**LAWYERS PROFESSIONAL LIABILITY**

**INSURANCE APPLICATION**

|  |
| --- |
| **Applicant Name:**  |
| **(Legal Entity To Be Insured As Reflected On Your Letterhead)**  |
| Applicant is a (an): [ ] Individual [ ] Partnership [ ] Professional Corporation [ ] Professional Association [ ] LLP/LLC |
| Business Address:       |
| City:       | County:       | State: CA | Zip:       |
| Secondary Location Address:       | For Meetings Only: [ ]  |
| Voice Phone:       | Fax:       | Email:       | Date Firm Established:       |

**1. Please Attach A Copy Of Your Letterhead For Each Office Location.**

|  |  |  |
| --- | --- | --- |
| **COVERAGE REQUESTED** | **Limits of Liability (each claim/aggregate)** | **Deductible per Claim** |
|  | [ ]  $100K/300K | [ ]  $1M/1M | [ ]  $5M/5M | [ ]  $1,000 | [ ]  $5,000 | [ ]  $20,000 |
| 2. Effective Date:  |       | [ ]  $250K/750K | [ ]  $1M/3M | [ ]  $10M/10M | [ ]  $2,500 | [ ]  $10,000 | [ ]  $25,000 |
|  | [ ]  $500/1M | [ ]  $2M/2M | [ ]  $      | [ ]  $3,000 | [ ]  $15,000 | [ ]  $      |

**GENERAL APPLICANT INFORMATION**

3. Please list all attorneys, to be insured, associated with the Firm using the following position codes:

O = Owner/Officer/Director S = Sole Practitioner OC = Of Counsel Attorneys of the Firm RP = Retired Partner

P = Partner E = Employed Attorneys CA = Attorneys on contract or per diem

NOTE: If the firm has been established less than 5 years, please provide previous work history for each attorney by separate attachment.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name  | Code | SocialSecurity # | Date Admitted to Bar | Date AttorneyJoined Firm | # CLE Hrs last 12 Months | RetroactiveDate | For OC & Part Time Attys - Avg Hrs/Wk |
|       |     |       |       |       |       |       |       |
|       |     |       |       |       |       |       |       |
|       |     |       |       |       |       |       |       |
|       |     |       |       |       |       |       |       |
|       |     |       |       |       |       |       |       |
|       |     |       |       |       |       |       |       |
|       |     |       |       |       |       |       |       |
|       |     |       |       |       |       |       |       |
|       |     |       |       |       |       |       |       |
|       |     |       |       |       |       |       |       |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 4. Total # of staff: | Law Clerks     | Paralegals      | Clerical     | Title Agents     | Investigators     | Other |       |

|  |  |
| --- | --- |
| 5. Does any attorney named in question 3 above have any other law partner, associate, of counsel, employed lawyer or office sharing arrangement other than those included above? If yes, provide name & describe relationship. Include professional liability insurance carrier's name, policy number & policy period for the office-sharing attorneys. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Yes [ ]  No |

6. How much of the firm's time is devoted to private law practice? 100%

|  |  |  |  |
| --- | --- | --- | --- |
| 7. Firm's gross revenue: Estimate for Current Fiscal Year: |       | Actual for Last Fiscal Year: |       |

|  |
| --- |
| 8. List all predecessor firms of applicant. (Coverage will apply to those firms where applicant is majority successor to the firm's assets & liabilities.)  |
| Name of Firm | DateEstablished | DateDissolved | % of assets/liabilities assumed | # of PartnersStart End | # of Partners that joined successor |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |

9. If a sole practitioner, please provide the following for the attorney who would be responsible for your affairs if you were absent for an extended period of time:

|  |  |
| --- | --- |
| Name:       | Phone Number:       |
| Address:       |

10. Do you advertise? If 'Yes", please indicate in which of the following media and include a copy of the ad and/or transcript. [ ]  Yes [ ]  No

 [ ]  Yellow Pages [ ]  Fliers [ ]  Newspapers [ ]  Periodicals [ ]  Radio [ ]  Television [ ]  Internet

**AREA OF PRACTICE**

11. Complete the following chart based upon the Firm's **gross billable dollars** for each category.

 Indicate the area of law practiced, not the business of your client. If Firm is newly established, please provide best estimate.

