Application for Lawyers Professional Liability Insurance

THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY THE PAYMENT OF CLAIM EXPENSES.

- **This application must be completed in full, including all required attachments or supplemental applications.**
- **Attach a separate sheet of paper if more space is needed to answer any question.**
- **We treat all applications as confidential.**

1.a. Name of Applicant: b. Principal business address (include county):	c. Other location address: d. Web site address:		2. Total # of attorneys:
3. Managing Partner/Risk Manager: Address: Telephone: Facsimile: Email:	4. Year firm established:	5. Applicant is: ☐ Sole Proprietor ☐ Corporation ☐ Partnership ☐ Limited Liability Company ☐ Limited Liability Partnership	6. Effective Date Requested:

7. Limits Desired:

☐ $100,000 / $300,000 ☐ $500,000 / $500,000 ☐ $2 M / $2 M
☐ $250,000 / $250,000 ☐ $750,000 / $750,000 ☐ $3 M / $3 M
☐ $250,000 / $500,000 ☐ $1 M / $1 M ☐ Other: $_____

Per Claim Retention Desired:

☐ $2,500 ☐ $ 15,000
☐ $5,000 ☐ $20,000
☐ $10,000 ☐ $25,000
☐ Other: $_____

Select several options for coverage if you desire additional indications of cost.

8. a. List the names of all predecessor firms of applicant. Name only those firms where the applicant is a successor to the former firms assets and liabilities.

Name of Firm	Year Established	Number of Partners, Officers, Directors	Number of Employed Lawyers

8. b. List the name of all firm attorneys. All attorneys must be listed to be considered as insureds. If sole practitioner, please list yourself and provide a resume. If additional space is needed, attach a separate sheet.

ATTORNEY'S NAME	C/C*	Jurisdiction admitted to practice, and year admitted	Years in Practice	Attorney's primary area(s) of practice	Date of Hire
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

* CLASSIFICATION CODES (indicate all that apply): Total Number of Attorneys Proposed for Insurance:_____

O – Officers, Directors or Shareholders of the corporation who are licensed as lawyers
P – Partners of Partnership
S – Sole Proprietor
E – Employed Lawyers (must be employee of applicant)
C – Of Counsel Attorneys for whom coverage is desired
PT – Part Time
IC – Independent Contractor

8. c. Indicate the number of attorneys working for the firm in the prior three years: _____ _____ _____
Prior Year Two Years Ago Three Years Ago

8. d. In the past five years, has there been a change in the firm's operations such as a merger, the opening or closing of a branch office or the addition or deletion of 25% or more of the lawyers in the firm? ☐ YES ☐ NO
If yes, please attach a separate sheet explaining the facts and circumstances of any change.

8. e. Provide the number of non-lawyer employees and / or support staff utilized:

Law Clerks: _____ Abstractors: _____ Paralegal personnel: _____ Other (describe): _____

Investigators: _____ Accountants: _____ Clerical staff / Secretarial: _____ Total Non-Attorney Staff:_____

9. Does any lawyer named in Question 8.b. have any other law partner, associate, of counsel, employed lawyer or office sharing arrangement other than those named in Question 8.b.? (ATTACH A COPY OF YOUR LETTERHEAD)

☐ NO
☐ YES – If your response is yes, please explain the association and list the other attorney's liability insurance policy number, carrier and expiration date. Of counsel listed on letterhead but not listed in Question 8.b. or 9 will automatically be excluded. If there is an office sharing arrangement, please complete the Office/Expense Sharing Supplemental Application.

10. If you are a sole practitioner, provide the NAME, ADDRESS AND TELEPHONE NUMBER of the lawyer who would be responsible for your affairs if you were absent for an extended period of time (i.e. vacation, illness, etc.).

11. Indicate below the percentage of gross billable dollars from each area of practice. Note: Applicant must complete supplemental applications (attached) for certain areas of practice identified below.

