

## APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

(Claims Made and Reported Policy)

THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED INSURANCE POLICY. IT IS IMPORTANT THAT YOU REPORT ANY KNOWN FACTS OR CIRCUMSTANCES THAT COULD REASONABLY BE EXPECTED TO RESULT IN A CLAIM TO YOUR CURRENT INSURER AND IF NECESSARY TO PRESERVE COVERAGE FOR SUCH CLAIM THAT YOU PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT.

	SAVE	FILE PRINT FI	LE (	EMAIL FILE	
Full Name	of Applicant Firm:		Conta	act:	
Address 1:					
Address 2:		City:		State:	Zip Code:
County:		Phone:		Fax:	
E-mail:			Date Firm Established	d:	
Fed ID:		No. Lawyers in Firm:	No. S	Support Staff:	
Do you hav	ve other office locations?	If yes, how many?			a list showing each e number of attorneys at
1.	Requested Effective Date:				
2.	a. Current Limits:		<b>b.</b> Limits do year:		
	c. Current Deductible:		d. Deductil year:	oles desired this	
	e. Optional coverages you are requesting	:	•		
	First Dollar Defense:	Aggregate Deductible:	Claim	Expense Outsid	le Limits:
3.	a. Is the firm currently insured for profess	sional liability?		Retroactive Date Requested:	
	Please provide a copy of your current provide a coverage.	•			
	b. Does your current policy have any typ		clude or mo	dify coverage?	☐ Yes ☐ No
	If yes, please provide a copy of each so				
4.	List the names of all predecessor firms of majority successor to the predeces			se firms where	e the applicant is a
	Name of Predecessor Firm		Date Esta	ablished	Number of Lawyers
5.	Do you share any of the following with oth	Ţ.			
	Office Space: Yes No	Letterhead: Yes 1		Cases: Yes	
	If yes, list all such lawyers on firm lette space, a complete Office Sharing Supp			p to the firm. If	the firm shares office
6.	a. In the last 12 months, how many attorn			<b>b.</b> Joined t	he firm?
	c. How many attorneys does the firm plan to add during the next 12 months?				
	d. In the last 12 months, how many non la	awyer employees have left y	your firm?		
7.	Has any professional liability insurance fo been declined or cancelled, refused to be If yes, please provide a detailed narrat below or on firm letterhead.	renewed or accepted only	on special t		r Yes No

8.	Please identify your legal professional liability insurance for the past five years.							
	Company Policy Limits Deductible Premium # of Attorn Period # of Attorn							
			1			<u> </u>		
9.	Does any client or group of related clients m  If yes, explain in detail in the space provided				receipts? 🔲	Yes ☐ No		
10.	Does your firm use any attorneys not listed on thi If yes, list all such lawyers in the space provided be					☐ Yes ☐ No		
11.	Is any lawyer listed on the application an officer, of control over an entity other than the applicant firm If yes, a complete Outside Interest Supplement must	า?		mber or exercis	se fiduciary	☐ Yes ☐ No		
12.	Has any member of the firm provided legal service that are not exempt from registration?	es involving p	ublicly trade	ed securities or	securities	☐ Yes ☐ No		
13.	If yes, please explain in the space provided below of Has any member of the firm been involved in class			ation?		☐ Yes ☐ No		
13.	If yes, please explain in the space provided below			auon:		☐ 1 <i>E</i> 2 ☐ 140		
14.	Does any member of the firm provide services to financial institution?	, or sit on the	board of dire	ectors of, a		☐ Yes ☐ No		
15.	If yes, a complete Financial Institution Supplement Is any member of the firm aware of any incident,			s or omissions	that	☐ Yes ☐ No		
	might result in a professional liability claim agains	st the firm or p	redecessor					
	attorney of the firm while affiliated with the firm or							
16.	If yes, a complete Claim Supplement form must be Has any member of the firm been the subject of a					☐ Yes ☐ No		
	refused admission to the bar or any bar association of the space provided below	on, court or a	dministrative	agency?				
17.	<b>a.</b> In the past five (5) years, has any professiona				nt against	☐ Yes ☐ No		
	the firm or predecessor firm or any member of th <b>b.</b> Has any member of the firm or predecessor firm e			1?		☐ Yes ☐ No		
	If yes, a complete Claim Supplement form must be include copies of company loss runs for all claims.	provided for e	ach claim o					
	ODAGE DDOVIDE	D FOR ARRI	TIONIAL INF	CONTACTION				
	SPACE PROVIDE	D FOR ADDI	HONAL INF	-ORMATION				

