

LAWYERS PROFESSIONAL LIABILITY APPLICATION

I. INSTRUCTIONS

1. All application questions must be fully answered. If more space is needed, continue on a separate sheet and indicate the question number.
2. If a question does not apply, write "N/A".
3. When applicable, provide copies of:
 - a. Loss runs, dated within 60 days of submission, covering the past five (5) or more years.
 - b. Expiring Declarations Page with retroactive date (if applicable)

II. GENERAL INFORMATION

1. Name of Applicant (include any DBA's) : _____
2. Contact Name: _____ Contact Title: _____
Phone Number: _____ Email Address: _____
3. Year Business was established (MM/DD/YYYY): ____ / ____ / ____
4. Principal Address: _____
5. Total Branch Locations: _____ List all addresses for additional branches: _____
6. Applicant's website: www. _____
7. Applicant is: Sole Practitioner Limited Liability Corporation Partnership
 Limited Liability Partnership Professional Association or Corporation
 Other _____
8. Is the Applicant firm controlled, owned or associates with any other firm, corporation or company? Yes No
If yes, are services provided to such organization(s)? Yes No
If yes, to either of the above, attached detailed explanation.
9. During the past year, has the Applicant been involved in, or are they presently considering or contemplating:
 - a. Any merger, consolidation or acquisition? Yes No
If yes, provide a complete explanation detailing liabilities assumed and any professional liability coverage purchased by any predecessor organization.
 - b. A change in the nature of business operation? Yes No
If yes, provide details: _____
10. During the past year, has the name of the Applicant been changed? Yes No
If yes, provide details: _____

III. PROFESSIONAL SERVICES

1. Complete the following for all Lawyers in the firm, including any Of Counsels or Independent Contractors (if additional space is needed, please attach a separate sheet):

ATTORNEY NAME	DESIGNATION CODE*	YEAR ADMITTED	HIRE DATE	AVERAGE HOURS WORKED PER WEEK		
				0-5	6-24	25+
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Designation Code: **O** – Officers, Directors, or Shareholders of Corp. who are licensed as Lawyers, **E** – Employed Lawyers, **S** – Sole Proprietor, **C** – “Of Counsel” Lawyers, **P** – Partners of Partnership, **I** – Independent Contractor Lawyers

2. Are the Of Counsels carrying their own E&O? Yes No

3. Non-Attorney Staff:
- a. Legal Secretaries: _____
 - b. Paralegals: _____
 - c. Title Agent / Abstractor: _____
 - d. Clerical: _____
 - e. Other (Specify): _____

4. Total Firm Billings: (Please provide projections if a new business)

PROJECTED CURRENT YEAR	1 ST YEAR PRIOR	2 YEARS PRIOR
\$ _____	\$ _____	\$ _____

5. Does the law firm or any attorney?
- a. File Lawsuits for the collection of its own unpaid fees? Yes No
 - b. Currently have more than 25% of billings more than 120 days past due? Yes No
 - c. Derive more than 50% of gross annual billings from any single client? Yes No
 - d. Have any office locations outside of your primary state? Yes No
 - e. Render services as a CPA, Real Estate Agent, Financial or Investment Advisor? Yes No

If yes to any of the above (a-e), provide details on separate sheet

- f. Does the firm share any of the following with other firm or attorney?
 Office Space Letterhead Staff Cases None
 If yes to any, provide name of firm(s) or attorney(s): _____
- g. What percentage of cases does the firm use the following letters: **If not 100% for each, please provide details on separate sheet**
 - i. Engagement / Retainer Cases: _____ %
 - ii. Declination Letters: _____ %
 - iii. Termination / Disengagement Letters: _____ %
- h. Please indicate Docket Control Systems currently used:
 Single Calendar Dual Calendar Computer Master Listing Tickler Cards
 Other (specify): _____
- i. How frequently are deadlines cross-checked?
 Daily Weekly Monthly Other (specify) : _____

- j. How does the firm maintain its conflict of interest avoidance system:
 Computer Index File Conflict Committee Other (specify): _____
- k. If any lawyer of the firm becomes aware of a conflict of interest, do they Yes No disclose it in writing to all parties involved and all partners?

If no, provide details on separate sheet)

6. What percentage of time (not income) do you spend in the following areas of practice (Total of A+B+C+D must equal 100%)? **For areas of practice with an asterisk (*), please also complete the Area of Practice supplement.**

GROUP A	
Administration	
Admiralty Defense	
Arbitration/Mediation	
Criminal Law	
Insurance Defense	
Labor – Management	
Wills*	
Bl/Pl – Defense	
Appellate	
Subtotal (A)	

GROUP B	
Civil Rights	
Commercial Law	
Corporate Formation/ alteration (Non-SEC Related)	
General Corporate	
Labor – Union	
Subtotal (B)	

GROUP C	
Bankruptcy*	
Construction	
Environmental	
Family/Domestic	
Immigration*	
Plaintiff – Litigation*	
Subtotal (C)	