AREA OF PRACTICE *Round to the Nearest Percent*		**AREA OF PRACTICE** *Round to the Nearest Percent*	
Administrative Law	%	**Intellectual Property** (complete Intellectual Property Supplement)	
Admiralty / Maritime	%	Domestic Patent Prosecution	%
Antitrust/ Trade Regulation	%	Foreign Patent Prosecution	%
Banking/Saving and Loan (complete Financial Institutions Supplement)	**%**	Patentability Searches	%
Bankruptcy	%	Patent Infringement Searches/Opinions	%
Civil Rights/ Discrimination	%	IP Litigation	%
Collections/ Repossession	%	TM/C Prosecution & Licensing – Domestic	%
Commercial Law/ Business Trans./ Contracts	%	TM/C Prosecution & Licensing - Foreign	%
Communications (FCC)	%	**Litigation**	
Corporate		Commercial	%
General	**%**	Construction	%
Corporate Formation	**%**	Other	%
Mergers/ Acquisition	**%**	Mediation/ Arbitration	%
Criminal	**%**	**Plaintiff Litigation – Bodily Injury/ Property Damage** (complete Plaintiff Supplement)	
Defense Litigation – Bodily Injury/ Property Damage		Individual Plaintiffs with est. fees per case of:	
Class Actions – Mass Torts	%	Less than $50,000	%
Insurance	%	$50,000 or more	%
Legal Malpractice	%	Class Action/ Mass Torts	%
Medical Malpractice	%	Legal Malpractice	%
Workers' Compensation	%	Medical Malpractice	**%**
Other	%	Workers' Compensation	**%**
Employment	%	Other	**%**
Entertainment (complete Entertainment Supplement)	%	Public Utilities	**%**
Environmental/ Nat. Resources/ Oil and Gas (complete Environmental Supplement)	%	**Real Estate** (complete Real Estate Practice Supplement)	%
ERISA/ Pension/ Social Security	%	Residential	%
Estate Planning/ Probate/ Trust	**%**	Commercial	%
Family Law	**%**	**Securities** (complete Securities Supplement)	
Government		Federal Securities	%
Federal and State	%	State Securities	%
Municipal (other than bonds)	%	Private Placements	%
Immigration	%	Bonds	%
Insurance/ Coverage Opinions	%	**Taxation**	
International Law	**%**	Preparation	%
Labor Law		Opinions	%
Union	**%**	General Corporate	%
Management	**%**		
		MUST TOTAL 100%	%

12. a. Indicate the firm's total gross revenues for the last 3 fiscal years:
Amount $ _____ (20___) Amount $ _____ (20_ __) Amount $ _____ (20___)

b. Provide the following information about your five largest clients:

Client Name	Industry	Type of Legal Services Provided	% of Revenue Derived from Client	# of Years of Representation

13. Is applicant or any attorney proposed for coverage involved or act in the capacities listed below?
☐ NO
☐ YES – Please complete the following:

	Individual Involved and percent of time devoted to activity	Professional Liability Insurance Company	Expiration Date- (mo/day/yr)
a. Accountant			
b. Real Estate Agent or Broker:			
c. Title Agent/ Abstractor / Searcher			
d. Investment or Financial Advisor			

14. The following questions must be answered after inquiry is made of each attorney named in Question 8.b.

a. Has any lawyer named in Question 8.b. ever had an insurance company cancel, refuse to renew or accept only on special terms, any professional liability insurance?
☐ NO
☐ YES – Please explain:

b. Has any lawyer named in Question 8.b. or any lawyer while a member of a predecessor firm ever been the subject of a reprimand or disciplinary action or refused admission to the bar by any bar association court or administrative agency?
☐ NO
☐ YES – Please explain:

c. Is there a pending complaint, investigation or disciplinary matter against any lawyer named in Question 8.b. or any lawyer while a member of a predecessor firm?
☐ NO
☐ YES – Please explain:

d. Has any professional liability claim or suit ever been made against any lawyer named in Question 8.b. or against the firm or any predecessor firm or any lawyer while a member of a predecessor firm:

(i) during the past 5 years?
☐ NO
☐ YES – If yes, how many? _____ Please give full details for EACH CLAIM on Supplemental Claim Form.

