

**Lawyers Professional Liability Insurance Application
Claims-Made and Reported Basis**

1. Form of Business / Legal Entity Type:

- Individual Partnership Joint Venture Trust Limited Liability Company
 Organization, Including Corporation

2. Firm name (how it will appear on policy declaration page):

3. Mailing Address:

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

4. Effective Date Desired (12:01 a.m.): _____

5. Date Firm Established: _____

6. Limits Requested:

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

7. Deductible Requested:

- | | | |
|---------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$10,000 |
| <input type="checkbox"/> \$15,000 | <input type="checkbox"/> \$20,000 | <input type="checkbox"/> \$25,000 |
| <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$75,000 | <input type="checkbox"/> \$100,000 |
| <input type="checkbox"/> Others _____ | | |

8. Employee Breakdown (fill in # of each):

- a. _____ # of full time partners and associates ("full time" means more than 750 hours per year or more than 20 hours per week)
- b. _____ # of part time partners and associates ("part time" means less than 750 hours per year or less than 20 hours per week)
- c. _____ # of full time temporary attorneys
- d. _____ # of part time temporary attorneys
- e. _____ # of full time "of counsel"
- f. _____ # of part time "of counsel"
- g. _____ # of full time, non-lawyer, support staff

9. Total Gross Billings:

- a. _____ (\$) Estimated gross billings this year to date
- b. _____ (\$) Total gross billings for last full year
- c. _____ (\$) Total gross billings for prior full year

10. Loss Prevention Information:

- a. Does firm use engagement letters for all new client engagements?
 Yes No
- b. Does firm use annual engagement letters for existing clients?
 Yes No
- c. Are new clients screened by a management committee of two or more partners before engagement?
 Yes No N/A
- d. Is an electronic/computerized or written docket system updated and reviewed daily, and does it cover all client matters?
 Yes No
- e. Does firm use disengagement letters for all matters not accepted by the firm?
 Yes No
- f. Are all associates under the direct supervision of a partner or officer of the firm?
 Yes No N/A
- g. Does the firm maintain a computerized or written system to avoid conflicts of interest?
 Yes No
- h. Do any attorneys of the firm perform legal work outside of firm business (excluding pro bono work)?
 Yes No
- i. _____ Total number of lawsuits against clients to collect fees (or costs) in last five years.

11. Insurance History:

- a. Is firm currently insured?
 Yes No
- b. _____ Per claim limit
- c. _____ Aggregate limit
- d. _____ Deductible / SIR
- e. _____ Expiring premium
- f. Has firm's insurance been cancelled or non-renewed in the past five (5) years?
 Yes No
- g. _____ Retroactive date

12. Claims History:

- a. Has any past or present member of the firm been disciplined, suspended, warned, or disbarred by a state or federal bar in the last five years?
 Yes No
- b. _____ Total number of claims in the last five years by present or former clients have a claim is a demand, a threat to sue or a suit against the firm or any of its present or past members that has resulted in a monetary loss.
- c. _____ Number of Claims in last 5 years where the total claim value was between \$10,000 and \$50,000 above your insurance deductible.
- d. _____ Number of Claims in the last 5 years, where the total claim value was more than \$50,000 above your insurance deductible.
- e. _____ If the answer to Question 12d is 1 or more, how much was paid on the claim(s) in total?

13. Areas of Practice Breakdown (fill in % of revenues attributable to each):

_____ % Admiralty / Maritime	_____ % General Litigation - Defense
_____ % Anti-Trust / Trade Regulations	_____ % General Litigation - Plaintiff
_____ % Appellate	_____ % Immigration
_____ % Bankruptcy (consumer/personal)	_____ % Insurance Company Defense
_____ % Bankruptcy (corporate)	_____ % International / Foreign
_____ % Bankruptcy Collections (consumer/personal)	_____ % Labor Relations
_____ % Bankruptcy Collections (corporate)	_____ % Mediation / Arbitration
_____ % Bodily Injury - Defense	_____ % Medical Malpractice
_____ % Bodily Injury - Plaintiff	_____ % Municipal - Retained Attorney
_____ % Class Action / Mass Tort (plaintiff)	_____ % Oil / Gas / Mining
_____ % Collections (repossession/consumer debt)	_____ % Prosecutor
_____ % Commercial Law	_____ % Public Utilities
_____ % Communications / F.C.C.	_____ % Real Estate (General)
_____ % Copyright / Patent / Trademark	_____ % Real Estate – Partnership / Syndication
_____ % Corporate - General	_____ % Securities / S.E.C.
_____ % Corporate Mergers / Acquisitions	_____ % Taxation
_____ % Criminal	_____ % Trustees
_____ % Domestic Relations	_____ % Wills / Estate Planning / Probate
_____ % Entertainment	_____ % Workers' Compensation
_____ % Environmental	_____ % Other _____
_____ % Family Law	
_____ % Financial Institution / Banking	

