

Please Type or Print in Ink

**APPLICATION
LAWYERS PROFESSIONAL LIABILITY INSURANCE POLICY
THIS IS A CLAIMS-MADE POLICY**



	Business Phone (Include Area Code) () - -
Firm Name	Email Address
Principal Business Address (INCLUDING COUNTY) – Street Address Only – No P.O. Boxes	Form of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Assn. <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability <input type="checkbox"/> Other _____ Partnership/Corporation
City State Zip County	Effective Date Requested
(Please list any secondary or foreign locations on a separate sheet.)	Month/Year Firm Established
Firm Website Address	

COVERAGE SELECTION

1. Limits and Deductibles:

<p>(a) Limits Desired:</p> <input type="checkbox"/> \$ 100,000/\$300,000 <input type="checkbox"/> \$2,000,000/\$2,000,000 <input type="checkbox"/> \$ 250,000/\$500,000 <input type="checkbox"/> \$3,000,000/\$3,000,000 <input type="checkbox"/> \$ 500,000/\$1,000,000 <input type="checkbox"/> \$4,000,000/\$4,000,000 <input type="checkbox"/> \$ 750,000/\$1,500,000 <input type="checkbox"/> \$5,000,000/\$5,000,000 <input type="checkbox"/> \$ 1,000,000/\$1,000,000 <input type="checkbox"/> \$ _____ Higher limits are available to qualifying firms.	<p>(b) Per Claim Deductibles Desired:</p> <input type="checkbox"/> \$ 1,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$ 2,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$ 2,500 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$ 3,000 <input type="checkbox"/> \$ _____ Higher deductibles are available to qualifying firms.	<p>(c) Aggregate Deductible Desired (available to qualifying firms):</p> <input type="checkbox"/> \$ _____ Per Claim / \$ _____ Aggregate
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FIRM INFORMATION

2. (a) **Insured Lawyer Supplement:** List all the lawyers applying for coverage under this application in the **Insured Lawyer Supplement** and **attach a copy of your letterhead for each location.**

(b) Is firm career coverage desired? (Note: Additional Premium Applies)..... Yes No

(c) Is individual career coverage desired? (Note: Additional Premium Applies)..... Yes No
 If "yes", provide a list containing the name(s) of the individual lawyer(s) seeking career coverage

(d) Provide the number of employees and/or support staff utilized:

Law Clerks	Investigators	Abstractors	Accountants	Title Agents*	Patent Agents	Paralegal Personnel	Clerical Staff/Secretary	None

*Complete Title Agency Supplement

(e) If you are a sole practitioner, please provide the name of the lawyer(s) who would be responsible for your affairs if you were absent for an extended period of time (i.e., vacation, illness, etc.). (Use a separate sheet if more space is needed).

Name: _____
 Address (City, State Zip): _____
 Telephone Number: _____

3. The following chart must be completed for the applicable fiscal year (if your firm is newly established, provide a projection for the current fiscal year only):

	Gross Income	Net Income (before payment of bonuses, salaries, and other remuneration)
Estimate for Current Fiscal Year	\$	\$
Actual for Immediate Past Fiscal Year	\$	\$
Actual for Second Previous Fiscal Year	\$	\$

4. Does your firm share office space with any firm or lawyer(s) who is/are not members of your firm?..... Yes No
 If "yes", please describe in a separate sheet the current arrangement and list all lawyers by name, their current carrier and limits of liability.

FIRM CHANGES

5. (a) Has the firm's ownership changed in the past five (5) years?..... Yes No
 If "yes", please provide the following information in chronological order:

Predecessor Firm Name	# of partners, officers owners of predecessor at date of dissolution	# of partners, officers, owners of predecessor who joined successor	% of billings assigned successor

(b) Over the past 5 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? If yes, explain by attachment..... Yes No

Is a merger, name change, or organizational change pending? If yes, explain by attachment..... Yes No

AREA OF PRACTICE

6. (a) Indicate the percentage of gross billable dollars for the last fiscal year, from activities devoted to the following areas of practice. If this is a newly established firm, please provide estimates.