(ii) during the past 6-10 years in which damages, a settlement or a judgment of $100,000 or greater has been paid?
☐ NO
☐ YES – If yes, how many? _____ Please give full details for EACH CLAIM on Supplemental Claim Form.

If "YES", a SUPPLEMENTAL CLAIM FORM must be completed for each claim for your application to be considered.

Without limiting the rights of the Insurer, any Claim or Related Claim disclosed or which should have been disclosed in this question 14.(d) is excluded from any proposed insurance.

e. Does any lawyer named in Question 8.b. know of any facts, circumstances, acts, errors or omissions that could result in a professional liability claim against any attorney of the firm, the firm or its predecessors?
☐ NO
☐ YES – If yes, how many? _____ Please give full details for EACH INCIDENT on Supplemental Claim Form.

Without limiting the rights of the Insurer, any Claim arising from a matter disclosed or which should have been disclosed in response to this question 14.(e) is excluded from any proposed insurance.

15. Does any attorney in the firm act in one of the following capacities? If Yes, please provide details including the percentage of time involved in this activity on a separate sheet of paper.

a. Public Defender? ☐ No ☐ Yes
b. A Prosecuting Attorney for any state, county or municipality? ☐ No ☐ Yes
c. An in-house lawyer of any corporation, municipal, county or state department or board? ☐ No ☐ Yes
d. An Arbitrator or Mediator? ☐ No ☐ Yes

16. a. Does your firm maintain a Docket Control system?
☐ NO
☐ YES – Describe type, including software program name, if applicable.

Does the system encompass the following: Please check all applicable categories:
Single Calendar: ☐ NO ☐ Yes Dual Calendar: ☐ No ☐ Yes Tickler Cards: ☐ No ☐ Yes
Computer: ☐ NO ☐ Yes Master Listing: ☐ No ☐ Yes Other: (describe)_____

b. How is system backed up?

c. Are at least two individuals involved in maintaining the Docket Control system?
☐ No ☐ Yes

d. Please indicate how frequently time deadlines are cross-checked:
☐ Daily ☐ Weekly ☐ Monthly Other: (Describe) _____

e. Does the ultimate responsibility for the Docket Control of a matter rest with the lawyer handling the matter?
☐ No ☐ Yes

17. a. Does your firm require the use of engagement letters including fee agreement on all new matters undertaken by your firm?
☐ No ☐ Yes
b. Are declination or nonengagement letters issued on all matters declined by your firm?
☐ No ☐ Yes
c. Does the firm document referral relationships
☐ No ☐ Yes If Yes, how? _____

18. a. Do suits for collection of fees have to be approved by the Applicant's managing partner or management committee?
☐ No ☐ Yes – Please explain the Applicant's policies and procedures for collection suits against clients.

b. Does the Applicant have any policies in place to resolve the fee dispute other than the filing of a lawsuit?
☐ No ☐ Yes – Please explain.

c. How many suits for collection of fees have been filed by the Applicant during the past two years?_____

d. During the past two years, how many counterclaims have been filed against the Applicant in its fee collection suits alleging errors or omissions in the performance of legal services?_____ If any, please provide details on a separate sheet, including the final resolution.

e. What percentage of the Applicant's billings are more than 90 days overdue?_____%

19. a. How does the firm maintain its conflict of interest avoidance system? (Please check all applicable categories)
☐ Computer ☐ Index File ☐ Conflict Committee ☐ Other (describe by attachment)

b. How often is the conflict of interest system updated?
☐ Daily ☐ Weekly ☐ Monthly ☐ Other (describe) _____

c. Does the firm's conflict of interest avoidance system disclose attorney-client relationships established by newly hired lawyers, partners, predecessor, merged, or acquired firms? ☐ No ☐ Yes

d. Are business ventures permitted with clients of the firm? ☐ No ☐ Yes

e. If any lawyer of the firm becomes aware of a conflict of interest, do they disclose it in writing to all parties involved and all partners? If no, explain by attachment. ☐ No ☐ Yes

f. In the past 5 years, has any current or past lawyer of the firm served or is currently serving as a director, officer, partner or employee of any past or present client? IF YES, COMPLETE OUTSIDE INTEREST SUPPLEMENTAL APPLICATION.
☐ No ☐ Yes

g. Has any current or past lawyer of the firm had, or currently have, any equity interest in any past or present client? IF YES, COMPLETE OUTSIDE INTEREST SUPPLEMENTAL APPLICATION. ☐ No ☐ Yes

