



Lawyers Professional Liability Insurance Application

1. Applicant Information - Please include a copy of firm letterhead.

Name: _____ Phone: _____
 Address: _____ Fax: _____
 _____ Website: _____
 _____ E-mail: _____
 City State Zip

Limit of Liability Requested: _____ Deductible: _____

Applicant is: Proprietorship Partnership Corporation Association LLP LLC Other

Year Firm Established: _____

A. Has the applicant merged with or acquired any firms in the last 3 years? _____
 Please provide a list of all Predecessor Firms, for whom coverage is required under the policy, if issued.

B. Specify the firm's total gross revenues: Last Year \$_____ Current Year \$_____

C. Branch Offices:

1) Address: _____ Phone: _____
 _____ Fax: _____
 2) Address: _____ Phone: _____
 _____ Fax: _____

Attach separate sheet if necessary.

2. Personnel – List all partners/members, employed lawyers and Of Counsel:

NAME	DESIGNATION CODES *	STATE(S) ADMITTED TO PRACTICE	YEAR FIRST ADMITTED TO BAR	YR. LAWYER JOINED APPLICANT FIRM
1.				
2.				
3.				
4.				
5.				
6.				
7.				

* P-Partner/Member E-Employed lawyer C-Of Counsel (include hours per year)

_____ Total number of lawyers who left firm in past year.

_____ Total number of lawyers who joined firm in past year.

_____ Current total number of non-lawyer employees.

Attach separate sheet if necessary.

3. Area of Practice

Administrative Law	___%	Litigation:	___%
Admiralty/Marine	___%	Bodily Injury/Defense	___%
Antitrust Trade Regulation	___%	Insurance Defense	___%
Arbitration/Mediation	___%	Plaintiff*	___%
Bankruptcy	___%	Workers' Comp Defense	___%
Collection/Repossession	___%	Other - Describe	___%
Copyright/Patent/Trademark*	___%	Public Utilities	___%
Corporate Formation/Alteration	___%	Real Estate:	___%
Corporate General	___%	Commercial	___%
Criminal	___%	Residential	___%
Domestic Relations	___%	Syndication/Development	___%
Employment Practices	___%	Title Work	___%
Entertainment*	___%	Securities:	___%
Environmental	___%	Bonds*	___%
ERISA/Employee Benefits	___%	Federal*	___%
Estate Planning/Probate/Trusts/Wills	___%	Private Placement*	___%
Financial Institutions*	___%	State*	___%
Immigration	___%	Social Security Disability	___%
International Law	___%	Tax Preparation	___%
Labor Relations	___%	Tax Opinions	___%
		OTHER (Describe if over 5%)	___%
		TOTAL (Must equal 100%)	100%

*Please complete **Supplemental Applications**.

- A. Does the Applicant have any high-profile clients who are entertainers, sports figures or public officials? Yes No
If "Yes," please explain by attachment.
- B. Does the Applicant have discretionary investment authority for any clients? Yes No
If "Yes," total number of clients: _____.
Does any one client account for more than \$500,000? Yes No
Is the authority limited and in writing? Yes No
- C. Does any firm attorney serve as a director, officer, trustee (other than estate trusts), partner or employee of any client? Yes No
If "Yes," please complete the **Outside Interests Supplemental Application**.
- D. Does any firm member exercise fiduciary control or possess any ownership interest in any client or any business venture with a client? Yes No
If "Yes," please complete the **Outside Interests Supplemental Application**.

