

CUSTOMIZED PRACTICE COVERAGE<sup>SM</sup>

**LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION**

**Claims-Made and Reported Basis**

Applicant Instructions

- Please read carefully all statements and questions on this application.
- Answer all questions in ink. If answer is none, state "none".
- If space is insufficient to answer all questions fully, use separate sheets of paper.
- All attachments must be signed and dated by named applicant, partner or officer.
- **A copy of your business stationery must be attached.**
- **Application must be signed and dated by named applicant, partner, officer or owner on page 6.**

Current Expiration Date     /    /     If no current coverage is in force, check here.   
*mm dd yyyy*

1. a. Name of Applicant: \_\_\_\_\_  
 (Firm Name)

b. Name of Designated Contact: \_\_\_\_\_  
*Name MI Paternal Last Name Maternal Last Name*

c. Customer E-mail: \_\_\_\_\_

2. Address: \_\_\_\_\_  
*PO Box Development, Sector or Ward Number Street HC/RR Box*  
 \_\_\_\_\_  
*State Zip Code Country* Telephone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Facsimile No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cel. No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

3. Are there other office locations?  Yes  No

If yes, provide details as requested on Detail Information Addendum.

4. Date Established: \_\_\_\_\_

5. Applicant is:  Partnership  Professional Corporation  Other (describe) \_\_\_\_\_  
 Professional Association  Sole Proprietor

6. a. During the past three years, has the name of the Applicant been changed or has the number of lawyers in the firm altered more than 25% in any one year? Yes  No

If yes, provide details on Detail Information Addendum.

b. List all predecessor firms of Applicant during the past seven years: (A predecessor firm is any legal entity which is engaged in the practice of law to whose financial assets and liabilities the Applicant are the **MAJORITY SUCCESSOR IN INTEREST.**)

If none or not applicable, state "none" or N/A. \_\_\_\_\_

**NAME OF FIRM**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DATES OF EXISTENCE**

From     /    /     to     /    /      
*mm / dd / yyyy mm / dd / yyyy*  
 From     /    /     to     /    /      
*mm / dd / yyyy mm / dd / yyyy*  
 From     /    /     to     /    /

- 7. List on Lawyers Detail Addendum all lawyers in the firm.
- 8. State the total number of non-lawyer personnel: \_\_\_\_\_
- 9. Gross Billings History for the last four years: 20\_\_ \_\_\_\_\_ 20\_\_ \_\_\_\_\_ 20\_\_ \_\_\_\_\_ 20\_\_ \_\_\_\_\_
- 10. Indicate the percentage of the Applicant's income derived from the following types of practice (TOTAL MUST EQUAL 100%):

Abstracting/Title	_____	Housing Court	_____
Ad Valorem Tax	_____	Immigration	_____
Admiralty - Law	_____	Insurance Company - Defendant	_____
Admiralty - Plaintiff	_____	International	_____
Admiralty - Defendant	_____	Juvenile Proceedings	_____
Antitrust/Trade Regulation	_____	Labor - Management	_____
†† Banking	_____	Labor - Union	_____
Bankruptcy	_____	†† Limited Partnerships	_____
†† Bonds	_____	Mediation/Arbitration	_____
Civil Rights	_____	Municipal (not bond)	_____
† Collection	_____	† Oil and Gas	_____
Commercial Litigation - Plaintiff	_____	Personal Injury - Plaintiff	_____
Commercial Litigation - Defendant	_____	Personal Injury - Defendant	_____
Communication (FCC)	_____	Public Utilities	_____
†† Copyright/Patent/Trademark	_____	Real Estate - Residential	_____
Corporate Administrative Law	_____	Real Estate - Commercial	_____
Corporate Formation	_____	†† Securities Law:	_____
† Corporate General	_____	†† Federal S.E.C.	_____
† Corporate Mergers/Acquisitions	_____	†† Federal Exemptions	_____
Criminal	_____	†† State S.E.C.	_____
Domestic & Family Relations	_____	†† Private Placements	_____
† Entertainment	_____	Social Security Administration	_____
† Environmental	_____	†† Syndication	_____
Estate Planning	_____	Taxation - Individual	_____
Estate/Probate/Trust	_____	Taxation - Corporate	_____
ERISA	_____	Water Law	_____
† Financial Planning/Investment	_____	Wills and Trusts	_____
Counseling	_____	Workers Comp - Plaintiff	_____
Foreclosure/Repossession	_____	Workers Comp - Defendant	_____
Health	_____	† Other	_____

† Provide details as requested on the Detail Information Addendum for any percentage listed in these categories.