GROUP D	
Banking, savings & loan, or other financial institution services	
Bonds	
Collections*	
Entertainment/Sports	
Copyright, Patent or Trademark *	
Estate, Probate, Trust*	
Foreclosures	
Mergers/Acquisitions	
Oil , Gas or Mining	
Real Estate – Commercial*	
Real Estate – Residential*	
Real Estate – Title*	
Real Estate – Development/ Syndication	
Securities/SEC	
Tax Prep / Opinions	
Subtotal (D)	

Other (Specify):	
Subtotal (Other)	

7. Over the past twelve (12) months what percentage of gross revenue was derived from:
 _____% Plaintiff Class Action/ Mass Tort _____% Defense Class Action/ Mass Tort N/A
If any class action/mass tort work has been performed in the last 12 months, please also complete the Area of Practice Supplement.
8. Were more than 50% of the Applicant’s gross revenues for any of the last year years derived from any one contract? Yes No
 If yes, provide name of the client, the specific dollar value of this work, description of work performed and duration of contract: _____

IV. INSURANCE AND LOSS HISTORY

1. Is similar insurance currently in force? Yes No

If yes, provide:

POLICY PERIOD	CARRIER	PER CLAIM/ AGGREGATE LIMIT	DEDUCTIBLE	RETROACTIVE DATE	PREMIUM
					\$
					\$
					\$

If you are requesting prior acts coverage you will be asked to upon binding coverage to provide a copy of your current insurance declaration page documenting the expiring retroactive date and limits. Prior acts coverage may not be available if the date of your current retroactive coverage is different from what we have quoted or if there is any gap between effective dates.

2. Requested limits: \$100k/\$300k \$250k/\$250k \$500k/\$500k
 \$1M/\$1M \$2M/\$2M Other: _____
 Requested Deductible: \$2,500 \$5,000 \$10,000 Other: _____

3. Has any Insurer cancelled, rescinded, nonrenewed or declined any similar insurance for the Applicant, its predecessors, subsidiaries, affiliates, and/or any other person or organization proposed for this insurance in the last 5 years? Yes No

If yes, please explain why: _____

4. After inquiry, with each person as appropriate, in the last five (5) years, have any claims been made against the person or entity applying for insurance, or any of your past or present members, partners, officers, directors, employees, or any predecessors in business? Yes No

If yes,:

- a. How many claims have been made in the past five (5) years: _____
- b. Complete a separate Supplemental Claim Application for each claim.

5. Is the Applicant or any principal, partner, owner, officer, director, employee, manager, or managing member of the Applicant or any person(s) or organization(s) proposed for this insurance aware of any fact, circumstance situation, incident, or allegation of negligence or wrongdoing, which may afford grounds for any claim such as would fall under proposed insurance? Yes No

If yes, provide full details: _____

6. Does the Applicant carry General Liability Insurance: Yes No

If yes, provide:

- a. Insurer: _____
- b. Limits: _____
- c. Does the coverage include Products/ Completed Operations Hazards? Yes No

I. FRAUD WARNINGS

General Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable Notice to Applicants in:

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Alaska	Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
Arizona	For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
California	For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
Delaware	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
District of Columbia:	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Idaho	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files a 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.
Louisiana	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Minnesota	A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.
New Hampshire	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
New Jersey	Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York	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 such violation.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma	Warning: any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Oregon	Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.
Pennsylvania	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 subjects such person to criminal and civil penalties.
Rhode Island	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Texas	Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Virginia	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Washington	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

II. NOTICE TO APPLICANT

NOTICE: THE INSURANCE COVERAGE FOR WHICH THE APPLICANT IS APPLYING IS WRITTEN ON A CLAIMS MADE AND REPORTED POLICY, WHICH APPLIES ONLY TO **CLAIMS** FIRST MADE AND REPORTED DURING THE **POLICY PERIOD** AS STATED IN THE DECLARATIONS, OR ANY APPLICABLE **EXTENDED REPORTING PERIOD**. THE LIMIT OF LIABILITY TO PAY **DAMAGES** WILL BE REDUCED AND MAY BE EXHAUSTED BY **CLAIM EXPENSES**, AND **CLAIM EXPENSES** MAY BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT, IF APPLICABLE. IN NO EVENT WILL WE BE LIABLE FOR **DAMAGES** OR **CLAIM EXPENSES** IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. IT IS IMPORTANT THAT YOU REPORT ANY KNOWN CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS THAT COULD RESULT IN A CLAIM TO YOUR CURRENT INSURER OR PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT TO POTENTIALLY COVER SUCH CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS. WE WILL NOT PROVIDE COVERAGE, AND COVERAGE IS EXPRESSLY EXCLUDED, FOR CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS OF WHICH THE APPLICANT HAS KNOWLEDGE AND/OR IS AWARE PRIOR TO THE EFFECTIVE DATE OF THIS POLICY, IF OFFERED AND ACCEPTED. PLEASE READ THE ENTIRE **APPLICATION** CAREFULLY BEFORE SIGNING.

III. REPRESENTATION AND WARRANTY

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant represents and warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate, or omit any material facts. The Applicant agrees it has a continuing obligation to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding

quotations may be modified or withdrawn based upon such changes at our sole discretion. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Name of Applicant:		
Signature of person authorized to execute on behalf of the Applicant:		Date:
Print name and title of person authorized on behalf of the Applicant:		
Agent/Broker Name:	_____	