



# APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY COVERAGE

**NOTICE:** THIS IS A CLAIMS-MADE FORM: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY WHILE THE POLICY IS IN FULL FORCE. PLEASE REVIEW THE POLICY CAREFULLY. COVERAGE IS WRITTEN ON A SURPLUS LINES BASIS.

## 1. GENERAL INFORMATION

Applicant Name \_\_\_\_\_

Business Address \_\_\_\_\_ Do you operate from a residence? . . .  Yes  No

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_ Years in Business \_\_\_\_\_ Years Experience \_\_\_\_\_

Type of Entity:  Corporation  Individual  Partnership  Other (describe): \_\_\_\_\_

Is the Applicant a sole practitioner? . . .  Yes  No *If "Yes", who is responsible for the practice if the Applicant is unable to work for an extended period?* \_\_\_\_\_

## 2. FINANCIAL AND BUSINESS INFORMATION

a. Total receipts, last 12 months \$ \_\_\_\_\_ Total receipts projected, next 12 months \$ \_\_\_\_\_

b. Please provide the following information for all attorneys affiliated with the Applicant firm. *Attach separate sheets if needed.*

LAWYER NAME	TYPE: O—Officer P—Partner E—Employed Lawyer OC—Office Counsel	HOURS WORKED PER WEEK	YEAR ADMITTED TO BAR	DATE JOINED APPLICANT	SEPARATE INSURANCE?
	<input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> OC				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> OC				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> OC				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> OC				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> OC				<input type="checkbox"/> Yes <input type="checkbox"/> No

c. Provide a breakdown of Applicant's total staff by the following classifications:

	No. Currently Employed	No. Left Applicant Last Year
Lawyers . . . . .	_____	_____
Paralegals . . . . .	_____	_____
Other Administrative Staff . . . . .	_____	_____

d. Does the Applicant have:

1. Full-time office administrator? . . . . .  Yes  No    2. Management/Executive Committee? . . .  Yes  No

e. Does any attorney applying for this coverage currently serve as a director, officer, trustee, or partner of any entity which is a client of the firm? . . .  Yes  No *If "Yes", a Supplement for Outside Interests form must be completed.*

f. In the past five years, has any attorney applying for this coverage held an equity or financial interest in a client? . . . . .  Yes  No

g. Is any attorney applying for this coverage:

1. An employee of any organization, entity, or governmental body other than the Applicant? . . . . .  Yes  No
2. Engaged in any other professional/business activity other than the practice of law? . . . . .  Yes  No

*If "Yes", explain:* \_\_\_\_\_

**3. OPERATIONS**

a. Does the Applicant's docket control system include:  Single Calendar  Computer  Tickler Cards  
 Dual Calendar  Master Listing  Other: \_\_\_\_\_  
 How frequently are deadlines crossed-checked?  Daily  Weekly  Monthly

b. Which of the following tools are used to avoid conflicts of interest:  lawyer recollection  computer  index file  
 conflict committee  written procedure  Other \_\_\_\_\_

c. Does the Applicant utilize client communication letters? . . . . .  Yes  No *If "Yes", are such letters used as:*  
 1. An engagement letter when accepting representation? . . . . .  Yes  No  
 2. A non-engagement letter when declining to represent a client? . . . . .  Yes  No

d. Does the Applicant except cases where the cause of action arises and is adjudicated outside of the Applicant's local jurisdiction? . . . . .  Yes  No  
*If "Yes", does the Applicant refer such cases to local counsel? . . . . .  Yes  No*

e. Has the Applicant outsourced any work in the past two (2) years, either domestically or internationally?  Yes  No

f. Does the Applicant have any single client or group of related clients that represent in excess of 25% of total revenues during the last 24 months? . . . . .  Yes  No  
*If "Yes", identify the client and the services performed on their behalf:* \_\_\_\_\_

g. 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:* \_\_\_\_\_

h. Indicate percentage of gross revenues derived from the following areas of practice:

