

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

NOTICE: This professional liability coverage is provide on a “claims-made” basis; therefore, only claims which are first made against you, and reported to the Company, during the policy term, any subsequent renewal of this policy or any extended reporting periods are covered, subject to policy provisions.

Please attach a sample of your letterhead to this application. Inconsistencies between your letterhead and the application – Such as attorneys named, address, and other offices – should be explained on a separate sheet of paper.

I. GENERAL INFORMATION

1.
 - a. Full name of Firm/Applicant
 - b. Principal business premises address:

_____ (Street)

_____ (City) _____ (County) _____ (State) _____ (Zip)
 - c. Name of contact person _____ Email address _____
 - d. Phone Number _____ Fax number _____
 - e. Website address: _____
 - f. Date Firm was established: _____
 - g. Legal Status:
 General Partnership (GP)
 Limited Liability Partnership (LLP)
 Professional Corporation (PC) or Association (PA)
 Limited Liability Corporation (LLC)
 Other
2. Is the Firm engaged in the full time private practice of law? Yes No
If no, please provide details.
3. List the names of all predecessor firms of the Applicant. A “Predecessor Firm” is any legal entity which was engaged in the practice of law to whose financial assets and liabilities the Applicant is the majority successor in interest.

Name of Predecessor Firm	Date Established	Date Dissolved	Did Firm Maintain Coverage?	Extended Reporting Endorsement Purchased?	Requesting Coverage For Predecessor Firm?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

II. FINANCIAL AND STAFFING INFORMATION

1. Provide the Firm's fee volume.

	Gross Income	Net income (before payment of bonuses, salaries, and other remuneration)
Current Fiscal Year		
Past Fiscal Year		
Second Previous Fiscal Year		

2. a. What is the total number of the Firm's attorney staff? ___ FT ___ PT
 b. What is the total number of the Firm's non-attorney staff? ___ FT ___ PT
3. Please list all attorneys associated with the Firm including the person completing this application. Please use the key below for each of the attorney's designations. Please use an additional sheet for all additional attorneys that need to be listed.

KEY:

O=Owner	CA=Attorneys on Contract or per diem
A=Associate practicing for the Firm	EA=Employed Practicing attorneys of the Firm not otherwise designated
P=Partner of the Partnership or Member of the Firm	RP=Retired Partners of the Firm
OC=Of Counsel Attorney of the Firm, Counsel to the Firm, Special Counsel to the Firm	PT=Part-Time Attorney

Name of Attorney	Position (see key)	Month/Year Admitted to Bar	State(s)	Month/Year Joined the Firm	Annual Hours Worked (OC's, CA's RP's or PT only)	Maintain Separate Insurance	Attended Ethics or Loss Related CLE during past 12 months
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Non-Attorney Staff

Law Clerks	Paralegals	Investigators	Patent Agents	Title Agents*	Abstractors*	Other Clerical	Total Non-Attorney Staff

**Please complete supplemental application.*

5. Provide the following for Firm's staff:

	Number Currently Employed	Number Who Left the Firm Last Year
Attorneys		
Paralegals		
Other Staff		

6. Does the Firm have a
- (a) Full-time office administrator? Yes No
- (b) Management/Executive Committee? Yes No
7. In the past five years, has any lawyer proposed for this coverage held an equity or financial interest in a client? Yes No
8. Is any lawyer proposed for this coverage
- (a) An employee of any organization, entity or governmental body other than Firm? Yes No
If Yes, provide details.
- (b) Engaged in any professional/business activities other than the private practice of law? Yes No
If Yes, provide details.
- (c) Please estimate the number of hours of Pro Bono legal work provided by the Firm during the past 12 months.

