

APPLICATION FOR CLAIMS-MADE AND REPORTED PROFESSIONAL LIABILITY INSURANCE FOR LAWYERS

PRESENT POLICY NUMBER	EXPIRATION DATE (MM/DD/YYYY)	FIRM'S FEIN	TELEPHONE NUMBER: ()
FIRM NAME			FACSIMILE NUMBER: ()

CURRENT	DESIRED
LIMITS: _____	LIMITS: _____
DEDUCTIBLE: _____	DEDUCTIBLE: _____

PLEASE TYPE OR PRINT IN INK AND RETURN WITH A SAMPLE OF YOUR LETTERHEAD.

1. Has your firm's name, principal address or telephone number changed? Yes No
If yes, please provide details on a separate sheet.
2. Have any attorneys joined the firm since the previous application was completed? Yes No
If yes, an **Add Attorney Form** must be completed for each new attorney.
3. Have any attorneys left the firm since the previous application was completed? Yes No
If yes, a **Departing Attorney Form** must be completed for each departing attorney.
4. For the last fiscal year, please provide the percentage of gross billable dollars allocated to each Area of Practice. If no change from your previous application, check the box and do not complete the percentage.
 NO CHANGE – Failure to provide updated details will represent **“No Change.”**

AREA OF PRACTICE Round to the nearest whole percent	PREV. %	NEW%	AREA OF PRACTICE Round to the nearest whole percent	PREV.%	NEW %
Administrative Law			Insurance Defense		
Admiralty Defense			International Law		
Admiralty Marine			Investment Money Manger		
Adoptions			Juvenile		
Arbitration/Mediation			Labor Unions		
Banking			Labor/Employee		
Bankruptcy			Labor/Management		
BI/PI Defense			Landlord Tennant/Leases		
Bonds *			Lobbying		
Business Transactions			Local Government		
Civil Rights			Medical Malpractice Defense		
Civil/General Litigation			Medical Malpractice Plaintiff *		
Class Action Plaintiff *			Mergers & Acquisitions		
Collection			Municipal Law		
Commercial Defense			Oil & Gas Mining		
Commercial Law			Oil & Gas Title		
Consumer Claims			Patent, Trademark, Copyright – Filing *		
Construction Law			Patent, Trademark, Copyright Litigation *		
Contracts			Patent, Trademark, Copyright Prosecution *		
Corporate Formation			Plaintiff BI/PI (Non Product Liability) *		
Corporate General			Product Liability Plaintiff *		
Corporate Litigation			Real Estate Closings/General		
Criminal Law			Real Estate Commercial Title		
Divorce			Real Estate Development		
Employment Law			Real Estate Investment Trusts		
Entertainment *			Real Estate Limited Partnership		
Environmental Law *			Real Estate Residential Title		
ERISA			Real Estate Syndication		
Estate Planning			Securities *		
Estate/Trust/Probate			Taxation Opinions		
Family Law – (Non-Divorce)			Taxation Preparation		
Fiduciary			Taxation Representation		
Foreclosures			Traffic		
Foreign Law			Wills		
Guardianships			Workers Compensation Plaintiff *		
High Profile Divorce or Monied			Workers Compensation Defense		
Immigration/Naturalization			Other: Please Explain on firm Letterhead		
			Total	100%	100%

* Please Contact Agent for Supplement.

5. a. During the last year has any attorney been the subject of a reprimand, disciplinary action, or investigation or been refused admission to the bar by any bar association, court or administrative agency? Yes No
If yes, please explain. _____
- b. Is any attorney aware of any claim, circumstance, incident, act or omission during the last year, which might reasonably be expected to be the basis of a claim suit, arising out of the performance services for others?
 Yes No
- c. Please use the enclosed Claim Supplement to provide details of any claims or circumstances which have closed during the last year and any open or reopened claims or Circumstances reported on any previous application for insurance. It is not necessary to provide information on prior closed Claims on which full details have already been provided. NO CHANGE – Failure to provide updated details will represent “No Change.”
6. Do all attorneys in the firm meet Continuing Legal Education (CLE) requirements? Yes No
7. Have your firm’s **Internal Procedures changed** (i.e., docket control, conflict of interests)? Yes No
8. Does your firm use at least one computer in your practice? Yes No
9. How many suits for collection of fees have been filed by the firm during the past two years? _____
Dollar Amount Last Year: \$ _____ Dollar Amount Previous Year: \$ _____
*How many of these suits have been resolved successfully? _____
10. Does any member of the firm serve as a director, officer, partner or employee or have an equity interest in a client?
 Yes No If yes, please complete the Outside Interest Supplement.
11. Please complete enclosed individual insured supplemental form for all attorneys that are to be insured.