18.	<ul> <li>Complete the following table based upon either your gross revenue or billable hours for each category.</li> <li>The total must equal 100%</li> </ul>							
	This Practice Profile is based on ☐ gross revenue or ☐ billable hours.							
		PRAC	TICE PROFILE					
	Area of Practice	Percentage	Area of Practice	Percentage				
	Admiralty (AM)	Plaintiff %:	Health Care (HC)	Plaintiff %:				
		Defense %:		Defense %:				
		Other %:		Other %:				
	Antitrust (AT)	Plaintiff %:	Insurance Defense (ID)	Coverage%:				
	,	Defense %:	` '	Defense %:				
		Other %:		Other %:				
	Appellate (AP)	Plaintiff %:	Intellectual Property * (IP)	Patent %:				
	,	Defense %:		Trademark %:				
		Other %:		Litigation%:				
			International Law	%				
	Arbitration, Mediation (ADR)	%:	Labor & Employment (LE)	Management %:				
	Bankruptcy * (BC)	Debtor%:	, , ,	Union/Labor%:				
	, ,	Trustee%:		Other %:				
	Business Formation &	Form/Alt %:	Municipal Law (ML)	Defense %:				
	Alteration, Merger/Acquisition	Merge/Ac%:		Financial Advice:				
	(CF)	Other %:		Other %:				
	Business Transactions -	Public Corp %:	Natural Resources, Oil & Gas (NR)	Plaintiff %:				
	Corporate & Commercial (CF)	Private %:	Hatarar Hoodardoo, On a dad (HH)	Defense %:				
	corporate a commercial (or)	Other %:		Other %:				
	Civil Rights/Discrimination (CR)	Plaintiff %:	Personal Injury Legal Malpractice*	Plaintiff %:				
	orn ragner broad minutes (orty	Defense %:	(PI)	Defense %:				
		Other %:	(1.7)	Other %:				
	Collections * (BC)	Creditor %:	Personal Injury Medical	Plaintiff %:				
	(20)	Debtor %:	Malpractice* (PI)	Defense %:				
	Commercial Litigation (GL)	Plaintiff %:	marpraetice (i.i)	Other %:				
	Commondati Intigation (CI)	Defense %:	Personal Injury Mass Tort,	Plaintiff %:				
		Other %:	Class Action * (PI)	Defense %:				
	Construction Law (CL)	Plaintiff %:		Other %:				
		Defense%:	Personal Injury Products Liability*	Plaintiff %:				
		Transaction %:	(PI)	Defense %:				
	Contracts	%	(1.7)	Other %:				
	Consumer Claims	Plaintiff %:		Other 70.				
	Concumor Claims	Defense%:						
	Criminal Defense (CD)	%:	<del></del>					
	Employee Benefits (EB)	%:	Personal Injury * (PI)	Plaintiff%:				
	Entertainment * (EN)	Management %:	1 croonaringary (r i)	Defense %:				
		Other %:		Other %:				
	Environmental * (ER)	Plaintiff %:	Real Estate * (RE))	Commercial %:				
		Defense %:		Residential%:				
		Other %:	Securities * (SE)	Public Offering%:				
	Estate, Probate, Trust * (ES) (1)	Est. Planning %:	- COUNTING (OL)	Corp. Bonds %:				
		Trust Admin. %:		Private Placemt:				
		Other %:		Other %:				
	Family Law (FL) (2)	Adoption %:	Tax, Tax Opinions (TX)	Personal %:				
	1 anni y 2 aw (1 2) (2)	Divorce %:	Tux, Tux Opiniono (Tx)	Corporate %:				
		Other %:	_	Other %:				
	Financial Institutions * (FI)	%:	Workers Compensation/Social	Plaintiff %:				
	General Civil Litigation (GCL)	Plaintiff %:	Security (WC)	Defense %:				
	General Givil Elligation (GCL)	Defense %:	Occurry (WO)	Other %:				
		Other %:	Other (OT) (Describe):	%:				
	Immigration (IM)	%:	otilei (Oi) (Describe).	%: %:				
	miningration (IIVI)	70.		%:				
* In-	dicates that completion of the corre	 	is required	/U.				
1110	uicates tilat completion of the com	caponunny auppiennem	is icquiieu.					

