



APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

THIS IS AN APPLICATION FOR A CLAIMS MADE INSURANCE POLICY. IT IS IMPORTANT THAT YOU REPORT ANY KNOWN FACTS OR CIRCUMSTANCES THAT COULD REASONABLY BE EXPECTED TO RESULT IN A CLAIM TO YOUR CURRENT INSURER OR PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT IN ORDER TO PRESERVE COVERAGE FOR SUCH INCIDENTS.

Form with fields: Full Name of Applicant Firm, Contact, Street, City, State, Zip Code, County, Phone, Fax.

Form with fields: Firm Website, Date Firm Established, Type of Entity, No. Lawyers in Firm, No. Support Staff, and a table for office locations, revenue, and attorneys.

Please attach a copy of the following:

- Applicant's current letterhead
• Current policy Declarations page
• List of names of all predecessor firms for which coverage is requested.

Policy Coverage and Firm Information

- 1. Requested Effective Date:
2. Current Limits:
3. Current Deductible/SIR:
4. Current Retroactive Date:
5. Requested Limits:
6. Requested Deductible/SIR:
7. Check if Requesting: [ ] First Dollar Defense, [ ] Aggregate Deductible, [ ] Claim Expense Outside Limits
8. Is the firm currently insured for professional liability? [ ] Yes [ ] No
9. Does your current policy have any type of endorsements that exclude or modify coverage? [ ] Yes [ ] No (If yes, please provide a copy of each such endorsement.)
10. Has any professional liability insurance for the applicant or any member of the applicant firm ever been declined or cancelled or refused to be renewed? [x] Yes [x] No (If yes, please provide a detailed narrative on firm letterhead)

11. Please identify your legal professional liability insurance for the past five years.

Company	Policy Period	Limits	Deductible	Premium	# of Attorneys

12. Do you share any of the following with other attorneys or law firms:  
 Office Space  Yes  No Letterhead  Yes  No Cases  Yes  No  
*(If yes, list all such lawyers on firm letterhead and describe their relationship to the firm. If the firm shares office space, a complete Office Sharing Supplement must be provided.)*

13. In the last 12 months, how many attorneys have left your firm? \_\_\_\_\_ Joined the firm? \_\_\_\_\_

14. In the last 12 months, how many non lawyer employees have left your firm? \_\_\_\_\_

15. How many attorneys does the firm plan to add during the next 12 months? \_\_\_\_\_

16. Does any client or group of related clients make up 30% or more of the firm’s gross receipts?  Yes  No  
*If yes, please provide a detailed narrative on firm letterhead.*

17. Is any lawyer listed on the application an officer, director, shareholder, member or exercise fiduciary control over an entity other than the applicant firm?  Yes  No  
*If yes, a complete Outside Interest Supplement must be provided.*

18. Has any member of the firm provided legal services involving publicly traded securities or securities that are not exempt from registration?  Yes  No  
*If yes, please provide a detailed narrative on firm letterhead.*

19. Has any member of the firm been involved in class action or mass tort litigation?  Yes  No  
*If yes, please provide a detailed narrative on firm letterhead.*

20. Does any member of the firm provide services to, or sit on the board of directors of, a financial institution?  Yes  No  
*If yes, a complete Financial Institution Supplement must be provided.*

**Firm Profile**

21. Please complete the Firm Profile below for each attorney associated with your firm. *Please attach an additional sheet if more space is needed.*

Attorney Name	Position P, A, OC, I	Hire Date	Date First Admitted to State Bar	Ave. Hours/ Week	Primary - P Secondary - S Areas of Practice	Cover for work prior to date of hire by firm? Y/N	CLE in Last 12 months Y/N
---------------	----------------------	-----------	----------------------------------	------------------	---	---	---------------------------

**P = Partner/Owner/Member A = Associate/Employee OC = Of Counsel I = Independent Contractor**


22. If you are a sole practitioner, who handles your cases in the event of your incapacitation or vacation? (please note, If a policy is issued in reliance upon this application, it shall not apply to the following individual(s):