20. a. Is the Applicant managed by a management committee? ☐ No ☐ Yes
If yes, how many Partners or Officers comprise the management committee: _____
How often has it met in the past 12 months? _____

b. Does the Applicant employ a full time non Lawyer Administrator? ☐ No ☐ Yes

c. Does the Applicant use a peer review system to evaluate the performance of all practicing Lawyers (including Partners) within the Firm? ☐ No ☐ Yes
If yes, does this include periodic review of selected case files by a Partner not handling the case? ☐ No ☐ Yes

21. Does the firm advertise?
☐ No ☐ Yes If yes, please describe and attach copies of sample advertisements.

22. List lawyers professional liability insurance carried by you, your firm, or predecessor firms by year for each of the past FIVE years.
IF NONE, STATE NONE.

FROM	TO	INSURANCE COMPANY	POLICY NUMBER	LIMIT	DEDUCTIBLE	PREMIUM

a. If applicable, state the prior acts exclusion date in the Applicant's current policy: _____
b. Are you covered by an Extended Reporting Period Endorsement?
☐ No ☐ Yes If yes, provide date of: Inception_____ Expiration: _____
c. Please provide a copy of your current policy's declarations page.

THE UNDERSIGNED AUTHORIZED PARTNER, DIRECTOR OR OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE THE APPLICATION IS EXECUTED AND THE TIME THE PROPORED INSURANCE POLICY IS BOUND OR COVERAGE COMMENCES, THE NAMED INSURED WILL IMMEDIATELY NOTIFY THE COMPANY IN WRITING OF SUCH CHANGES. THE COMPANY RESERVES ITS RIGHTS TO MODIFY OR WITHDRAW ITS PROPOSAL.

THE UNDERSIGNED AUTHORIZED PARTNER, DIRECTOR OR OFFICER REPRESENTS AND WARRANTS ON BEHALF OF THE NAMED INSURED AND ALL PERSONS / ENTITIES FOR WHOM INSURANCE IS BEING SOUGHT THAT TO THE BEST OF HIS / HER KNOWLEDGE AND BELIEF AFTER DILIGENT INQUIRY, THE STATEMENTS SET FORTH HEREIN AND ATTACHED HERETO ARE TRUE. IT IS UNDERSTOOD THAT THE STATEMENTS IN THIS APPLICATION, INCLUDING MATERIALS SUBMITTED TO OR OBTAINED BY THE INSURER ARE MATERIAL TO THE ACCEPTANCE OF THE RISK, AND RELIED UPON BY THE INSURER.

NOTICE TO ARKANSAS, MINNESOTA, AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME.

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 DISTRICT OF COLUMBIA, MAINE, TENNESSEE, AND VIRGINIA 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 MAY INCLUDE IMPRISONMENT, FINES, OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY 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 LOUISIANA AND NEW MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO NEW JERSEY 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 SUCH VIOLATION.

NOTICE TO OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO OREGON AND TEXAS APPLICANTS: ANY PERSON WHO MAKES AN INTENTIONAL MISSTATEMENT THAT IS MATERIAL TO THE RISK MAY BE FOUND GUILTY OF INSURANCE FRAUD BY A COURT OF LAW.

NOTICE TO 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 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.

Must be signed in ink and dated by Partner, Director or Officer.
Signing this form and tendering premium does not bind the Company to complete the insurance. Application must be signed in ink to be considered for quotation.

Applicant Signature:_____

Print or type name and title:
_____

Date: _____(mo/day/year)