



40 W. Cochran Street, Simi Valley, CA 93065 Telephone: 805-577-6800 Fax: 805-577-1915
CA Lic.# 0697233

Lawyers Professional Liability Insurance Application

1. Applicant Information

Name: _____ Phone: _____
 Address: _____ Fax: _____
 _____ Website: _____
 _____ E-mail: _____
 City State Zip

Limit of Liability Requested: _____ Deductible: _____

Applicant is: Proprietorship Partnership Corporation Association LLP LLC Other

Year Firm Established: _____

Has the applicant merged with or acquired any firms in the last 3 years? _____
 Please provide a list of all Predecessor Firms, for whom coverage is required under the policy, if issued.

Branch Offices:
 1) Address: _____ Phone: _____
 _____ Fax: _____
 2) Address: _____ Phone: _____
 _____ Fax: _____

Attach separate sheet if necessary.

2. Personnel – List all partners, employed lawyers and of Counsel:

NAME	STATUS DESIGNATION CODES *	STATE(S) ADMITTED TO PRACTICE	YEAR FIRST ADMITTED TO BAR	YR. LAWYER JOINED APPLICANT FIRM
1.				
2.				
3.				
4.				
5.				
6.				
7.				

* P-Partner/Member E-Employed lawyer C-of Counsel
 _____ Total number of lawyers who left firm in past year.
 _____ Current total number of non-lawyer employees.

Attach separate sheet if necessary.

3. Area of Practice

A. Indicate the percentage of gross billable dollars by area of practice for the last fiscal year.

Admiralty/Marine	____%	Environmental	____%	Real Estate – Condo Offering	____%
Anti-Trust Trade Regulation	____%	ERISA	____%	Securities – Federal*	____%
Arbitration/Mediation	____%	Est. Plan/Probate/Trusts/Wills	____%	Securities – State*	____%
Banking	____%	Immigration	____%	Securities – Private Placement*	____%
Bankruptcy	____%	International Law	____%	Securities – Bonds*	____%
Bodily Injury/Defense	____%	Investment Counseling	____%	Social Security Disability	____%
Bodily Injury/Plaintiffs	____%	Labor Relations	____%	Tax Preparation	____%
Collection Repossession	____%	Public Utilities	____%	Tax Opinions	____%
Copyright/Patent/TM*	____%	Real Estate – Residential	____%	Workers Comp/Defense	____%
Corporate	____%	Real Estate – Commercial	____%	Workers Comp./Plaintiff	____%
Criminal	____%	Real Estate – Synd. Devel.	____%	OTHER (Describe if over 5%)	____%
Domestic Relations	____%	Real Estate – Title Work	____%	TOTAL (Must equal 100%)	<u>100</u> %
Entertainment	____%				

*Please complete **Supplemental Applications**.

B. Does the Applicant have any high-profile clients who are entertainers, sports figures or public officials? € Yes € No
If "Yes", please explain by attachment.

C. Does the Applicant have discretionary investment authority for any clients? € Yes € No
If "Yes", total number of clients: _____.
Is any one client account for more than \$500,000? € Yes € No
Is the authority limited and in writing? € Yes € No

D. In the last five (5) years, has any attorney with the Applicant firm, represented any financial institution? € Yes € No
Financial institution means any savings and loan association, bank, credit union, savings bank, banking and loan association, commercial banking institution or any subsidiary or lending affiliate thereof.
If "Yes", complete the **Financial Institutions Supplemental Application**.

E. Does any firm attorney serve as a director, officer, trustee (other than estate trusts), partner or employee of any client? € Yes € No
If "Yes", please complete the **Outside Interests Supplemental Application**.

F. Does any firm member exercise fiduciary control or possess any ownership interest in any client or any business venture with a client? € Yes € No
If "Yes", please complete the **Outside Interests Supplemental Application**.

