



APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

NOTICE: THE COVERAGE APPLIED FOR PROVIDES CLAIMS-MADE COVERAGE WHICH PROVIDES LIABILITY COVERAGE ONLY IF A CLAIM IS MADE DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

SECTION 1. GENERAL INFORMATION

1. Name of Applicant: _____
2. Principal business premise address: Street: _____
City: _____ State: _____ Zip: _____
3. Address of Branch Office(s): _____
4. Website: _____ Proposed Effective Date: _____
5. Phone Number: _____ Date the firm was established: _____
6. Applicant is:

Sole Practitioner	Limited Liability Corporation	Limited Liability Partnership
Partnership	Professional Association or Corporation	Other: _____

SECTION 2. PRIOR INSURANCE INFORMATION (If none, check here)

<u>Insurance Company Name</u>	<u>Policy Period</u>	<u>Limits of Liability</u>	<u>Premium</u>	<u>Deductible</u>	<u>Retroactive Date</u>
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____

SECTION 3. OPERATIONS INFORMATION

1. Does any lawyer in the Applicant Firm serve as a director, officer trustee or partner of, or exercise any fiduciary control over any organization other than the applicant firm? Yes No
 If yes, are any services provided to such organizations? Yes No
 If yes to either of the above, please provide details: _____

During the past year, has the Applicant been involved in, or are they presently considering or contemplating:

2. 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.

3. A change in the nature of business operations? Yes No
If yes, provide details: _____
4. During the past year, has the name of the Applicant been changed? Yes No
If yes, provide details: _____
5. If you are a solo practitioner, please provide the name of your back up attorney: _____

SECTION 4. PERSONNEL

1. Complete the following for all Lawyers in the firm, including any Of Counsels or Independent Contractors:

Lawyers Name	Date Admitted to the Bar	Date Joined the Applicant	State Admitted to Practice	Hours Worked Per Week

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

SECTION 5. PREDECESSOR FIRMS

List all Predecessor Firms of the Applicant:

Name of the Predecessor Firm	Date Dissolved

SECTION 6. NON-ATTORNEY EMPLOYEES

Provide the total number of non-attorney employees utilized by the Applicant firm:

Law Clerks	Paralegals	Title Agent/Abstractor	Clerical	Other

SECTION 7. FIRM MANAGEMENT

1. Does the Applicant's docket control system include:

Single Calendar Computer Tickler Cards
Master Listing Dual Calendar Other: _____

2. Does your firm utilize client communication letter? Yes No

3. Does your firm utilize an engagement letter when accepting a representation? Yes No

4. Does your firm utilize a non-engagement letter when declining a representation? Yes No

5. How frequently are deadlines cross-checked? Daily Weekly Monthly Other

6. Which of the following tools are used to avoid conflicts of interest?

Oral/Memory Computer Index File
Conflict Committee Written Procedure Other: _____

SECTION 8. AREAS OF PRACTICE

Based on the Applicant Firm's gross revenue for the last year, please indicate below the percentage of revenue derived from the following areas of practice:

If Applicant Firm is newly established, please provide estimated percentages:

Area of Practice	%		Area of Practice	%
Administration	%		Insurance Defense	%
Admiralty/Maritime – Defense	%		Investment Counseling	%
Admiralty/Maritime – Plaintiff	%		Labor Law – Management	%
Antitrust/Trade Regulation	%		Labor Law – Union	%
Appellate	%		Litigation – Defense	%
Arbitration/Mediation	%		Litigation - General	%
Banking/Financial Institutions	%		Litigation - Plaintiff	%
Bankruptcy	%		Municipal/Governmental – Zoning & Planning	%
BI/PI – Defense	%		Municipal/Governmental – Other	%
BI/PI – Plaintiff	%		Other – Describe:	%
Class Action / Mass Tort	%		Oil/Gas/Minerals	%
Civil Rights / Discrimination	%		Patent	%
Collections/Foreclosures	%		Public Utilities	%
Commercial Law	%		Real Estate – Commercial	%
Communications/FCC	%		Real Estate – Development	%
Construction/Building Contracts	%		Real Estate – Escrow Agent	%
Copyright/Trademark	%		Real Estate - Residential	%
Corporate Formation/Alternation	%		School Law	%
Corporate General	%		Securities/Bonds/Secured Transactions	%
Criminal	%		Social Security/Elder Law	%
Divorce	%		Tax - Corporate/Business	%

Entertainment/Sports	%	Tax- Opinions/Shelters	%
Environmental	%	Tax – Individual	%
Estate Planning/Probate/Trusts	%	Wills	%
Family Law	%	Workers Comp. – Defense	%
Foreign/International	%	Workers Comp. – Plaintiff	%
Healthcare	%		
Immigration	%	The Total Must Equal 100%	%

SECTION 9: REVENUE

Provide the firm's gross estimated revenues for the upcoming year: \$_____

SECTION 9: LOSS HISTORY

- During the past five (5) years, have any claims been made against any insured, including any not presented to your current or prior insurance carrier? Give full details; include description of claim, amount paid and reserves. (Add page if needed) Yes No
- Is applicant, or any other person for whom insurance is being requested, aware of any circumstances or incidents which may reasonably be expected to result in a claim? If yes, provide full details. (Add page if needed) Yes No
- Has applicant, or any other person for whom insurance is being requested, had a liability application denied, policy cancelled or policy not renewed in the past five (5) years? If yes, provide full details below. (Add page if needed) Yes No
- Has applicant, or any other person for whom insurance is being requested ever had a disciplinary complaint filed with any court, administrative agency or regulatory body, or been disbarred, suspended, reprimanded, sanctioned or held in contempt? If yes, please provide details. (Add page if needed) Yes No

- Please detail your loss history here:

Date	Description of Incident	Amount Paid/Reserved
		\$
		\$
		\$
		\$
		\$

FRAUD WARNINGS

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 that 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, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NM, NY, OK, OR, PA, PR, RI, TN, VA, WA, WV)**

Applicable in Alabama, Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Rhode Island, and West Virginia: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

Applicable in 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.

Applicable in 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.

Applicable in Florida and Oklahoma: 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. (In FL, a person is guilty of a felony of the third degree.)

Applicable in Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in Kentucky: 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.

Applicable in Maine, Tennessee, Virginia and 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 may include imprisonment, fines or a denial of insurance benefits.

Applicable in Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Name of Applicant:		
Signature of person authorized to execute on behalf of the applicant:		Date:
Print Name and Title of person authorized to execute on behalf of the applicant:		
Name and Address of Broker:		

A copy of this application should be retained for your records.