4. Firm Policies and Procedures

- A. Does the Applicant:
- Use engagement letters on all new matters? Yes No
 - Require clients to sign engagement letters/agreements? Yes No
 - Use non-engagement and disengagement letters? Yes No
 - Use any of the following conflict avoidance methods:
 - Oral/Memory? Yes No
 - Computer? Yes No
 - Conflict Committee? Yes No
 - Index File? Yes No
 - Update its conflict avoidance system at least weekly? Yes No
 - Cross-check conflicts by predecessor, merged or acquired firms? Yes No
 - Insist on obtaining a written waiver from all parties in order to perform on-going services when an actual/potential conflict exists? Yes No
 - Allow attorneys to enter into business with firm clients? Yes No

- Require disclosure if such relationships are permitted? Yes No
- Maintain a calendar system using these methods:
- Single Calendar Yes No
 - Dual Calendar Yes No
 - Tickler Cards Yes No
 - Computer Yes No
 - Master Listing Yes No
- Use two individuals to maintain its calendar system? Yes No
- Update its calendar system at least weekly? Yes No
- Place ultimate responsibility for calendar system with a firm lawyer? Yes No

- B. What is the total number of hours of continuing legal education within the last year for all lawyers? _____
- C. How many times has the Applicant sued a client for unpaid fees in the last 3 years? _____
- D. Does any single client account for more than ten percent (10%) of the Applicant's gross annual billings? Yes No
If "Yes," please identify client, nature of client's business, and the percentage of billings, by attachment.
- E. Is the Applicant managed by a management committee? Yes No
If "Yes," how many Partners or Officers comprise the management committee? _____
How often has it met in the past 12 months? _____
- F. Does the Applicant employ a full-time non-lawyer Administrator? Yes No
- G. Does a single person have ultimate responsibility for risk management? Yes No
If "Yes," does this person continually review and revise the firm's policies, procedures, and practices in order to both improve the quality of services delivered and to avoid or mitigate professional liability claims? Yes No

5. Claims, Incidents & Disciplinary Actions

After inquiry, has any lawyer to be insured under this policy:

- A. ever had professional liability insurance cancelled or non-renewed? Yes No
If "Yes," please explain by attachment.
- B. ever been disbarred or been the subject of reprimand, censure, sanction or other disciplinary action, or been refused admission to the Bar? Yes No
If "Yes," please explain by attachment.
- C. been the subject of a professional liability claim or suit in the last five (5) years? Yes No
- D. knowledge of any circumstance, act, error, or omission that could result in a professional liability claim? Yes No
If "Yes," to C. or D. above, please complete a **Claims Supplemental Application** for each instance.

6. Prior Insurance

Current Prior Acts Exclusion date and/or retroactive date _____.

Please list professional liability insurance carried by the Applicant and predecessor firms over the last five (5) years:

Inception From (Mo-Day-Yr)	Expiration To (Mo-Day-Yr)	Insurance Company	Premium	Limits of Liability	Deductible

- Is the Applicant being covered by an Extended Reporting Period Endorsement? Yes No
If "Yes," please attach details.

7. Signature

Please read carefully and sign below where indicated.

The undersigned proprietor, partner, member or officer, acting on behalf of the Applicant and all others to be insured, hereby,

- (A) declares after diligent inquiry that the above statements and particulars are true and that no material facts have been suppressed or misstated;
- (B) acknowledges that it is understood and agreed that (1) the completion of this application does not bind Liberty Surplus Insurance Corporation ("LSI") to issue nor the Applicant to purchase the insurance; (2) however, this application will be the basis of the contract if a policy is issued; and (3) all written statements and material furnished to LSI in conjunction with this application are hereby incorporated by reference into this application and made part hereof; and
- (C) acknowledges that, in the event LSI issues a policy, (1) LSI in providing coverage will have relied upon, as representations, the declarations and statements which are contained in or attached to or incorporated into the policy; and (2) in the event of a claim for which coverage would otherwise be available under this policy, the Applicant will be required to be defended by lawyers appointed by LSI and if the Insured elects to handle any claim without such lawyers or otherwise without LSI's involvement, then no coverage for such claim will be afforded the Applicant under the policy.

NOTICE : 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 violation.

Sign & Date in ink.

Signed by: _____

Title: _____

Print Name: _____

Date: _____