23. Total firm billings last fiscal year: \_\_\_\_\_ Current fiscal year: \_\_\_\_\_

24. Does your firm accept any form of compensation other than legal fees?  Yes  No  
*If yes, please provide an explanation in the space provided above or on firm letterhead.*

**Practice Profile**

25. Complete the following table based upon either your gross revenue or billable hours for each category.

**(The total must equal 100%) \* Indicates that completion of the corresponding Supplemental Application is required.**

This Practice Profile is based on  gross revenue or  billable hours.

**A. Gross Income:**

Last Fiscal Year:            This Fiscal Year:            Projected Next Year:

**B. Areas of Practice**

**Category I.**

- % Administrative
- % Bankruptcy
- % Commercial & Corporate General Litigation - Defense
- % Corporate Formation/Alteration \*
- % Criminal
- % ERISA or Employee Benefits
- % Family Law - **excluding Divorce**
- % Immigration
- % Labor Management Representation

- % Mediation/Arbitration
- % Personal or Bodily Injury - Defense
- % Taxation -Individual
- % Worker's Compensation - Defense

- % Other Defense Work
- % **Subtotal (I)**

**Category II.**

- % Admiralty/Maritime
- % Banking or Financial Institutions Services – **other than loan documentation**
- % Commercial & Corporate General Litigation - Plaintiff
- % Environmental
- % Family Law – **Divorce**
- % Labor Union Representation/Employee Relations
- % Real Estate – Commercial
- % Real Estate – Residential
- % Personal or Bodily Injury – Plaintiff \*\*\*

- % Real Estate - Title\*\*
- % Taxation - Commercial
- % Wills/Estate/Probate/Trust
- % Worker's Compensation - Plaintiff
- % Other Plaintiff Work
- Subtotal (II)**

**Category III.**

- % Banking, or Financial Institutions Services – **loan documentation**, Bonds, Commercial Paper\*
- % Collections
- % Securities, both exempt and non-exempt\*
- % Entertainment, Sports or Celebrity
- % Investment Counseling/Money Management\*
- % Mergers/Acquisitions \*
- % Oil, Gas or Mining
- % Patent, Copyright or Trademark
- % Real Estate Syndication/Limited Partnerships\*
- % Civil Rights - Plaintiff
- % Class Action - Defense
- % Class Action – Plaintiff
- % Medical Malpractice
- % Mold
- % **Subtotal (III)**

**Category IV.**

- % Other (please describe below)

GRAND TOTAL (I, II, III, IV)            %

\* Complete Corresponding Supplement

\* \* Complete Title Agent/Agency Supplement and/or Real Estate Supplement

\*\*\* Complete Plaintiff Supplement

**Family Law:**

26. In the last 24 months, please indicate the following:

Average value of property settlement handled:

Highest value of property settlement handled:

**Risk Management**

27. Please describe your firm's system for detecting and avoiding conflicts of interest:

<input type="checkbox"/> Index (Single)	<input type="checkbox"/> Computer	<input type="checkbox"/> Conflict Committee	<input type="checkbox"/> Oral/Memory	<input type="checkbox"/> Other Describe:
<input type="checkbox"/> Index (Multiple)				

28. Does or has any member of the firm engaged in a business venture with a client?  Yes  No

29. Does or has any firm member introduced clients to one another for investment purposes?  Yes  No

30. Does the firm ever represent adverse but friendly parties in the same matter?  Yes  No

***If yes to 27-29 above, please provide an explanation on firm letterhead.***

31. Please indicate which of the following the firm uses to manage its docket and scheduling demands:

<input type="checkbox"/> Computer	<input type="checkbox"/> Docket Clerk / Administrator	<input type="checkbox"/> Individual Attorney diaries	<input type="checkbox"/> Daily or weekly firm-wide circulation of master calendar	<input type="checkbox"/> Other Describe:
-----------------------------------	---	--	---	--

How many people maintain the systems?