Highest asset value of estates handled:

If yes, please complete an Outside Interest Supplement

(1) Estate/Trust/Probate. In the last 24 months, please indicate the following:

Is any firm member a trustee of any client estate? 

Yes 

No

Average asset value of estates handled:

(2) F	amily Law. In the la	ast 24 months, plea	(2) Family Law. In the last 24 months, please indicate the following:							
Aver	age value of property	settlement handled	d:	High	nest value c	of property settle	ement handled:			
19.	a. Please complete			-	ated with yo	our firm.				
	Please attach an ac	dditional sheet if n	nore space							
				FIRM PROF	LE					
	Cover for									
	Position Date First Ave. Primary - P work prior to									
	P, A, Hire Admitted to Hours/ Secondary - S date of hire									
Atto	rney Name	OC, I	Date	State Bar	Week	Areas of Pra	ctice	by firm? Y/N		
	P = Partner/C	Owner/Member	A = Associa	ate/Employee	OC = Of C	ounsel I = II	ndependent Contra	ctor		
	<b>b</b> . If you are a sole									
	Note: If a policy is	issued in reliance	upon this	application, it s	hall not ap	ply to the atto	rney noted below):			
20.	Total firm billings las	t fiscal year:		Current fiscal y	ear billings:					
21.	Does your firm accep	pt any form of com	pensation o	ther than legal fe	es?	☐ Yes	□ No			
	If yes to 21 above,	please provide an	explanatio	on in the space	provided al	bove or on firm	n letterhead.			
22.	Does your firm have	a system for detec	ting and av	oiding conflicts o	f interest?		☐ Yes	□ No		
	☐ Index ☐ C	Computer C	onflict Comi	mittee	ral/Memory	Other	Describe:			
	a. Does or has any	member of the firm	engaged in	n a business vent	ure with a c	client?	s 🗌 No			
	<b>b.</b> Does or has any	firm member introd	uced clients	s to one another	for investme	ent purposes?	☐ Yes ☐ No			
	c. Does the firm eve	er represent advers	e but friend	ly parties in the s	ame matter	r? 🗌 Yes 📗	No			
	If yes to 22. a, b, or	c above, please p	rovide an	explanation in t	he space p	rovided above	or on firm letterhe	ad.		
23.	Please indicate whic	ch of the following th	ne firm uses	s to manage its d	ocket and s	cheduling dem	ands:			
	☐ Computer ☐	Docket Clerk /	☐ Indiv	vidual Attorney	☐ Dail	y or weekly	Other Des	cribe:		
		Administrator	diari	es	firm	-wide				
					circu	ulation of				
					mas	ster calendar				