III. FIRM MANAGEMENT AND ADMINISTRATION

1. a. Does the Firm's docket control system include:
- Single Calendar Computer Tickler Cards Dual Calendar Master Listing
- Other
- b. How frequently are deadlines cross-checked? Daily Weekly Monthly
2. Which of the following tools does the Firm use to avoid conflict of interest?
- oral/memory computer index file conflict committee written procedure Other
3. Does the Firm utilize client communication letters? Please answer below.
- a. An engagement letter when accepting a representation Yes No
- b. A non-engagement letter when declining a representation Yes No
- c. Do you use written termination letters when withdrawing or terminating representation? Yes No
4. Does the Firm have a formalized training and procedure process in place? Yes No

IV. PRACTICE AREAS

1. Indicate current percentage of the Firm's annual billable hours devoted to the following areas of practice:

AREA OF PRACTICE	%	AREA OF PRACTICE	%	AREA OF PRACTICE	%
Administrative Law	%	Environmental Law	%	Public Utilities	%
Admiralty & Marine-All Other	%	Adoption Juvenile Law and Guardianships	%	Oil Gas & Natural Resources-Mining & Title	%
Defense-Admiralty/Marine	%	Domestic Relations-All Other	%	Oil Gas & Natural Resources-Other	%
Plaintiff-Admiralty & Maritime	%	Estate Planning	%	Defense-BI/PI/PD & Other	%
Antitrust/Trade Regulation	%	Estates & Trusts	%	Defense-Mass Tort/Class Action	%
Arbitration/Mediation (Non-SEC)	%	Wills & Probate	%	Defense-Medical Malpractice	%
Financial Institutions & Banks	%	Acquisitions/Mergers	%	Defense-Product Liability	%
Investments and Money Management	%	Business & Corporate-Other	%	Defense-Professional Liability (excluding Med Mal)	%
Bankruptcy-Commercial	%	Commercial Law-Other	%	Defense-Workers Compensation	%
Bankruptcy	%	Corporate General Counsel	%	Plaintiff-BI/PI/PD	%
Defense-Commercial Litigation	%	Labor & Employment-ERISA & Employee Benefits	%	Plaintiff-Mass Tort/Class Action	%
Defense-Mass Tort/Class Action	%	Immigration/Naturalization	%	Plaintiff-Medical Malpractice	%
Defense-Other Civil Litigation	%	Copyright/Trademark	%	Plaintiff-Product Liability	%
Plaintiff-Commercial Litigation	%	Patent	%	Plaintiff-Professional Liability (Non-Med Mal)	%
Plaintiff-Other Civil Litigation	%	International Law (other than Immigration)	%	Real Estate-Limited Partnerships, Syndication & Investment Trusts & Development	%
Civil Rights/Discrimination	%	Defense - Employment Law	%	Real Estate-Other Commercial	%
Collections/Repossession	%	Labor & Employment-Management Rep.	%	Real Estate-Residential	%
Construction Law	%	Labor & Employment-Employee Rep.	%	Bonds	%
Consumer Claims	%	Labor & Employment-Labor Unions	%	Securities	%
Business Org/Corporate Formation (Non-Public SEC)	%	Plaintiff - Employment	%	Tax-Corporate	%
Criminal Law	%	Landlord & Tenant-Commercial	%	Tax-Individual	%
Traffic	%	Landlord & Tenant-Residential	%	Tax-Opinions	%
Domestic Relations-High Net Worth (\$1M+ Assets)	%	Government/Contract Claims	%	Plaintiff-Workers Compensation	%
Entertainment	%	Lobbying & Legislation	%	Other – please specify on Firm Letterhead	%
High Net Worth Individuals/Family Office or CEO	%	Municipal & Local Government (ex. Bonds)	%	Total	100%

2. Please complete the following chart based upon the Firm's annual billable hours. The total must equal 100%.

Type of Client	Percentage of Practice	Type of Client	Percentage of Practice
Individuals-High Net Worth(>\$10M assets)	%	Small Public Companies (<\$100M revenues)	%
Individuals-All Other	%	Large Public Companies (>\$100M revenues)	%
Small Private Companies (<\$100M revenues)	%	Fortune 500 Companies	%
Large Private Companies (>\$100M revenues)	%	Government or Public Institutions	%
Non-profit Organizations or Charities	%	Other (please specify)	%

3. Please complete the following chart for the Firm's five largest clients based upon either the Firm's billable hours or revenue.