†† Complete the appropriate supplemental application when any percentage is listed in these categories: Copyright/Patent/Trademark, Financial Institution or Securities Supplemental Application

- 11 Based on the percentages of areas of practice above, what percentage is defense work? \_\_\_\_\_%
- 12.a. Do you share office space with other lawyers not a part of the Applicant firm? Yes  No   
If yes, provide details on Detail Information Addendum.
- b. Do you share secretarial service/staff? Yes  No
- c. Do you share letterhead? Yes  No   
If yes, provide details on Detail Information Addendum.
- 13. If the Applicant is a sole practitioner, is a back-up lawyer available in the Applicant's absence? Yes  No  N/A
- 14. Is the Applicant engaged in full-time private practice of law? Yes  No   
If no, provide details on Detail Information Addendum.

15. Is any lawyer proposed for this insurance an employee of any organization other than the Applicant? Yes  No

If yes, provide details on Detail Information Addendum.

16. Does any lawyer proposed for this insurance act as director, officer, partner or trustee for or exercise any form of managerial or fiduciary control over any business enterprise other than the Applicant? Yes  No

If yes, complete the Directors and Officers/Outside Interest Supplemental Application.

17. Does any lawyer proposed for this insurance own, manage, have financial control over or equity interest in any business enterprise other than the Applicant? Yes  No

If yes, complete the Directors and Officers/Outside Interest Supplemental Application.

18. Has any lawyer proposed for this insurance ever been denied the right to practice, suspended from practice, disbarred, reprimanded or had other disciplinary action taken against them by any court or administrative agency? Yes  No

If yes, provide details on Detail Information Addendum.

19. How many cases handled by your firm are litigated in Federal Court? Explain

20. Has any application for Lawyers Professional Liability Insurance on behalf of the Applicant, its predecessor firms or any lawyer proposed for this insurance been declined, policy canceled or renewal of such insurance been refused? Yes  No

If yes, provide details on Detail Information Addendum.

21. Have any claims or suits been made during the past five years against the Applicant, its predecessor firms or any of the lawyers proposed for this insurance? Yes  No

If yes, complete a Claim Information Supplement for each claim/suit.

22. After inquiry of each lawyer listed on the Lawyers Detail Addendum, is the Applicant, its predecessor firms or any lawyer proposed for this insurance aware of any circumstance, act, error, omission or personal injury which **might be expected** to be the basis of a claim or suit? Yes  No

If yes, complete the Claim Information Supplement for each.

**NOTICE**

*To avoid loss of coverage, it is imperative that all known circumstances, acts, errors, omissions or personal injuries which could result in a professional liability claim against the Applicant, its predecessor firms or any lawyer in the firm be reported to your current insurer within the time period specified in your **current policy**.*

23. List all Lawyers Professional Liability Insurance carried during the past five consecutive years for the Applicant and/or any predecessor firm thereof. If no current coverage is in force, check the box:

Insurance Company	Limit of Liability Per Claim/Aggregate	Deductible	Premium	Policy Period (mm/dd/yy)	Number of Lawyers Insured
				/ / - / /	
				/ / - / /	
				/ / - / /	
				/ / - / /	
				/ / - / /	

24. a. State the number of years the Applicant and its predecessor firm (s) has maintained continuous claims-made lawyers professional liability insurance: \_\_\_\_\_

- b. Does the current policy have a retroactive/prior acts date applicable to the firm? Yes  No

If yes, provide exact date. \_\_\_\_/\_\_\_\_/\_\_\_\_

25. Has the Applicant or any lawyer proposed for this insurance purchased an Extended Reporting Period (ERP) Endorsement? Yes  No

If yes, complete: Name of firm/lawyer ERP is issued to: \_\_\_\_\_

Effective from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm / dd / yyyy mm / dd / yyyy

26. Docket/Diary Control System:

- a. How many independent controls are maintained? \_\_\_\_\_
- b. Do you utilize a: (check all that apply)  
 calendar (perpetual or annual)    tickler file    pocket diary    computerized system
- c. Does your control system include: (check all that apply)  
 litigated/non-litigated items    statute of limitations    dates for long-term matters
- d. Does the ultimate responsibility for docket control of litigation rest with the lawyer handling the case? Yes  No
- e. Do you cross-check controls? Yes  No   
If yes, how often?    daily    weekly    monthly

27. How many suits for fees were initiated by the Applicant in the past 12 months? \_\_\_\_\_

28. Does the Applicant utilize the following for all clients?

Any NO response requires details on the Detail Information Addendum.

- a. Engagement letters which includes the scope of services & fee arrangements? Yes  No
  - b. Non-engagement / declination letters? Yes  No
  - c. Dis-engagement / closing letters? Yes  No
29. a. Does the Applicant maintain a conflict of interest avoidance system? Yes  No   
If yes, check all applicable systems:  
 computer    index file    conflict committee    other - Describe: \_\_\_\_\_
- b. How are conflicts of interest situations addressed & disclosed to clients/potential clients? Check all that apply.  
 non-engagement letter    signed waiver obtained from all parties  
 oral disclosure to all parties    referral to other lawyer/law firm

Limit of Liability Desired: \$ \_\_\_\_\_

Deductible Desired: \$ \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR BUSINESS STATIONERY**

The undersigned represents and warrants that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known, and agrees that this application shall become the basis of any coverage and a part of any policy that may be issued by the Company.