14. List of Lawyer Applicants: (required for binding)

- **“FT” means “full time”, which means more than 750 hours per year or more than 20 hours per week; otherwise, check “PT” for “part-time.”**
- **“Year hired” means the year first hired by the applicant firm. Enter the two-letter postal code for the three most active state bar memberships in order (on a revenue basis), and the attorney bar registration number for the primary state where they’re admitted.**

1	Name of Lawyer: _____	Year Hired: _____	Year Admitted to First Bar: _____
	Bar No: _____	Bar Association Memberships (active): _____	Of-Counsel? FT <input type="checkbox"/> or PT <input type="checkbox"/>
	Previous Firm: _____	Partner? FT <input type="checkbox"/> or PT <input type="checkbox"/>	Associate? FT <input type="checkbox"/> or PT <input type="checkbox"/>
2	Name of Lawyer: _____	Year Hired: _____	Year Admitted to First Bar: _____
	Bar No: _____	Bar Association Memberships (active): _____	Of-Counsel? FT <input type="checkbox"/> or PT <input type="checkbox"/>
	Previous Firm: _____	Partner? FT <input type="checkbox"/> or PT <input type="checkbox"/>	Associate? FT <input type="checkbox"/> or PT <input type="checkbox"/>
3	Name of Lawyer: _____	Year Hired: _____	Year Admitted to First Bar: _____
	Bar No: _____	Bar Association Memberships (active): _____	Of-Counsel? FT <input type="checkbox"/> or PT <input type="checkbox"/>
	Previous Firm: _____	Partner? FT <input type="checkbox"/> or PT <input type="checkbox"/>	Associate? FT <input type="checkbox"/> or PT <input type="checkbox"/>

4 Name of Lawyer: _____ Year Hired: _____ Year Admitted to First Bar: _____
Bar No: _____ Bar Association Memberships (active): _____ Of-Counsel? FT or PT
Previous Firm: _____ Partner? FT or PT Associate? FT or PT

5 Name of Lawyer: _____ Year Hired: _____ Year Admitted to First Bar: _____
Bar No: _____ Bar Association Memberships (active): _____ Of-Counsel? FT or PT
Previous Firm: _____ Partner? FT or PT Associate? FT or PT

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Bar No: _____ Bar Association Memberships (active): _____ Of-Counsel? FT or PT
Previous Firm: _____ Partner? FT or PT Associate? FT or PT

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Bar No: _____ Bar Association Memberships (active): _____ Of-Counsel? FT or PT
Previous Firm: _____ Partner? FT or PT Associate? FT or PT

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Bar No: _____ Bar Association Memberships (active): _____ Of-Counsel? FT or PT
Previous Firm: _____ Partner? FT or PT Associate? FT or PT

15 Name of Lawyer: _____ Year Hired: _____ Year Admitted to First Bar: _____
Bar No: _____ Bar Association Memberships (active): _____ Of-Counsel? FT or PT
Previous Firm: _____ Partner? FT or PT Associate? FT or PT

REPRESENTATION BY APPLICANT

I/We represent that the information contained herein is true as of the date that the application is executed and that it shall be the basis of the policy of insurance and deemed incorporated therein, if the Company accepts this application by issuance of a policy. It is hereby agreed and understood that this representation constitutes a continuing obligation to report to the Company as soon as practicable any material change in the circumstances of the Applicant's practice of law, including but not limited to: size of firm, area of practice engaged in by the firm and information contained on each supplemental application submitted by the Applicant.

In applying for coverage, the Applicant agrees that in the event of covered losses he will be required to be defended by the Company lawyers. If the Applicant elects to handle a claim without in any way involving the Company, then no coverage for such claim is afforded the Applicant under the policy.

Signing this application does not bind the Applicant or the Company to complete the insurance, but it is agreed that the statements and particulars contained herein will be relied upon by the Company should a policy be issued.

This application is signed on behalf of all owners, partners, shareholders, corporate officers and employees.

By: _____ Title: _____ Date: _____

Partner, Director, Officer or Owner

APPLICANT'S WARRANTY OF NO KNOWN AND UNREPORTED CLAIMS OR INCIDENTS

I, the undersigned, warrant on behalf of the Applicant that Applicant has no knowledge of any claims, legal or otherwise, which have been or may be made, against any entity or individual for which insurance is requested, which has not been reported previously to you or another insurance company. In addition, after making reasonable inquiries, Applicant is not aware of any act, error or omission, or allegations of any act, error or omission, or any other circumstances or incidents which could give rise to a claim as a result of the law firm's operations or any individual's activities on behalf of the law firm.

Applicant understands that the insurance company's willingness to provide coverage or reinstate coverage is based on this Warranty, which shall be deemed material. Applicant also understands that all such unreported claims or incidents which later result in a claim will not be covered by the company's policy, if issued.

By: _____ Title: _____ Date: _____

Partner, Director, Officer or Owner