Name	Industry	Areas of Legal Services of Client	Percent of Your Revenue Derived from Client	Number of Years You've Represented

4. Do any of the Firm's attorneys or non-attorneys provide professional services as an accountant, insurance agent or broker, investment advisor, real estate agent or broker, securities agent or broker, or any other professional service outside the practice of law? Yes No

If yes, please provide details on a separate sheet, including the attorney or non-attorney's name, type of services provided, the percentage of the individual's time spent rendering these services, name under which services are provided, a copy of the letterhead used, and the professional liability carrier and policy limit for such services.

5. Does the Firm provide any unique service or product to clients not generally available from other law firms? Yes No

If yes, please provide details on a separate sheet, including a description of the service or product, whether it is provided by the Firm or an outside entity, and why it is unique.

6. Do any of the Firm's attorneys act as a public defender, prosecuting attorney, public official, or as in-house legal counsel of any corporation or governmental agency, or as an independent contractor or Of Counsel to another firm? Yes No

If yes, please provide details on a separate sheet, including a copy of the letterhead used, the percentage of the individual's time spent rendering these services, if it is an elected position and the method of payment.

7. Have any of the Firm's attorneys or former attorneys, at any time in the past six years, provided legal services:
- a. To issuers, underwriters or affiliates, or purchasers, 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
 - c. In any plaintiff class action or mass tort cases? Yes No
- If yes to a. or b., please complete the Securities Supplement.
If yes to c., please complete the Plaintiff Practice Supplement.

8. Do you or any of the Firm's attorneys:
- a. Serve in the position of Director, Officer, or Partner of any client business or organization? Yes No
 - b. Hold an equity or debt interest in any business or organization that is also a client of the firm? Yes No
 - c. Serve as an employee of any business or organization other than the firm? Yes No
- If yes to any part of the above question, please complete the Outside Interest Supplement.

V. BUSINESS PRACTICES

1. a. Have any suits for collection of fees have been filed against any client in the last two (2) years Yes No
If Yes, how many?

If Yes, provide the following for each suit for unpaid legal fees. Attach a separate sheet if necessary.

Date Filed	Name of Client	\$ Amount Sought	Status/Result

- b. What steps have been taken by the Firm to reduce or avoid the necessity of fee collections suits in the future?
2. When evaluating whether a case should be sent for collection, does the Firm review the file for the purpose of evaluating whether the possibility of a counterclaim alleging malpractice might be filed in response thereto?
 Yes No
3. Does the Applicant accept cases where the cause of action arises and is adjudicated outside of the Firm's local jurisdiction (i.e., in another state)? Yes No
 If Yes, does the Firm refer such cases to local counsel? Yes No
4. Has the Firm outsourced any work in the last two (2) years, either domestically or out of the country? Yes No
5. Does the Firm have any single client or group of related clients which produce more than 25% of total gross billings in the last 24 months? Yes No
 If Yes, provide the percentage of gross billings, name of client, business activities of client, and services provided on behalf of client.
6. In the last five (5) years, has the Applicant accepted client securities or other forms of compensation in lieu of fees? Yes No
 If Yes, provide details.
7. Does the Applicant share office space with any other lawyer? Yes No
 If Yes,
 a. Is letterhead shared? Yes No
 b. Is any staff shared? Yes No
 If Yes to above, provide details.

VI. INSURANCE AND CLAIM HISTORY

1. Requested Effective Date:

2. a. Limits of Liability: Indicate the limit of liability requested:

(Maximum Each Claim/Maximum Each Policy Year)

- | | | |
|--|--|--|
| <input type="checkbox"/> \$500,000/\$500,000 | <input type="checkbox"/> \$1,000,000/\$3,000,000 | <input type="checkbox"/> \$3,000,000/\$3,000,000 |
| <input type="checkbox"/> \$500,000/\$1,000,000 | <input type="checkbox"/> \$2,000,000/\$2,000,000 | <input type="checkbox"/> \$4,000,000/\$4,000,000 |
| <input type="checkbox"/> \$1,000,000/\$1,000,000 | <input type="checkbox"/> \$2,000,000/\$4,000,000 | <input type="checkbox"/> \$5,000,000/\$5,000,000 |
| <input type="checkbox"/> \$1,000,000/\$2,000,000 | <input type="checkbox"/> \$2,000,000/\$5,000,000 | <input type="checkbox"/> Other |

b. Deductible - Indicate the deductible requested:

- \$10,000 \$15,000 \$25,000 \$50,000 \$100,000 Other \$

3. List the Firm's Professional Liability Insurance History for the last three (3) years:

If no prior coverage, check here

Insurance Company	Limits of Liability	Deductible	Premium	Policy Period (MM/DD/YY)	No. of Lawyers Covered
	\$ / \$				
	\$ / \$				
	\$ / \$				

4. Does the Firm's current policy have Prior Acts Exclusion? Yes No

If yes, what is your Prior Acts Date?

5. Has any insurer declined, canceled, or non-renewed any Lawyers Professional Liability Insurance or any similar insurance on behalf of any person(s) or entity(ies) proposed for this insurance? Yes No
 If Yes, provide details.

6. Has any lawyer of the Firm, in the last three (3) years been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, fined, or held in contempt by any court, state or local bar association, administrative agency, or regulatory body? Yes No
If Yes, complete the Disciplinary Supplement.
7. Is any person(s) or entity(ies) proposed for this insurance currently under investigation, or has any disciplinary complaint or grievance been made to any court, bar association, administrative agency or regulatory body in the last three (3) years that resulted in any formal censure or other formal action? Yes No
If Yes, complete the Disciplinary Supplement.
8. After inquiry, are any attorneys in your firm aware:
If the answer to either question is "Yes," please complete the Supplemental Claim Form.
- a. of any professional liability, claims made against them in the past five years? Yes No
b. of any legal work or incidents that might be expected to lead to a claim or suit against them? Yes No
* If Yes, indicate total number of claims.

REPRESENTATIONS:

I/We affirm that the information contained here and in any supplemental application or addendum is true to the best of my/our knowledge 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 claim information from any prior insurer to the Company or its representatives.

I/We specifically asked all lawyers in our firm if they have knowledge of any claim, potential claim, disciplinary matter or circumstance that may rise to a claim against us that is not listed in our response to Question 7. (Section V) and Questions 8.a. and 8.b. (Section VII).

If all lawyers have responded "No" Please Initial Here (_____).

On behalf of our firm, I agree that this application, including all attachments, exhibits, supplemental applications or addendums is complete and correct to the best of my knowledge and belief. I understand that this application forms the basis of the contract of insurance, if the Company offers coverage and we accept the Company's offer. I also understand that completion of this application does not bind the Company Agent or Broker to provide insurance. This application attaches to and becomes a part of the contract of insurance, if such contract is issued.

FRAUD WARNING

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.

Arkansas

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in 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 defraud any insurance company or another 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 act, which is a crime and may subject the person to criminal and civil penalties.

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.

Kansas

Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or insurance agent or broker, any written statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

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.

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.

New Hampshire Statement of Residency

To procure automobile insurance, I hereby attest that I am, and each named insured is, a resident of the State of New Hampshire. I understand that if I falsely claim for myself or any named insured to be a resident of the State of New Hampshire, I am subject to prosecution, imprisonment of up to one year, a fine of \$2,000 and the denial of coverage for any loss, not occurring in New Hampshire, under the automobile insurance policy for which I am applying. I also understand that this statement will be relied upon in connection with future renewals of the automobile insurance policy for which I am applying, and that it is my responsibility to inform my insurance company before my next renewal after I or any named insured ceases to be a New Hampshire resident and that I will be subject to the penalties listed above if I fail to do so.

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.

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, may be violating state law.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application 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, including failing to disclose whether the applicant or applicants have been convicted of any degree of the crime of arson, 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.

Vermont

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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.

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

Name of Authorized Representative

Title

Signature of Authorized Representative

Date DD/MM/YYYY

Signature of Agent/Broker

Date DD/MM/YYYY