



Richmond National Insurance Company
 11013 West Broad Street, Suite 300
 Glen Allen, VA 23060

RENEWAL APPLICATION

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".

II. GENERAL INFORMATION

1. Current Richmond National policy number: _____
2. Name of Applicant (include any DBA's) : _____
3. Contact Name: _____ Contact Title: _____
 Phone Number: _____ Email Address: _____
4. Principal Address: _____
5. Total Branch Locations: _____ List all addresses for additional branches: _____
6. Has the name or ownership of the entity changed or has any other business been Purchased, merged or consolidated with the entity within the past twelve (12) Months or are any such changes contemplated in the next twelve (12) months? Yes No
If yes, please provide a description of the changes on an attached sheet of paper.

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. Total number of employees and/ or support staff: _____
 4. Total Firm Billings:

PROJECTED CURRENT YEAR	PAST 12 MONTHS
\$	\$

5. (a) How many suits for the collection of fees have been filed by the firm during the past 12 months?

 (b) How many of these suits have been resolved successfully? _____
 (c) How many are still open? _____

6. Describe any changes or modifications to the firm’s risk management, loss prevention or quality control systems during the last year including the following:
- Docket Control Conflict Systems New Business and/or client intake
 Use of engagement letters Review of opinion letters Delinquent fee collection procedures

7. 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*	
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	
Taxation Prep/Opinion	
Subtotal (D)	

Other (Specify):	
Subtotal (Other)	

8. 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.
9. For the past 12 months, or for the next 12 months, do any of the firm's clients account Yes No
 for 25% or more of the firm's gross billings?
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. After inquiry with each person as appropriate, during the last twelve (12) months, 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, please complete a separate Supplemental Claim form for each claim or suit and include a currently valued loss run for each claim.
2. After inquiry with each person as appropriate, have any new claims/ incidents/ circumstances been reported to any previous carrier including under an extended reporting period? Yes No
If yes, please complete a separate Supplemental Claim form for each claim or suit and include a currently valued loss run for each claim.
3. Please provide details of any status changes in previously reported claims including changes in amounts paid in defense costs or settle claims: _____

4. After inquiry with each person as appropriate, are you, or any of your partners, officers directors, or employees, aware of any circumstances, acts, errors, omissions, or any allegations or contentions of any incident which may result in a claim? Yes No
If yes, please complete a separate Supplemental Claim form for each claim or suit and include a currently valued loss run for each claim.
5. After inquiry with each person as appropriate, are you, or any of your partners, officers Directors, or employees been subject of any complaint or subject to any disciplinary Action by any state licensing agency or other regulatory body during the last twelve (12) months? Yes No
If yes, please provide an explanation of the circumstances and penalty involved. If available, please provide a copy of the complaint, your response, and a copy of the regulatory body's decision.

V. 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	A 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 for 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 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.
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.
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.

VI. 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.

VII. 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:		