NOTICE TO THE APPLICANT – PLEASE READ CAREFULLY.

The Applicant represents that the above statements and facts are true 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 the facts, and statements above, and in each supplemental application, of which Applicant becomes aware after signing the application.

Agreement: “I/We agree and understand that the “Notice to Applicant” in the original application continues in full force and effect. This application shall be incorporated into and shall become a part of the renewal policy.”

I/We understand and accept that the policy provides coverage on a “claims-made and reported” basis for only those claims which are made against the insured while the policy is in force and coverage ceases with the termination of the policy unless I/We exercise the options available and in accordance with the terms policy issuance. It is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to the policy.

WARNING: Any person who, knowingly and with the intent to defraud any insurance company or other person, files an application for insurance 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.

NOTICE TO NEW YORK RESIDENT 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 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 such violation.

Signing this form and tendering premium does not bind the Applicant or the Company to complete the insurance. This application must be signed and dated in ink by an Owner, Officer, Partner or Member to be considered for a quotation.

X _____ X _____
Signature of Owner, Officer, Partner, Shareholder or Member Date

Print or Type Name Title

NOTICE: Failure to report the following to your current insurance company BEFORE policy expiration may create lack of coverage.

1. Any claim made against you during your current policy term; or
2. Any facts, circumstances, or events, which may give, rise to a claim.

INDIVIDUAL INSURED SUPPLEMENT FORM

Name of Applicant Firm: _____

Name of all Owners, Partners, Officers, Directors, Stockholders, Employees, Employed Lawyers and Members of the Professional Association.

Designations:

- O Owners, Directors, or Stockholders of the Applicant Firm who are Licensed Lawyers
- P Partners of a Partnership
- S Sole Practitioner
- E Employed Lawyers (Must be Employee of Applicant Firm)
- OC Of Counsel-Attorneys for Whom Coverage is Desired
- A Associate for Whom Coverage is Desired
- PTA Part-Time Attorney (Attorney Practicing Less than 25 Hours a Week)

NAME	DESIGNATION CODE	YEAR FIRST ADMITTED TO BAR	YEAR LAWYER JOINED FIRM

PLEASE COMPLETE THIS RENEWAL WARRANTY AND RETURN WITH YOUR APPLICATION

Date: _____ / _____ / _____

Re: renewal Application for Lawyers Professional Liability

To Whom it may Concern:

I am the _____ (Owner, Officer, Partner, Shareholder or Member) of a Professional Association acting as a Sole Agent for all the members of The Association. Please use appropriate title(s).

Name of Firm to be insured: _____

This is to acknowledge that after inquiry, I/We are not aware of any claims, incidents, potential claims, acts, errors, omissions, disciplinary issues and or circumstances that could result in a professional liability claim since the completion of our renewal application dated _____. I/We specifically asked all persons in our firm if they have knowledge of any claims, incidents, potential claims, disciplinary matters or circumstances that may give rise to a claim against us that are not listed in our response to questions 5 a. b. or c. of the Renewal Application. All persons have answered No.

All matters reported on questions 5 a. b. or c. of the Renewal Application have already been reported to our existing carrier. There is no coverage for any claims, incidents, potential claims, disciplinary matters or circumstances that may give rise to a claim reported on questions 5 a. b. or c. of the Renewal Application. It is agreed and understood by all concerned that if any person(s) or entity (ies) applying for this insurance have any knowledge of such fact, circumstance or situation, any claim emanating therefrom shall be excluded from coverage under the proposed insurance.

This will also certify that the information given on our application is unchanged since it was completed.

It is agreed and understood that this warranty letter is material to the issuance of the firm's lawyers professional liability insurance policy, referred to herein. It is further agreed and understood that this letter shall become part of the policy.

