkbox"/> Other: _____            |  |
| 42b. Select the Per Claim Deductible the firm desires (NOTE: Deductible offered subject to company underwriter approval): |  |  |  |
| <input type="checkbox"/> \$1,000  | <input type="checkbox"/> \$10,000                | <input type="checkbox"/> \$50,000                |  |
| <input type="checkbox"/> \$2,500  | <input type="checkbox"/> \$15,000                | <input type="checkbox"/> \$100,000               |  |
| <input type="checkbox"/> \$5,000  | <input type="checkbox"/> \$25,000                |  |  |
| <input type="checkbox"/> Other: _____   |  |  |  |

| 43. Select the optional coverage the firm desires. |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Aggregate Deductible      | <input type="checkbox"/> Claims Expenses Outside Limit | <input type="checkbox"/> First Dollar Defense | <input type="checkbox"/> Title Insurance Agency |

**NOTE:** The Title Insurance Agency optional coverage extends coverage to a specific title agency as a separate entity. A Supplemental Application is required.

**Signature and Representation**

Applicant hereby represents, after inquiry, that the contained information herein and in any supplemental applications or forms required hereby, is true, accurate, complete and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable, any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the company shall have the right to withdraw or modify any outstanding authorization and/or agreement to bind the insurance based upon such changes.

Further, applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations, this application, and any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into the application and made part hereof.
2. Applicant's failure to report to its current insurance company, during the current policy period, either any claim made against any insured or any act or omission known to any insured that may reasonably be expected to be the basis of a claim against any insured may create a lack of coverage.
3. Any attorney currently or formerly affiliated with the firm or any predecessor firm, has disclosed in this Application any actual or alleged, act, omission, circumstance or breach of duty that a reasonable attorney would recognize might reasonably be expected to result in a claim being made against the firm, any predecessor firm or any attorney currently or formerly affiliated with the firm or any predecessor firm, regardless of whether any such claim would be meritorious. Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant.

**FRAUD NOTICE**

Any person(s) who knowing 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 MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**FRAUD NOTICE APPLICABLE TO COLORADO RESIDENTS**

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 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 of Regulatory Agencies.

**FRAUD NOTICE APPLICABLE TO NEW MEXICO RESIDENTS**

Any person(s) who knowingly presents a false or fraudulent claim for payment of a loss of a benefit or knowingly presents false information in an application.

**Applicant:**

By: \_\_\_\_\_

|   |                                  |      |
|---|----------------------------------|------|
| SIGNATURE OF OFFICER OR PARTNER OF THE FIRM | PRINT NAME OF OFFICER OR PARTNER | DATE |
|---|----------------------------------|------|

**REMINDER**

Please attach a sample of your letterhead with this application.