The execution of this application does not bind the undersigned to purchase any coverage offered, nor does the receipt and/or review of this application bind the Company to offer coverage or issue a policy.

The undersigned understands and accepts that any policy issued will provide coverage on a claims-made and reported basis.

The following Fraud Warning applies in 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.

The following Fraud Warning applies in Kentucky: 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.

The following Fraud Warning applies in Michigan: Any person, who knowingly and with intent to injure or defraud any insurer files an application or claim containing false, incomplete or misleading information, shall upon conviction, be subject to imprisonment for up to 1 year for a misdemeanor conviction or up to 10 years for a felony conviction and the payment of a fine up to \$5,000.00.

The following Fraud Warning applies in New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

The following Fraud Warning applies in 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.

The following Fraud Warning applies in All Other States: Any person who knowingly and with the intent to defraud any insurance company or other person, files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.

**NOTICE:** "Any person who knowingly and with the intention to defraud presents false information in an insurance application or who presents, assists or allows to present a fraudulent claim for the payment of a loss or other benefits, or presents more than one claim for the same damage or loss, will incur in a felony and, if convicted, shall be sanctioned for each violation with a fine of no less than five thousand dollars (\$5,000.00) and no greater than ten thousand dollars (\$10,000.00) or a fixed prison term of three (3) years, or both penalties. If aggravating circumstances are present, the fixed prison term could be raised to a maximum of five (5) years; if attenuating circumstances are present, the fixed prison term could be lowered to a minimum of two (2) years." Law #18 January 8, 2004.

Signed \_\_\_\_\_  
*Partner, Officer and/or Owner*

Date \_\_\_\_\_

Producer \_\_\_\_\_

Code \_\_\_\_\_

Producer Name \_\_\_\_\_

Date \_\_\_\_\_

**DETAIL INFORMATION ADDENDUM**  
**New Business Supplemental Information**

Name of Applicant: \_\_\_\_\_  
*Name MI Paternal Last Name Maternal Last Name*

**Use this addendum to capture the detailed information requested in the Lawyers Professional Liability Insurance Application. Question numbers refer to the question numbers on the application. This addendum is a part of the application and will become a part of any policy issued. Any warranty or fraud statements on the signature page of the application are applicable to the information provided herein.**

**3. Other Office Locations** - State number of other locations and a breakdown of staff, hours worked and purpose of each additional location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6a. Changes in Firm in the past three years:** Include any merger, dissolution, additions/deletions to professional staff: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. Areas of Practice Details:**

Collection:

Does the firm maintain compliance with the Fair Debt Collection Practices Act:

a) under federal statutes? Yes  No

b) under state statutes in any or all states where debt demand letters are sent? Yes  No

Corporate General:

Provide complete details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Corporate Mergers/Acquisitions:

a) Provide a complete description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) Identify those which may be hostile or unfriendly: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) Are combined assets of any of the transactions over \$25,000,000? Yes  No

If yes, provide the names of the entities involved and total asset value: \_\_\_\_\_  
\_\_\_\_\_

Entertainment:

a) Provide a complete description of services rendered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- b) Provide the names of clients and the industry they are involved in: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- c) Is the firm involved in any money management activities for these clients? Yes  No   
 If yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_

Environmental:

Provide a complete description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Financial Planning/Investment Counseling:

- a) Provide a complete description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- b) Is the firm involved in any money management activities? Yes  No   
 If yes, provide details: \_\_\_\_\_
- c) Does the firm recommend investing in specific securities? Yes  No   
 If yes, provide details: \_\_\_\_\_

Oil & Gas:

- a) Provide a complete description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- b) Is any title work handled in conjunction with oil & gas? Yes  No   
 If yes, provide details: \_\_\_\_\_

Other:

Provide complete details: If more than one practice area is indicated, provide percentages for each also: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**11a. Office Sharing:** Include details of the office sharing relationship and whether professional liability insurance is carried by other lawyer(s)/firm(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**11c. Letterhead Sharing:** Include a description of the letterhead sharing relationship, reason for letterhead sharing and whether professional liability insurance coverage is carried by other lawyers(s)/firm(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**13. Part-Time Practice -** Details of other activities and hours per week spent practicing law: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**14. Employee of Other Organization** - Include name of organization, position and weekly hours spent in this capacity: \_\_\_\_\_

\_\_\_\_\_

**17. Reprimand/Suspension/Disbarment/Revocation** - Include lawyer, dates, details and current disposition:

\_\_\_\_\_

\_\_\_\_\_

**18. Declination/Cancellation/Non-Renewal** - Include name of insurance carrier, dates and reason for this action: \_\_\_\_\_

\_\_\_\_\_

**26. Engagement, non-engagement & disengagement letters** - Why not utilized by the Applicant:

\_\_\_\_\_

\_\_\_\_\_

