

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

THIS APPLICATION IS FOR A "CLAIMS MADE AND REPORTED" INSURANCE POLICY. IF A POLICY IS ISSUED, THE LIMITS OF LIABILITY AND DEDUCTIBLE WILL APPLY TO, AND BE REDUCED BY, THE PAYMENT OF CLAIMS EXPENSES AS WELL AS DAMAGES

1. Instructions:

- A. All questions must be answered completely. Please type or print clearly. If any questions are considered "Not Applicable," please explain why.
- B. If you need more space, please continue on a separate sheet and indicate question number.
- C. Please complete application form and supplements where required.
- D. This application and all supplement forms must be signed and dated by a principal of the firm.
- E. Enclose a sample of current letterhead, expiring Declarations Page and Retroactive Date Endorsement with the application.

2.

A. Name of Applicant: _____
 Individual Partnership Professional Corp. Other

B. Address: _____
City: _____ County: _____
State: _____ Zip: _____ Federal Tax I.D. Number: _____

C. Telephone: (____) _____ Fax: (____) _____

D. Branch Office Address(es): On a separate addendum, please also list all lawyers and staff members (including a description of the duties of each staff member) at each location:

E. Date of Commenced Business: _____

F. Total Number of Lawyers: Currently _____ End of Last Calendar Year _____

G. Total Number of:

Principals _____ Employed Lawyers _____ Of Counsel _____ Paralegals _____ Other Staff _____

Please complete Supplement 1.

Please complete Supplement 9 if Solo Attorney

H. List all predecessor firms of Applicant: (A "predecessor firm" is one that has undergone a dissolution, if at least two-thirds of the lawyers in that firm as of the dissolution are now with the Applicant firm.)

Name	Dates of Existence	Total number of lawyers At Dissolution	Total number of lawyers who joined Applicant firm or predecessor firm
1.			
2.			

I. Internet Presence:
 Applicant's web site, if any "aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa
 E-mail address of Applicant's primary contact person _____

3.

A. Total Gross Billings/Income (whether collected or not, including, without limitation, an estimate of all fees, contingent or otherwise, or any other income derived) for:

Last Fiscal Year \$ _____ for 12 months ending: _____
 Current Fiscal Year \$ _____

B. Indicate Percentage of "Total Gross Income" derived from:

(OVERALL TOTAL MUST EQUAL 100%)

Area of Practice	CURRENT FISCAL YEAR %	LAST FISCAL YEAR %	Additional Requirements
Banking			Please complete Supplement 2
BI/PD Plaintiff			Please complete Supplement 8
Worker's Compensation Plaintiff			
Corporate Formation/Alteration			
Mergers/Acquisition			Please describe on a separate addendum.
Entertainment*			
Investment Advice/ Financial Consulting*			
Oil & Gas			
Real Estate*			Please complete Supplement 4
Securities Practice* including Syndications/Tax Shelters/Ltd. Partnerships			
Taxation			
Sub Total			
Environmental			Please complete Supplement 10
Patent*			
Copyright/Trademark			
Estate/Probate Trust			
General Corporate			Please describe on a separate addendum.
Municipal Law			Please describe on a separate addendum
Sub Total			
Admiralty			
BI/PD Defense			
Civil Litigation			
Divorce			
Adoption or Surrogacy			Please describe on separate addendum.
Other Family Law			
Labor Law			
Bankruptcy			
Unlawful Detainer			
Worker's Compensation Defense			
Criminal			
Sub Total			
Other (Please Describe Below)			
Sub Total			

GRAND TOTAL _____% _____% MUST EQUAL 100%

*Note: If a policy is issued, Securities, Entertainment, Patent, and certain other activities mentioned in this Application will not be afforded coverage.

