



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 attorneys named, address, and other offices, etc. should be explained on a separate sheet of paper

2. Street Address: _____
City: _____ County: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____ Web site Address: _____

Firm Coverage Information

3. Coverage is requested to be effective on: _____ / _____ / _____

4. What year was the firm established? _____

5. Type of Entity? solo practitioner individual attorney with employee attorney(s)
 partnership PC PA LLC LLP other _____

6. Is the firm office or suites shared with attorneys other than firm members? Yes No

7. Does the firm have offices (other than conference room only facilities) at locations other than the primary location? Yes No

8. a. Does the firm practice in states other than the primary location? Yes No

b. If "yes", provide the following information for the additional states in which you practice:

State:						
Revenue:	\$	\$	\$	\$	\$	\$
# Attorneys:						

If the firm practices in more than six states please contact your agent.

9. Is the ratio of support staff to attorneys greater than 3 to 1? Yes No

10. For how many years has the firm been continuously insured for malpractice claims? _____

11. Enter the prior acts exclusion date, if applicable: _____ / _____ / _____

NOTE: If the firm is a spin-off from another firm include the number of years that firm has been continuously insured.

12. Has the firm ever purchased an Extended Reporting Period option? Yes No

13. Has the firm's coverage ever been non-renewed, cancelled, rescinded or declined by another carrier? Yes No

14. Does the firm desire coverage for previously-dissolved predecessor firms and those attorneys affiliated therewith? Yes No

15. Is there an attorney listed on the letterhead not covered by the firm's insurance? Yes No

16. Enter the firm's insurance history for the last five years:

Eff Date mm/dd/yy	Insurance Company	Limits (per claim/aggregate)	Deductible (per claim/agg)	Covered # of attorneys	Annual Premium

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Attorney Information

17. **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 governmental entity and the date the attorney was admitted to the Bar must be explained on a separate sheet of paper following the same format. List additional attorneys on a separate sheet in the same format.

Attorney Name	Attorney Desig.	Average # of hours per week			States licensed to practice law	Number of Years		Prior acts date	CNA Risk Mgmt Seminar Date	Bar Member?	
		0	1-10	11-25		26 +	In practice			with this firm	continuous malpractice coverage
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Attorney Designations:

A Associate
CC Co-counsel
D Director
E Employee
IC Independent Contractor

Partner Designations:

MEM Member of Firm
MGR Manager
O Owner
OC Of Counsel
OF Officer

SP Solo Practitioner
SPC Special Counsel
STC Staff Counsel
SHH Shareholder
STH Stockholder

EP Equity Partner
NP Non-equity Partner
P Partner
LLP Limited Liability Partner
RP Retired Partner



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Areas of Practice

18. Guidelines for completing this section:

- a. Express percentages of time devoted (billable hours) in each area during the previous year.
- b. Indicate percentages in whole numbers next to the type of law you practice, not the business client you represent.
- c. Be as accurate as possible, as casual estimates may cause inappropriate evaluation of your practice.
- d. All litigation should be coded as "civil litigation" with the exception of "criminal", "personal injury-plaintiff" and "intellectual property" which should be coded to their respective Area of Practice.

<input type="text"/> % Admiralty / Marine – Defense	<input type="text"/> % Criminal	<input type="text"/> % Natural Resources / Oil & Gas
<input type="text"/> % Admiralty / Marine – Plaintiff	<input type="text"/> % Environmental	<input type="text"/> % Pers Inj / Prop Dam - Defense
<input type="text"/> % Anti-Trust / Trade Regulation	<input type="text"/> % Family Law	<input type="text"/> % Pers Inj / Prop Dam - Plaintiff
<input type="text"/> % Banking / Financial Institutions	<input type="text"/> % Government Contracts / Claims	<input type="text"/> % Real Estate/Title - Commercial
<input type="text"/> % Business Transaction – Comm'l Law	<input type="text"/> % Immigration / Naturalization	<input type="text"/> % Real Estate/Title- Residential
<input type="text"/> % Civil/Comm'l Litigation – Defense	* <input type="text"/> % Intellectual Prop –	* <input type="text"/> % Securities (S.E.C.)
<input type="text"/> % Civil/Comm'l Litigation – Plaintiff	(Copyright/Trademark/Patent)	<input type="text"/> % Taxation
<input type="text"/> % Civil Rights / Discrimination	<input type="text"/> % International Law	<input type="text"/> % Wills, Estate, Trust & Probate
<input type="text"/> % Collection / Bankruptcy	<input type="text"/> % Labor Management Rep	<input type="text"/> % Workers Comp - Defense
<input type="text"/> % Construction (Building Contracts)	<input type="text"/> % Labor Union Rep	<input type="text"/> % Workers Comp - Plaintiff
<input type="text"/> % Consumer Claims	<input type="text"/> % Local Government	<input type="text"/> % Other (describe below)
<input type="text"/> % Corporate Business Organization		

TOTAL: **must equal 100%**

* If any percentage, complete the Intellectual Property and/or Securities Supplemental Applications.