X

Signature of Owner, Officer, Partner, Shareholder or member of Professional Association
Acting as a Sole Agent for all Members of the Association

X

Date

Print or Type Name

Title

SUPPLEMENT CLAIM INFORMATION

Instructions:

1. This forms is to be completed by an Applicant or Insured who has been involved in any claim or suite or is aware of an incident, which may give rise to a claim.
 2. COMPLETE ONE FORM FOR EACH CLAIM OR INCIDENT.
 3. If space is insufficient to fully answer any questions, attach a separate sheet.
 4. Answer all questions completely.
 5. DO NOT ATTACH COPIES OF SUIT PAPERS.
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Please Type or Print in Ink

1. Full name of Applicant or Insured: _____

2. Full name(s) of individual(s) or firm involved in the claim: _____

3. Full name of Claimant: _____

4. Indicate whether: CLAIM/SUIT INCIDENT

5. Date and location of alleged error: _____

6. Date of claim: _____

7. Additional defendants: _____

8. IF CLOSED: Total loss paid including deductible(s): \$ _____

Indicate whether: Court Judgment Out of Court Settlement

9. IF PENDING: Claimant's settlement demand: \$ _____

Defendants offer for settlement: \$ _____

Insurer's loss reserve: \$ _____

Name of Insurer responding to
this claim or incident: _____

Policy Number: _____

Limits of Liability: \$ _____

Deductible: \$ _____

10. DESCRIPTION OF CLAIM, SUIT OR INCIDENT: _____

a. Description of alleged acts, errors or omissions upon which claim is based:

b. Description of the type and extent of injury or damage allegedly sustained:

c. Explain what action has been taken to prevent recurrence of a similar claim:

I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability Application. I understand that an incorrect or incomplete statement could waive my protection.

X

X

Signature of Owner, Officer, Partner, Shareholder or Member

Date

Print or Type Name

Title

(Must be signed by an Owner, Partner, Member, Shareholder or Officer of the Firm)

ADD ATTORNEY FORM

Instructions:

1. This form is to be completed by the Insured for each new attorney joining the firm.
2. If more than one attorney has joined the firm, complete a separate form for each attorney.
3. This form must be signed and dated on the bottom by the new attorney and by an authorized owner, officer, partner, shareholder or member of the firm.
4. **Please Type or Print in Ink.**

Firm Name: _____ Policy Number: _____

Complete the following for the new attorney joining the firm:

Attorney Name	D/C *	Date of Birth (Month/Day/Year)	Social Security No.	Years in Practice	Date Joined Firm	Prior Acts Exclusion Date

* Designation Codes (D/C):

- O Owners, Directors, or Stockholders of the Applicant Firm who are Licensed Lawyers
- P Partners of a Partnership
- S Sole Practitioner
- E Employed Lawyers (Must be Employee of Applicant Firm)
- OC Of Counsel-Attorneys for Whom Coverage is Desired
- A Associate for Whom Coverage is Desired
- PTA Part-Time Attorney (Attorney Practicing Less than 25 Hours a Week)

Provide employment history for the past three (3) years: _____

Was lawyers professional liability insurance carried by the new attorney for his/her prior firm?

Yes No If Yes, please provide the following:

Past Years	Professional Liability Insurance Company	Policy Number	Prior Acts Exclusion Date	Limits of Liability Per-Claim/Aggregate	Policy Period (MM/DD/YYYY) to (MM/DD/YYYY)
1					
2					
3					

Please indicate prior acts coverage desired for the new attorney, keeping in mind that prior acts coverage is subject to underwriting review.

Full prior acts No prior acts Other prior acts exclusion date: _____ / _____ / _____
(Month/Day/Year)

Has the new attorney or attorney's previous firm purchased an endorsement to extend claims reporting? Yes No (i.e., tail, extended reporting endorsement, ERP, etc.)

If Yes, please provide the following:

Effective date of Endorsement: _____ / _____ / _____ Length of Reporting Period: _____ Years/Month
(Month/Day/Year) (Circle One)

Is the new attorney aware of any professional liability claim made against him/her in the past five (5) years, or any incident, act, error or omission which might reasonably be expected to be the basis of a claim or suit arising out of their performance of professional services for others? Yes No

If Yes, a Supplemental Claim Information form must be completed for each claim or incident.

During the past five (5) years, has the new attorney had coverage declined, canceled or non-renewed by any professional liability insurer? Yes No

If Yes, please attach a short narrative explanation.

During the past five (5) years, has the new attorney been the subject of a reprimand, disciplinary action, or current investigation? Yes No

If Yes, please provide a copy of any such action.

Since January 1, 1990, has the new attorney had any equity interest or served as director, officer, partner, general counsel, or member of any committee of any Financial Institution (FI) which is a past or present client? Yes No

If Yes, please attach a short narrative explanation. (Include names of FI, dates of services, percent of equity, type of activities, etc.)