AREA OF PRACTICE	% REVENUE	AREA OF PRACTICE	% REVENUE	AREA OF PRACTICE	% REVENUE
Administrative Law		Entertainment		Municipal Law	
Admiralty Defense		Environmental Law		Oil & Gas Mining	
Admiralty Marine		ERISA		Oil & Gas Title	
Adoptions		Estate Planning		Patent, Trademark, Copyright Filing	
Arbitration/Mediation		Estate/Trust/Probate		Patent, Trademark, Copyright Litigation	
Banking		Family Law		Plaintiff BI/PD	
Bankruptcy		Fiduciary		Product Liability Plaintiff	
BI/PD Defense		Foreclosures		Real Estate Closings/General	
Bonds		Foreign Law		Real Estate Commercial Title	
Business Transaction		Guardianships		Real Estate Development	
Civil Rights		High Profile Divorce		Real Estate Investment Trusts	
Civil/General Litigation		Immigration/Naturalization		Real Estate Limited Partnership	
Class Action Plaintiff		Insurance Defense		Real Estate Residential Title	
Collection		International Law		Real Estate Syndication	

Question "h" continued from 2nd page—Indicate percentage of gross revenues derived from the following areas of practice:

AREA OF PRACTICE	% REVENUE	AREA OF PRACTICE	% REVENUE	AREA OF PRACTICE	% REVENUE
Commercial Defense		Investment Money Manager		Securities	
Commercial Law		Juvenile		Taxation Opinions	
Consumer Claims		Labor Unions		Taxation Preparation	
Construction Law		Labor/Employee		Taxation Representation	
Contracts		Labor Management		Traffic	
Corporate Formation		Landlord Tenant/Leases		Wills	
Corporate General		Lobbying		Workers Compensation	
Corporate Litigation		Local Government		Other (Describe below):	
Criminal Law		Medical Malpractice		_____	
Divorce		Mergers & Acquisitions		<b>TOTAL (both parts of Question "h")</b>	<b>100%</b>

**6. PRIOR INSURANCE**

a. Please provide the following information for any Errors & Omissions or Professional Liability Insurance the Applicant carried during the last three years:

COMPANY	LIMIT OF LIABILITY	DEDUCTIBLE	PREMIUM	POLICY PERIOD	RETRO DATE
	\$	\$	\$		/ /
	\$	\$	\$		/ /
	\$	\$	\$		/ /

b. Has any Errors & Omissions or Professional Liability Insurance issued to the Applicant ever been declined, cancelled, or non-renewed? . . . . .  Yes  No *If the answer is "Yes", please explain on a separate sheet.*

c. Do any principals, directors, officers, partners, employees, or independent contractors of the Applicant have knowledge or information of any actual or alleged acts, errors, omissions, offenses, or circumstances which might reasonably be expected to give rise to a claim against the Applicant? . . . . .  Yes  No

d. During the past five years, has the Applicant, or any of its predecessors in business, subsidiaries, or affiliates, or any of the principals, directors, officers, partners, employees, or independent contractors ever been subject to a disciplinary action as a result of professional activities? . . . . .  Yes  No

e. During the past five years, have any suits or claims been brought against the Applicant, any of its predecessors in business, subsidiaries, or affiliates, or any of the principals, directors, officers or employees? . . .  Yes  No

***If the answer to 4b-4e is "Yes", complete the Supplemental Claims Questionnaire for each incident.***

**THE APPLICANT WARRANTS THAT THE STATEMENTS AND RESPONSES TO THE QUESTIONS ON THIS APPLICATION ARE TRUE AND COMPLETE. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY, NOR DOES IT OBLIGATE THE COMPANY TO ISSUE A POLICY. SUCH POLICY MAY BE CANCELLED BY THE COMPANY FROM INCEPTION UPON DISCOVERY THAT THE POLICY WAS OBTAINED THROUGH A FRAUDULENT STATEMENT, OMISSION, OR CONCEALMENT OF THE FACTS MATERIAL TO THE ACCEPTANCE OF THE RISK OR HAZARD ASSUMED.**

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Authorized Signature