**TOTAL MUST EQUAL 100%**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|    % | Admiralty / Maritime  |    % | Environmental |    % | Municipal/Governmental - Zoning & Planning |
|    % | Arbitration / Mediation |    % | Estate Planning/Probate/Trusts/Wills >$1M |    % | Municipal / Governmental - Other (Not Bonds) |
|    % | Banking / Financial Institutions |    % | Estate Planning/Probate/Trusts/Wills <$1M |    % | Patent |
|    % | Bankruptcy |    % | Family Law - Adoption |    % | Public Utilities |
|    % | BI/PI - Defense |    % | Family Law - Divorce (assets > $1M) |    % | Real Estate - Commercial (5) |
|  | BI/PI - Plaintiff: |    % | Family Law - Divorce (assets < $1M) |    % | Real Estate - Landlord / Tenant (5) |
|    % |  General (4)  |    % | Family Law - Guardianship/Juvenile |    % | Real Estate - Residential (5) |
|    % |  Medical Malpractice (4)  |    % | Family Law - Other |    % | Real Estate - Title Work (5) |
|    % |  Products Liability (4)  |    % | Foreign (Non-U.S. Law) / International |    % | Real Estate - Syndication / Development (5) |
|    % |  Other Plaintiff (4)  |    % | Healthcare - Regulatory |    % | Securities/Bonds/Secured Transactions |
|    % | Business Transactions / Corporate |    % | Immigration |    % | Social Security / Elder Law |
|    % | Civil Rights / Discrimination |    % | Insurance Defense |    % | Tax - Corporate / Business Opinions |
|    % | Collection/Repossession/Foreclosures |    % | Investment Counseling / Money Management |    % | Tax - Corporate / Business Preparation |
|    % | Communication / FCC |    % | Labor Law - Management |    % | Tax - Individual |
|    % | Construction - Building Contracts |    % | Labor Law - Employee |    % | Workers Compensation - Defense |
|    % | Copyright / Trademark (Not Patent)  |    % | Labor Law - Union |    % | Workers Compensation - Plaintiff (4) |
|    % | Corporate Formation / Alteration (1) |    % | Labor Litigation |  |  |
|    % | Criminal |    % | Litigation - Commercial - Defense |    % | Other - Describe in Detail  |
|    % | Eminent Domain |    % | Litigation - Commercial - Plaintiff (4) |  |  |
|    % | Employee Benefit Plans / ERISA |    % | Litigation - Class Action |  |  |
|    % | Entertainment / Sports (2) |    % | Mergers and Acquisitions (3) |  |  |

**If the Firm practices in any area(s) above with a numerical notation(s), complete the associated Supplement as indicated below.**

(1) Corp Formation Alteration (2) Entertainment (3) Mergers and Acquisitions (4) Plaintiff Litigation (5) Real Estate

12. Does any member of the Firm act as a public defender, prosecuting attorney, public official, an in-house attorney of any

 corporation or governmental agency, or an independent contractor or Of Counsel to another firm? If 'Yes' please provide details. [ ]  Yes [ ]  No

13. Does any attorney or non-attorney member of your Firm provide professional services as an accountant, insurance agent [ ]  Yes [ ]  No

 or broker, investment adviser, real estate agent or broker or securities agent or broker? If 'Yes", please indicate member's name,

 type of services provided, percentage of time spent, under which name these services are provided, professional liability carrier,

 limit of liability and copy of letterhead used.

**FINANCIAL INSTITUTIONS / SECURITIES**

14. During the last six years, has any member or former member of the firm provided legal services for a "Financial Institution"? [ ]  Yes [ ]  No

 If yes, complete the Financial Institution Supplement.

 *("Financial Institution" means any savings and loan bank, credit union, savings association, building and loan association;*

 *or any affiliate, service company, subsidiary corporation or holding company of the aforementioned.)*

15. Has any member or former member of the Firm, at any time in the past six (6) years, provided any legal services or served

 as a fiduciary, committee member, director, officer, partner or employee of any Financial Institution? [ ]  Yes [ ]  No

 If 'Yes' please complete the Financial Institution Supplement.