4. Firm Policies and Procedures

A. Does the Applicant:

- Use engagement letters on all new matters? € Yes € No
- Require clients to sign engagement letters/agreements? € Yes € No
- Use nonengagement and disengagement letters? € Yes € No
- Use any of the following conflict avoidance methods:
 - Oral/Memory? € Yes € No
 - Computer? € Yes € No
 - Conflict Committee? € Yes € No
 - Index File? € Yes € No
- Update its conflict avoidance system at least weekly? € Yes € No
- Cross-check conflicts by predecessor, merged or acquired firms? € Yes € No
- Insist on obtaining a written waiver from its clients in order to perform on-going services when an actual/potential conflict exists? € Yes € No
- Allow attorneys to enter into business with firm clients? € Yes € No
- Require disclosure if such relationships are permitted? € Yes € No

Maintain a calendar system using these methods:

- Single Calendar € Yes € No
- Dual Calendar € Yes € No
- Tickler Cards € Yes € No
- Computer € Yes € No
- Master Listing € Yes € No

- Use two individuals to maintain its calendar system? € Yes € No
- Update its calendar system at least weekly? € Yes € No
- Place ultimate responsibility for calendar system with a firm lawyer? € Yes € No

- B. What is the total number of hours of continuing legal education within the last year for all lawyers? _____
- C. How many times has the Applicant sued a client for unpaid fees in the last 3 years? _____
- D. Does any single client account for more than twenty-five percent (25%) of the Applicant's gross annual billings? € Yes € No
If "Yes", please identify client, nature of client's business, and the percentage of billings, by attachment.

5. Claims, Incidents & Disciplinary Actions

After inquiry, has any lawyer to be insured under this policy:

- A. ever had professional liability insurance cancelled or nonrenewed? € Yes € No
If "Yes", please explain by attachment.
- B. ever been disbarred or been the subject of reprimand, censure, sanction or other disciplinary action, or been refused admission to the Bar? € Yes € No
If "Yes", please explain by attachment.
- C. been the subject of a professional liability claim or suit in the last five (5) years? € Yes € No
- D. knowledge of any circumstance, act, error, or omission that could result in a professional liability claim? € Yes € No

If "Yes", to C. or D. above, please complete a **Claims Supplemental Application** for each instance.

6. Prior Insurance

Current Prior Acts Exclusion date and/or retroactive date _____.

Please list professional liability insurance carried by the Applicant and predecessor firms over the last five (5) years:

Inception From (Mo-Day-Yr)	Expiration To (Mo-Day-Yr)	Insurance Company	Policy Number	Limits of Liability	Deductible (if any)

- Is the applicant being covered by an Extended Reporting Period Endorsement? € Yes € No
If "Yes", please attach details.

7. Signature

Please Read carefully and Sign Below where indicated.

The undersigned proprietor, partner, member or officer, acting on behalf of the applicant and all others to be insured, hereby,

- (A) declares after diligent inquiry that the above statements and particulars are true and that no material facts have been suppressed or misstated:
- (B) acknowledges that it is understood and agreed that (1) the completion of this application does not bind Underwriters, to issue nor the Applicant to purchase the insurance; (2) however, the application will be the basis of the contract if a policy is issued; and (3) all written statements and material furnished to Underwriters, in conjunction with this application are hereby incorporated by reference into this application and made part hereof; and
- (C) acknowledges that, in the event the Underwriters issues a policy, (1) Underwriters, in providing coverage will have relied upon, as representations, the declarations and statements which are contained in or attached to or incorporated into the policy; and (2) in the event of a claim for which coverage would otherwise be available under this policy, the Applicant will be required to be

defended by lawyers appointed by Underwriters and if the Insured elects to handle any claim without such lawyers or otherwise without Underwriters involvement, then no coverage for such claim will be afforded the Applicant under the policy.

NOTICE : 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 violation.

Sign & Date in ink.

Signed by: _____

Title: _____

Print Name: _____

Date: _____