It is agreed that the information contained herein is true and deemed incorporated into the Lawyers Professional Liability Application. Signing this form and tendering premium does not bind the Applicant or the Company to complete the insurance. The application must be signed to be considered for coverage.

X

Signature of Owner, Officer, Partner, Shareholder or Member

X

Date

X

Signature of Added Attorney

X

Date

DEPARTING ATTORNEY FORM

Instructions:

5. This form is to be completed by the Insured for each attorney leaving the firm.
6. This form must be signed and dated on the bottom by both the departing attorney and by an authorized owner, officer, partner, shareholder or member of the firm.
7. **Please Type or Print in Ink.**

Firm Name: _____

Current Policy Number: _____

Name of Departing Attorney: _____

Date departing attorney is leaving the firm and should be deleted from this policy: _____

Is the departing attorney retiring? Yes No

If Yes, please have the departing attorney contact us regarding the purchase of his/her own professional liability policy so that he/she may avoid a gap in coverage.

Is the departing attorney leaving to join another firm? Yes No

If Yes, please have the departing attorney contact us regarding information concerning his/her prior acts coverage and the possibility of preserving that coverage at his/her new firm to avoid gap in coverage.

Please provide a forwarding address and a business phone number for the departing attorney:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone (Include Area Code): (_____) _____

X

Signature of Owner, Officer, Partner, Shareholder or Member

X

Date

X

Signature of Departing Attorney

X

Date

PLAINTIFF SUPPLEMENT

Please answer all questions in relation to your plaintiff practice only

1. Have you advertised during the past 12 months through any of the following:
- a. Television..... Yes No
 - b. Radio..... Yes No
 - c. Newspaper..... Yes No
 - d. Yellow Pages..... Yes No

If **Yes**, please attach copies of this advertising or provide an explanation of the specific nature of such advertising.

2. Total number of Personnel Injury cases during the past 12 months: _____

3. Average number of personal injury cases each attorney handles per year: _____

4. Percentage of cases (must equal 100%): Settle before trial? _____ Cases tried to conclusion? _____

5. Percentage of cases referred to you by other law firms? _____ %

6. Do you use written referral agreements in all cases which are referred to you? Yes No

7. Do you use written referral agreements in all cases which are referred out? Yes No

8. Do you obtain certificates of insurance in all cases which are referred out? Yes No

9. Average dollar value of all plaintiff cases are: Less than \$25,000 \$25,001 - \$100,000 \$100,001 - \$500,000

\$500,001 - \$1,000,000 Other: _____

10. What percentage of your plaintiff cases are:

_____ % Class Action/Mass Tort *	_____ % Product Liability	_____ % Legal Malpractice
_____ % Automobile Accident	_____ % Slip and Fall	_____ % Medical Malpractice
_____ % Other: _____		

11. With respect to your answer in Question 18, please state the maximum dollar value of any one case:

\$ _____ Class Action/Mass Tort *	\$ _____ Product Liability	\$ _____ Legal Malpractice
\$ _____ Automobile Accident	\$ _____ Slip and Fall	\$ _____ Medical Malpractice
\$ _____ Other: _____		

12. Percentage of recovery your firm takes as fees: _____ %

13. Describe the firm's procedure for tracking the Statue of Limitation on each personal injury case: _____

14. Name and position of person(s) designated to track the Statue of Limitation on each personal injury case: _____

* Please provide a written narrative regarding any **Class Action/Mass Tort** cases this firm has handled or had involvement with, in the past three years, to include: the number of such cases, number of clients in each case, overall case value, status, nature or cause of action of each case, as well as the firm's previous experience in this area.

X _____ X _____
Signature of Owner, Officer, Partner, Shareholder, or Member Date

Print or Type Name Title

Independent CPA or Accounting Professional Supplement

Please answer all questions in relation to your practice

1. Does the applicant utilize an independent CPA, Accountant, Tax Professional or Bookkeeper?..... Yes No

a. If yes, provide the following:

Name of Firm or Professional: _____

Principle business premises address: _____

City: _____ State: _____ Zip: _____

Name of contact person: _____ Email Address: _____

Phone Number: _____ Fax Number: _____

2. Does the applicant's independent CPA, Accountant, Tax Professional or Bookkeeper maintain their own professional liability insurance to cover their practice? Yes No

a. If yes, provide the following:

Insurance Company	Limits of Liability	Deductible	Policy Period (MM/DD/YY)	Accountants Covered
	\$ / \$			