	Prev. %	New%		Prev. %	New%
Administrative Law			International Law		
Admiralty/Maritime			Investment Counseling/Money Management Complete Corresponding Supplement		
Arbitration/Mediation			Juvenile/Guardian Ad Litem		
Acquisitions/Mergers			Labor Law – Employer Representation		
Bankruptcy Complete Corresponding Supplement			Labor Law – Employee / Union Representation		
Defense BI/PD			Landlord/Tenant		
Defense – Ins/Prof Liability/Medical Malpractice Liability			Municipal Law – Do not include bond work		
Defense – Products Liability			Oil /Gas/Natural Resources Complete Corresponding Supplement		
Defense – Litigation Other			Patent Complete Corresponding Supplement		
Defense – Class Action/Mass Tort Defense			Plaintiff – BI/PD Complete Corresponding Supplement		
Bonds: Federal, State or Municipal Complete Corresponding Supplement			Plaintiff – Prof Liability/Medical Malpractice Complete Corresponding Supplement		
Business/Corporate			Plaintiff – Products Liability Complete Corresponding Supplement		
Collections/Repossession Complete Corresponding Supplement			Plaintiff – Class Action /Mass Tort Complete Corresponding Supplement		
Copyright and Trademark Complete Corresponding Supplement			Plaintiff – Litigation Other Complete Corresponding Supplement		
Corporate Formation/Alteration			Public Utilities		
Criminal			Real Estate – Commercial Complete Corresponding Supplement		
Discrimination/Harassment Plaintiff			Real Estate – Residential Complete Corresponding Supplement		

Discrimination/Harassment Defense			Securities Law – State or Federal securities both exempt & registered. Include syndications, limited partnerships, prospectus, private placements, corporate bonds, etc. Complete Corresponding Supplement		
Domestic/Family Law			Social Security – Plaintiff		
Entertainment Complete Corresponding Supplement			Tax Individual Complete Corresponding Supplement		
Environmental Complete Corresponding Supplement			Tax Corporate Complete Corresponding Supplement		
ERISA/Employee Benefits			Tax Opinions Complete Corresponding Supplement		
Estate Planning/Probate/Trusts/Wills			Workers Compensation – Defense		
Financial Institutions Complete Corresponding Supplement			Workers Compensation – Plaintiff		
Immigration			Other – If greater than 5% provide details in a separate sheet		
Insurance Defense			TOTAL MUST EQUAL 100%		

(b) Does any member of the firm provide professional services as an accountant, real estate agent, investment advisor, insurance agent, or any other type of non-legal professional?..... Yes No
If yes, complete the following:

Type of Practice	Percentage of Practice	Insurance Carrier	Expiration (Mo-Day-Yr)
	%		
	%		

(c) In the past 5 years, has any member of the firm practiced law in the capacity of prosecuting lawyer, public defender, independent contractor, public official, municipal counsel, state counsel, or in-house counsel?..... Yes No
If yes, complete the following:

Name of Lawyer	Entity	Services Provided	Firm's Percentage of Practice	Insurance Carrier	Expiration (Mo.-Day-Yr)
			%		
			%		

RISK MANAGEMENT

Client Intake/Screening/File Opening Procedures

7. (a) Does your firm have procedures which require that no new file can be opened by anyone in the firm without first obtaining a conflicts approval and Docket Control Entry?..... Yes No
- (b) Does your firm have procedures which require that no new file can be opened by anyone in the firm without obtaining the approval of a management committee or at least 1 other disinterested partner (Not Applicable to Solos)?..... Yes No
- (c) Do your firm's new client screening procedures examine the proposed client's history and financial condition, credit rating or bill paying history, number of previous Lawyers interviewed or employed, and the reasonableness of their expectations and their attitude toward litigation?..... Yes No
- (d) Do your firm's new client screening procedures examine the difficulty or complexity of the proposed representation, the match between the proposed representation and the current skill sets, and the likelihood of success?..... Yes No
- (e) Are all your firm's staff trained to explain to potential clients that no new matters can be undertaken except through the above procedures?..... Yes No