16. Has any member or former member of the Firm, at any time in the past six (6) years, provided legal services:

 a. To issuers, underwriters or affiliates thereof, with respect to the issuance, offering or sale of securities? [ ]  Yes [ ]  No

 b. In any way related to the formation, syndication, promotion or management of any limited partnerships? [ ]  Yes [ ]  No

 If 'Yes' to any part of Question 16, please complete the Securities Supplement.

**OUTSIDE INTERESTS** If you answer "yes" to questions 18 through 21, complete the Outside Interests Supplement.

17. Does the applicant have any one account or group of related accounts that produce more than 10% of the firm's total income? [ ]  Yes [ ]  No

18. Has a current or former attorney of the firm served as director, officer, trustee, partner or employee of any of the firm's clients? [ ]  Yes [ ]  No

19. Does any firm member exercise fiduciary control or possess any equity interest in a client? [ ]  Yes [ ]  No

**RISK MANAGEMENT**

21. Does your firm have 2 independent calendars on which litigated and non-litigated items are entered by separate individuals? [ ]  Yes [ ]  No

|  |  |  |  |
| --- | --- | --- | --- |
| a. Indicate all calendars regularly used: | [ ]  Computer | [ ]  Tickler System | [ ]  Perpetual Calendar |
|  | [ ]  Desk Calendar | [ ]  Pocket Calendar | [ ]  Two Calendar System |
| [ ]  Other (Describe):  |       |
| b. Please indicate how often deadlines are cross checked between different systems: |
| [ ]  Daily  | [ ]  Weekly | [ ]  Monthly | [ ]  Other  |       |

22. Do you have a procedure in place to ensure that calendar entries are being reviewed and responded to for any attorney who is

 absent from the office for an extended period? [ ]  Yes [ ]  No

23. Does the firm require the use of engagement/non-engagement/disengagement letters when accepting or declining business? [ ]  Yes [ ]  No

24. Are all contingent fee arrangements signed by the client? [ ]  Yes [ ]  No

25. Does the firm have procedures to limit the number of billable hours worked by each attorney? [ ]  Yes [ ]  No

26. How many suits for collections of fees have been filed by or on behalf of the firm in the last two years?

27. What percentage of the firm's billings are over 90 days past due?      %

28. Concerning your conflict of interest avoidance system(s) and procedure:

 a. Does the Firm use a conflict of interest avoidance system when accepting new clients or a new matter from existing clients? [ ]  Yes [ ]  No

 b. Indicate method(s) used to achieve conflict checks:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  Oral/Memory | [ ]  Computer | [ ]  Conflict Committee | [ ]  Index File | [ ]  Client Lists | [ ]  Perpetual Calendar |

 c. Does the Firm disclose to clients, in writing, all actual or potential conflicts of interest? [ ]  Yes [ ]  No

 d. Upon disclosure of conflicts, does the Firm obtain consent to perform legal services or decline representation in writing? [ ]  Yes [ ]  No

 e. Does this procedure capture attorney-client relationships established by newly hired lawyers,

 by predecessor, merged or acquired firms? [ ]  N/A [ ]  Yes [ ]  No

29. Does the firm delegate, sub-contract, and/or have any split fee arrangements? [ ]  Yes [ ]  No

 a. If yes, what percentage of your total revenue is derived from these arrangements?      %

 b. Are the firms associated with these arrangements insured? [ ]  Yes [ ]  No

**PRIOR INSURANCE COVERAGE & CLAIMS HISTORY**

30. After inquiry, is any attorney in your firm aware of:

 (a) Any insurance company or Lloyds' organization that has declined, canceled, accepted only on special terms or refused to

 renew any professional liability insurance for any lawyer included in question 2? If yes, explain by separate attachment. [ ]  Yes [ ]  No

 (b) Has any attorney for whom coverage is sought been refused admission to practice, disbarred, suspended, reprimanded,

 sanctioned, or held in contempt by any court, administrative agency or regulatory body or been the subject of a

 disciplinary complaint made to any of the aforementioned entities? [ ]  Yes [ ]  No

 (c) Any professional liability claim made **in the past 5 years** against any lawyer, applicant firm, predecessor firm, or against

 any current or former attorney of the firm while affiliated with the firm? If yes, complete a claim supplement for each. [ ]  Yes [ ]  No