"OTHER" Description Area: _____

Firm Operations and Management

- 19. Does the firm or any attorney of the firm have clients in the Entertainment industry? Yes No
- 20. At any time in the past five years, has the firm, or any attorney of the firm (regardless of what firm they were with at the time) provided legal services in any way related to a security or securities transaction? Yes No
- 21. Does the firm have any one client in which the firm's attorneys have an equity interest greater than 10% combined? Yes No
- 22. Does the firm have any one client which represents more than 25% or more of the firm's billings? Yes No
- 23. Does anyone in the firm serve as a director, officer or employee or in any other management capacity for a client? Yes No
- 24. Does the firm have procedures for identifying and resolving potential or actual conflicts of interest including cross-checking of former, existing or potential clients? Yes No
- 25. Does the firm have at least two independently maintained docket controls? Yes No
- 26. Does the firm regularly confirm representations in writing via use of formal engagement agreements? Yes No
- 27. Does the firm regularly acknowledge in writing the declination or termination of representations? Yes No
- 28. For firms greater than 5 attorneys: Does the firm require that at least two attorneys in the firm be informed of the initiation of a representation? Yes No
- 29. If you are a solo practitioner, do you have a procedure in place regarding provisions of services if you are incapacitated or otherwise unavailable? Yes No



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30. Has the firm initiated lawsuits or arbitration procedures during the last two years to enforce the collection of unpaid fees for the firm? Yes No

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

31. a. In the past year has the firm represented any publicly traded clients in any practice area? Yes No

b. If "yes" what were the firm's gross billings attributable to such representation? \$ _____

If "yes" to a. above also provide on a separate sheet of paper: name of client, date of first affiliation, services rendered, and whether this is a current client of the firm.

32. Has the firm been involved in any mass tort / class action cases within the past five years? Yes No

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

33. Provide the firms gross revenues:

Year	Year End Date	Gross Revenues
Current fiscal		\$ _____
Prior fiscal		\$ _____
2 Years Prior		\$ _____

34. What percentage of accounts receivable are outstanding more than 90 days? _____%

Claim / Incident / Disciplinary Information

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

a. 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? Yes No

b. an act or omission that may reasonably be expected to be the basis of a claim 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" to a. or b above complete a Claims/Disciplinary Supplemental Application for each claim or incident.

36. a. 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? Yes No

b. If "yes" has that attorney been refused admission to practice, disbarred, suspended, formally reprimanded, or sanctioned in any other way? Yes No

If "yes" to a or b above complete the Claims / Disciplinary Supplemental Application.

Requested Coverage

37. a. Select the Each Claim/Aggregate Limit the firm desires:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$ 100,000/\$ 300,000 | <input type="checkbox"/> \$ 500,000/\$ 1,000,000 | <input type="checkbox"/> \$ 2,000,000/\$ 2,000,000 | <input type="checkbox"/> \$ 4,000,000/\$ 4,000,000 |
| <input type="checkbox"/> \$ 250,000/\$ 500,000 | <input type="checkbox"/> \$ 1,000,000/\$ 1,000,000 | <input type="checkbox"/> \$ 2,000,000/\$ 4,000,000 | <input type="checkbox"/> \$ 5,000,000/\$ 5,000,000 |
| <input type="checkbox"/> \$ 500,000/\$ 500,000 | <input type="checkbox"/> \$ 1,000,000 / \$ 2,000,000 | <input type="checkbox"/> \$ 3,000,000/\$ 3,000,000 | <input type="checkbox"/> Other: \$ _____ / \$ _____ |

b. Select the Aggregate Deductible the firm desires (all deductibles are not available in all states):

- | | | | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> \$ 1,000 | <input type="checkbox"/> \$ 2,500 | <input type="checkbox"/> \$ 4,000 | <input type="checkbox"/> \$ 10,000 | <input type="checkbox"/> \$ 25,000 | <input type="checkbox"/> \$ 75,000 | |
| <input type="checkbox"/> \$ 2,000 | <input type="checkbox"/> \$ 3,000 | <input type="checkbox"/> \$ 5,000 | <input type="checkbox"/> \$ 15,000 | <input type="checkbox"/> \$ 50,000 | <input type="checkbox"/> \$ 100,000 | <input type="checkbox"/> Other: \$ _____ |

38. Select the optional coverages the firm desires:

- Per Claim Deductible Claims Expenses Outside Limit First Dollar Defense 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.



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Signature and Representation

Applicant hereby represents, after inquiry, that the information contained herein and in any supplemental applications or forms required hereby, is true, accurate and 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 quotations and/or authorization 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 this application and made a part hereof.
2. This application will be the basis of the contract and will be incorporated by reference into and made part of such policy; and
3. 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.

Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant.

FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

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 MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (for New York residents only: 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.) (For Pennsylvania Residents only: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.) (For Tennessee Residents only: Penalties include imprisonment, fines and denial of insurance benefits.)

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 to this application