Conflict of Interest/Docket Control Systems

8. (a) Are your firm's conflict of interest systems automated and review both clients, related and opposing parties, and require individual review and approval by all responsible lawyer(s) in all offices?..... Yes No
- (b) Do your firm's conflict of interest systems and procedures prohibit any kind of representation that is potentially adverse to a current or former client?..... Yes No
- (c) Do your firm's conflict of interest procedures prohibit any representation where any lawyers have any kind of financial interest in the proposed client or subject matter of the representation, other than traditional hourly or contingent legal fees?..... Yes No

- (d) Do your firm's docket control systems track both litigated and non-litigated items, even where no critical deadline is involved?..... Yes No
- (e) Do your firm's docket control procedures have built in safeguards that require notification of firm management and case re-assignment if a critical deadline is about to be missed?..... Yes No

Oversight/Peer Review/Internal Communication Systems

9. (a) Are the status and direction of all firm matters regularly reviewed by firm management?..... Yes No
- (b) Do the firm's procedures require all attorneys to provide a thorough update of any problem files or cases?..... Yes No
- (c) Does your firm have procedures in place to remove any lawyer from a case and re-assign it or seek withdrawal as necessary?..... Yes No
- (d) Are all lawyers required to attend regular firm meetings (in person or electronically) whereby matters of common importance are communicated?..... Yes No
- (e) Are all significant or critical opinions or decisions peer reviewed by at least two other lawyers (if firm is larger than 3 attorneys)?..... Yes No

Office Policies and Procedures/Firm Management/Billing Practices

10. (a) Does your firm have established Office Policies and Procedures covering employment and benefits, internal procedural systems, and policies on investment in client businesses?..... Yes No
- (b) Does your firm's management personnel include a Risk Control or Loss Prevention expert dedicated to helping the firm avoid malpractice?..... Yes No
- (c) Does your firm's management personnel include an Executive Committee with authority to over-rule even the most senior partners?..... Yes No
- (d) Does your firm have any unpaid accounts over 90 days old?..... Yes No
- (e) Does your firm have a policy against suing for fees and are all outstanding fees referred to a collection agency?..... Yes No
- (f) How many suits for collection of your legal fees were filed during the past 2 years? # _____

Additional Information

11. (a) For which matters are Engagement Letters (including Fee Agreements) Used:
 Litigated Matters Only Transactional Matters Only New Clients Only All New Cases/Matters All Cases/Matters
- (b) Are declination or non-engagement letters issued on all matters declined by your firm?..... Yes No
12. Does your firm's conflict of interest avoidance procedures include:
1. Clients of predecessor firms?..... Yes No
 2. Clients of merged or acquired firms?..... Yes No
 3. Lateral hires?..... Yes No
 4. Matters or clients your firm has declined?..... Yes No
13. If any lawyer in the firm becomes aware of a potential conflict of interest for firm clients, does your firm require written conflict waivers to be executed by all affected parties?..... Yes No
14. In the past 5 years, has any current or past lawyer of the firm served, or is any such lawyer currently serving as a director, officer, partner or employee, or have or had any equity interest in any past or present client?..... Yes No
 If "yes", please complete the attached **Outside Interest Supplement**.
15. Has any current or past lawyer of the firm provided any professional services, acted as director, or serve on an internal committee of a financial institution (defined as savings and loan, bank credit union, savings association, building and loan association or any other banking institution, holding company or affiliate thereof) within the past 5 years?..... Yes No
 If "yes", please complete the attached **Financial Institutions Supplement**.
16. Has any current or past lawyer of the firm performed any legal services in connection with the offer and sale of securities within the past 5 years?..... Yes No
 If "yes", please complete the attached **Securities Supplement**.

17. (a) Has any current or past lawyer of the firm performed any federal, state or municipal bond engagements within the past 5 years?..... Yes No
- (b) In the past 5 years, has any member of the firm provided any legal services in connection with the offer and sale of bonds issued by the United States or any State Municipality, political subdivision, or public instrumentally of the U.S., state, or any municipality?..... Yes No
If "yes", please complete the attached **Bond Supplement**.