If the firm uses a computerized system to manage its docket and scheduling demands, please indicate which of the following						
describes that system:						
☐ Updated	Centralized /	☐ All branch offices	☐ Monit	tored by	T	racks statues of
daily	Firm wide	integrated	multip	ole	li	mitations
			indvio	indviduals		
☐ Data						Other Describe:
backed up /						
stored offsite						
Does the firm routinely use:						
Engagement letters/Fee Agreements:						
Termination of Services Letters:						
How many suits for fees have been filed against clients in the last two years?						
Describe the firm's risk management activities:						
a. Does the firm have a formal procedures manual?						
b. Are all employees trained regarding firm policies and procedures? ☐ Yes ☐ No						
c. Are new attorneys supervised by a more senior attorney?						
d. Is support personnel work reviewed by an attorney prior to release to the client? ☐ Yes ☐ No						
e. Are all new matters reviewed prior to acceptance by firm management?						
f. Does firm management regularly review all ongoing matters?						
	Data backed up / stored offsite  Does the firm rout Engagement lette Termination of Set How many suits for Describe the firm is a. Does the firm is b. Are all employ c. Are new attorn d. Is support pers e. Are all new many	describes that system:  Updated Centralized / daily Firm wide  Data backed up / stored offsite  Does the firm routinely use: Engagement letters/Fee Agreements: Termination of Services Letters: How many suits for fees have been filed Describe the firm's risk management act a. Does the firm have a formal procedur b. Are all employees trained regarding f c. Are new attorneys supervised by a m d. Is support personnel work reviewed b e. Are all new matters reviewed prior to	describes that system:    Updated   Centralized /			

## APPLICANT'S AUTHORIZATION AND CERTIFICATION

The undersigned is an authorized representative of the prospective Named Insured, and acknowledges that the information provided with the application, including all supplements, attachments and replies to underwriter inquiries, and applications from other insurance companies which have been submitted to the Company and made a part of this application:

- 1. Will be relied upon by the Company in determining the acceptability of the Applicant and the premium amount to be charged;
- 2. Are true, accurate and complete; and
- 3. Will be incorporated into the policy, if issued.

The applicant firm and all members of the firm understand that this is an application for insurance, and shall not bind the Company to the issuance of insurance, nor shall it bind the firm to the acceptance of a policy.

THE UNDERSIGNED ON BEHALFOF THE APPLICANT FIRM AND ALL MEMBERS OF THE FIRM CERTIFIES THAT THE ABOVE APPLICATION HAS BEEN READ AND THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, MATERIAL AND COMPLETE. THE UNDERSIGNED UNDERSTANDS THAT: (1) IF THE POLICY IS ISSUED, THIS IS DONE BY THE COMPANY IN RELIANCE UPON THESE REPRESENTATIONS; AND (2) ANY COVERAGE OBTAINED BY FRAUD, MATERIAL MISREPRESENTATION OR OMISSION IS VOID.

The following number of Supplemental Claim forms are enclosed with this application:						
Signature of Officer or Partner of Firm		Title	Date			
Print Name of Officer or Partner						
Agency:		Phone:				
Address:		Fax:				



## **CLAIM SUPPLEMENT**

1.	Full name of Applicant Firm:						
2.	Full name(s) of individual(s) of firm involved in claim:						
3.	Other defendants:						
4.	Name of potential/actual claimant(s):						
5.	Check whether:	claim		lawsuit	disciplinary action		
6.	a. Date of alleged act, error, or omission:				·		
	b. Date reported to insurer:						
	c. Name of insurance carrier responding to this cla	aim:					
7.	Present status of claim (check one and include a		amount in	figures provided):			
	Closed		Open	<b>3</b> ,			
	Total loss paid (including deductible): \$		_	settlement demand:	\$		
	Total expense paid (including deductible): \$			s offer for settlement:	\$		
	Court judgment	Insurer's clai		\$			
	Out-of-court settlement	Expense res		\$			
	Dismissed	Expenses pa		\$			
				·	ed, no expenses to date)		
10	a. Alleged act or omission upon which claim or inc			(NO TESELVE ESTABLISHE	eu, no expenses to date)		
10.	a. Alleged act of offission upon which claim of inc	dent is based					
		. 1					
	<b>b.</b> Description of events leading to claim or incider	nt: 					
	c. Current status:						
	d. What steps have been taken to prevent a simila	ar loss in the fu	uture?				
	e. Does this claim or incident arise from an action	to collect fees	?	s 🗌 No			
	I represent that the statements above are true and complete to the best of my knowledge, that I have not suppressed or misstated any facts and I understand that this supplement becomes part of my application.						
	Signature of Officer or Partner of Firm		-	Title	Date		
Print	Name of Officer or Partner						

USR-LPL-APP-01 (09/13)