 (d) Any 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? If yes, complete claim supplement. [ ]  Yes [ ]  No

31. List Lawyers Professional Liability insurance carried for each of the past five years.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Inception (M/D/Y)** | **Expiration (M/D/Y)** | **Insurance Company** | **Limits** | **Deductible** | **# Attorneys** | **Premium** |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |

|  |  |
| --- | --- |
| 32. Does your current policy contain any exclusions or coverage limitations specific to your firm?  If yes, provide a copy of the endorsement. |  [ ] Yes [ ]  No |
| 33. Has your firm ever purchased Extended Reporting Coverage? | [ ] Yes [ ]  No | If yes, indicate the effective date of coverage: |       |
|  The length of the reporting period in years:       | Name of the Company: |       | Policy #: |       |

**ADDITIONAL INFORMATION**

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| --- |
|       |
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**REPRESENTATION**: I/We represent that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We hereby authorize the release of any claim information from any prior insurer to the Company. I/We hereby authorize agents of the Company to make an independent investigation with any and all regulatory agencies of any Bar Association or the other state agency or private source with impunity to any right of privacy under law otherwise. This duly completed application, together with any supplementary information, must be signed in ink by the applicant or an officer or partner of the firm. Signing this form and tendering premium does not bind the applicant or the Company to complete insurance. The application must be signed and dated to be considered for quotation. 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 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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|       |  |       |  |       |  |       |
| Signature of Owner, Officer or Partner of the Firm |  | Print Name |  | Title |  | Date |

**LAWYERS PROFESSIONAL LIABILITY INSURANCE**

 **PRACTICE DETAIL SUPPLEMENT**

*Complete this supplement if any of the following areas of practice were indicated in question 20.*

*Attach additional sheet(s) if necessary.*

**1. CORPORATION FORMATION/ALTERATION**

Is your firm involved in:

 Limited Partnerships? [ ]  Yes [ ]  No, Private Placements? [ ]  Yes [ ]  No, Syndication? [ ]  Yes [ ]  No, Tax Shelters? [ ]  Yes [ ]  No

*\*If any of the above are answered "yes" please complete the following. (If necessary, attach another sheet of paper.)*

|  |  |  |  |
| --- | --- | --- | --- |
| Type | Dollar Amount | Type | Dollar Amount |
|       |       |       |       |
|       |       |       |       |

|  |  |
| --- | --- |
| Legal service provided by firm in this area: |       |
|       |

**2. ENTERTAINMENT OR INVESTMENT COUNSELING/MONEY MANAGEMENT** If any of the below are "Yes" explain by attachment.

|  |  |
| --- | --- |
| Name(s) of entertainment client(s): |       |
|       |

Does your firm have the authority to write or sign checks for any of your entertainment or investment clients? [ ]  Yes [ ]  No

Does your firm counsel these clients regarding their assets, or make investment for them? [ ]  Yes [ ]  No

Does your firm, or any related or controlled entity, negotiate personal appearances by your clients or serve

as an artist's manager or talent agency? [ ]  Yes [ ]  No

Does your firm negotiate or arrange financing other than normal contract negotiations? [ ]  Yes [ ]  No

Does your firm receive any compensation from lender for arranging financing? [ ]  Yes [ ]  No

**3. MERGERS & ACQUISITIONS**

|  |  |
| --- | --- |
| Legal service provided by firm in this area: |       |
|       |

|  |  |  |
| --- | --- | --- |
| Name of Entity | Nature of Business | Total Asset Value |
|       |       |       |
|       |       |       |

**4. PLAINTIFF LITIGATION**

|  |  |
| --- | --- |
| Legal service provided by firm in this area: |       |
|       |
|       |
|       |

**5. REAL ESTATE**

|  |  |
| --- | --- |
| Legal service provided by firm in this area: |       |
|       |
|       |
|       |
|       |

**OTHER**

|  |  |
| --- | --- |
| Legal service provided by firm in this area: |       |
|       |
|       |
|       |
|       |

The undersigned being authorized by Applicant understands and agrees that the information contained herein becomes part of the Applicants Professional Liability Application and is subject to the same representations and conditions.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|       |  |       |  |       |  |       |
| Signature of Owner, Officer or Partner of the Firm |  | Date |  | Title |  | Print Name |