18. The following chart must be completed for your largest 3 clients based upon either your (check one) gross revenue or billable hours for each category

Name	Client Industry	Areas Of Legal Services For Client	Percentage Of Your Revenue Derived From Client	No. Of Years Represented By Your Firm
			%	
			%	
			%	

19. The following chart must be completed based upon your (check one) gross revenue or billable hours for each category (The total must equal 100%. Estimates are acceptable.):

Type Of Client	Percentage Of Practice	Type Of Client	Percentage Of Practice
Individuals	%	Large Public Companies > \$100M Revenues	%
Individuals-High Net Worth > \$10M Assets	%	Government or Public Institutions	%
Small Private Companies < \$100M Revenues	%	Non-Profits/Charities	%
Large Private Companies > \$100M Revenues	%	Other	%
Small Public Companies < \$100M Revenues	%		

CLAIMS AND DISCIPLINARY ACTION

20. Has any current or past lawyer of the firm listed on the **Insured Lawyer Supplement** (If "yes" to any question, please explain in a separate sheet and include the date and outcome):
- (a) Had his/her legal license or authority to practice law revoked?..... Yes No
- (b) Been subject to disciplinary action by any state or local bar or ABA?..... Yes No
- (c) Been subject to any fine, reprimand or criminal penalty related to performance of professional services?..... Yes No
- (d) Has applicant firm, predecessor in business or lawyer had their lawyers professional liability insurance denied, cancelled or non-renewed (other than due to loss of market)?(Missouri Applicants Need Not Respond)..... Yes No
21. Have any claims or suits been brought against any lawyer listed on the **Insured Lawyer Supplement**, a predecessor of the firm or any current or past partner, management committee member, officer, owner or employed lawyer thereof during the past 5 years or is any firm lawyer aware of any circumstances which may result in a claim being made against them?..... Yes No
If "yes", please complete the attached **Supplemental Claim / Incident Information** supplement for each claim or circumstances which could give rise to a claim.

PRIOR INSURANCE

22. (a) Was lawyers professional liability insurance carried by you, your firm or previous firms during the past year? If "yes", provide the following:

Inception (Mo/Day/Yr)	Expiration (Mo/Day/Yr)	Insurance Company	Premium	Limits	Deductible	Per Claim or Aggregate Deductible

- (b) Has the firm or any lawyer listed on the **Insured Lawyer Supplement** purchased an endorsement to extend the claims reporting period? (i.e., tail, extending reporting endorsement, ERP, etc.)..... Yes No
 Lawyer/Firm who purchased: _____
 Effective Date of endorsements: _____ Length of reporting period: _____ months.
- (c) Does your current policy, or any individual lawyer in the firm, have a prior acts exclusion?..... Yes No
 (If "yes", please provide a list which includes the Firm/Lawyer Name and the Effective Date of the exclusion. Also, please provide a copy of the exclusion to ensure proper rating.)

CONTINUING LEGAL EDUCATION

23. What is the total number of Continuing Legal Education hours completed, in the past year, by all the lawyers listed in the **Insured Lawyer Supplement**? _____

REQUIRED SIGNATURE *(Must be signed and dated in ink by Owner, Partner or Officer)*

Failure to report: 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 to your current insurance company BEFORE policy expiration may create a lack of coverage.
 Signing this form and tendering premium does not bind the applicant or the Company to complete the insurance. Application must be signed and dated to be considered for quotation.

NOTICE TO APPLICANT – PLEASE READ CAREFULLY

I/WE REPRESENT THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND THAT NO INFORMATION HAS BEEN OMITTED OR MISREPRESENTED. I/WE UNDERSTAND THAT THIS APPLICATION INFORMATION SHALL BE THE BASIS OF THE POLICY OF INSURANCE.

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.

NOTE: In applying for coverage, applicant agrees that covered losses must be defended by a Company lawyer and that the deductible applies to damages and claims expenses, investigation costs and legal fees. If applicant elects to handle a claim without involving the Company, then the policy may not afford coverage for such claim.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

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

Any person who knowingly and with 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 and subjects such person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, HI, ID, KS, LA, ME, MD, MN, NM, NJ, OH, OK, PR, RI, TN, UT, VA, VT, WA and WV per attached form 141874).

_____ **PRINT NAME & TITLE** _____ **APPLICANT SIGNATURE** _____ **DATE (DD/MM/YYYY)** _____