32. If the firm uses a computerized system to manage its docket and scheduling demands, please indicate which of the following describes that system:

<input type="checkbox"/> Updated daily	<input type="checkbox"/> Centralized / Firm wide	<input type="checkbox"/> All branch offices integrated	<input type="checkbox"/> Monitored by multiple individuals	<input type="checkbox"/> Tracks statuses of limitations	<input type="checkbox"/> Data backed up / stored offsite	<input type="checkbox"/> Other Describe:
--	--	--	--	---	--	--

33. Does the firm routinely use:

- a. Engagement letters/Fee Agreements:  Yes  No
- b. Written Fee Agreements:  Yes  No
- c. Declination of Representation Letters:  Yes  No
- d. Termination of Services Letters:  Yes  No
- e. Regular File Status Updates:  Yes  No

34. How many suits for fees have been filed against clients in the last two years?

35. Describe the firm's risk management activities:

36. Does the firm have a formal procedures manual?  Yes  No

37. Are all employees trained regarding firm policies and procedures?  Yes  No

38. Are new attorneys supervised by a more senior attorney?  Yes  No

39. Is support personnel work reviewed by an attorney prior to release to the client?  Yes  No

40. Are all new matters reviewed prior to acceptance by firm management?  Yes  No

41. Does firm management regularly review all ongoing matters?  Yes  No

42. If a sole practitioner and no support staff, can a back up attorney operate and maintain your docket?  Yes  No

**Claims/Incidents/Disciplinary Information**

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

- a. any incident, facts, circumstances, acts or omissions that could result in a professional liability claim against the firm or predecessor firm or against any current or former attorney of the firm while affiliated with the firm or predecessor firm?  Yes  No

***If yes, a complete Claim Supplement form must be provided for each incident.***

- b. a professional liability claim in the past five (5) years against them, the firm, any predecessor firm, or against any current or former attorney of the firm while affiliated with the firm?  Yes  No

***If yes, a complete Claim Supplement form must be provided for each claim.***

44. Within the past five (5) years, has any member of the firm been the subject of any reprimand or disciplinary inquiry, complaint or proceeding or refused admission to the bar or any bar association, court or administrative agency?  Yes  No

***If yes, please provide a detailed narrative on firm letterhead.***



**APPLICANT'S AUTHORIZATION AND CERTIFICATION**

The undersigned is an authorized representative of the prospective Named Insured, and acknowledges that the information provided with the application, including all supplements, attachments and replies to underwriter inquiries, and applications from other insurance companies which have been submitted to the Company and made a part of this application:

1. Will be relied upon by the Company in determining the acceptability of the Applicant and the premium amount to be charged;
2. Are true, accurate and complete; and
3. Will be incorporated into the policy, if issued.

The applicant firm and all members of the firm understand that this is an application for insurance, and shall not bind the Company to the issuance of insurance, nor shall it bind the firm to the acceptance of a policy.

**THE UNDERSIGNED ON BEHALF OF THE APPLICANT FIRM AND ALL MEMBERS OF THE FIRM CERTIFIES THAT THE ABOVE APPLICATION HAS BEEN READ AND THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, MATERIAL AND COMPLETE. THE UNDERSIGNED UNDERSTANDS THAT: (1) IF THE POLICY IS ISSUED, THIS IS DONE BY THE COMPANY IN RELIANCE UPON THESE REPRESENTATIONS; AND (2) ANY COVERAGE OBTAINED BY FRAUD, MATERIAL MISREPRESENTATION OR OMISSION IS VOID.**

The following number of Supplemental Claim forms are enclosed with this application:	
--	--

---

Signature of Officer or Partner of Firm	Title	Date
---	-------	------

---

Print Name of Officer or Partner of Firm

<b>Agency:</b>		<b>Phone:</b>	
<b>Address:</b>		<b>Fax:</b>	