- C. On a gross billing basis for the current fiscal year, indicate the percentage of revenue derived from representing:
 1) Plaintiffs _____% 2) Defendants _____% 3) Others (including Petitioners respondents) _____%.
Items 1, 2, and 3 must total 100%.
- D. Does the Applicant or any of its lawyers currently, or did the Applicant or any of its lawyers at any time in the last ten (10) years prior to the signing of the Application, provide legal services to any Financial Institution? Yes No
If yes, please complete Supplement 2.
- E. Does the Applicant or any of its lawyers currently, or did the Applicant or any of its lawyers at any time in the last five (5) years, provide any other professional services apart from legal work? Yes No
If yes, please give details on a separate addendum. Please include details of applicable insurance.
- F. Does the Applicant currently have, or has the Applicant at any time in the last five (5) years had, any one client or group of related accounts, which produce more than 10% of Total Gross Billings? Yes No
If yes, please attach a separate addendum explaining in detail the name and business activities of the client, the service(s) you provide or provided, areas of law involved and your relationship other than as independent legal advisor.

CONTROLS

4. MANAGEMENT

- A. Is the Applicant managed by a management committee? Yes No
- B. How many partners or officers comprise the management committee? _____ N/A
- C. Does the Applicant employ an administrator? Yes No
- D. What percentage of the administrator's time is devoted to the practice of law? _____% N/A
- E. Does the Applicant use a peer review system to evaluate the performance of partners or officers? Yes No N/A

5. NEW BUSINESS

- A. Are new clients subject to approval of the Applicant's management committee or at least two (2) partners or officers of the Applicant? Yes No N/A
- B. Is information as to all new clients made available on at least a weekly basis to all partners or officers of the Applicant? Yes No N/A
- C. Does the Applicant maintain a system to avoid conflicts of interest? Yes No N/A
- D. Is the conflicts system computerized? Yes No N/A
- E. Is a lawyer who generates new business required to work under supervision of a partner or officer having specific expertise in the matter? Yes No N/A

6. OUTSIDE COMMUNICATIONS

- A. Is it the Applicant's standard practice to use engagement and disengagement letters when agreeing or declining to represent a client? Yes No
- B. Is it the Applicant's standard practice to outline in writing the Applicant's billing policy and procedure when agreeing to represent a client? Yes No
- C. Do major opinion letters have to be approved by at least two partners or officers of the Applicant? Yes No N/A
- D. Do letters to auditors have to be approved by at least two partners or officers of the Applicant? Yes No N/A

If the answer to any of these questions is no, please give written explanation.

7. DOCKET AND CALENDAR

- A. Does the Applicant maintain a docket control system and procedure with at least two (2) independent date controls? Yes No
- B. Is the docket control system and procedure computerized? Yes No
- C. Does the docket control system and procedure produce a weekly calendar? Yes No
- D. Does the docket control system and procedure cover all aspects of the Applicant's practice? Yes No
- E. Does the docket control system and procedures require lawyers to both calendar and remove from the calendar all filing dates? Yes No
- F. Are open calendar entries on the planned docket control system and procedure circulated to all lawyers or, if the Applicant is divided into formal departments, to all lawyers in the appropriate department? Yes No N/A

8. TRAINING AND SUPERVISION

- A. Does the Applicant maintain a formal training program for new lawyers as to office and court procedures? Yes No N/A
- B. Are all lawyers (including any Of Counsel) of the Applicant firm in compliance with the continuing education requirements established by the State Bar?
If no, please explain the reasons for noncompliance on a separate addendum. Yes No
- C. Are all associates of the Applicant under the direct supervision of a partner or officer? Yes No N/A
- D. Are all associates of the Applicant subject to periodic, written review? Yes No N/A

9. MISCELLANEOUS

- A. Does the Applicant firm have a policy forbidding any of its lawyers (including any of counsel) from participating as a shareholder, partner, officer or director in any client or in any of the client's related entities?
If no, please give details on a separate addendum. Yes No N/A
- B. Is any lawyer (including Of Counsel) of the Applicant firm currently participating or has participated in the past as an officer, partner, director, or shareholder in any entity other than the Applicant?
If yes, give details on a separate addendum. Yes No
- C. How many suits and fee arbitrations for collection of fees and/or recovery of costs have been commenced by the Applicant during the past five (5) years? _____
- D. How many suits, counterclaims, and fee arbitrations have been commenced against the Applicant, contesting any fees and/or costs charged by Applicant during the past five (5) years? _____
- E. What percentage of the Applicant's billings are more than 90 days overdue? _____%
- F. Does/Has any current or past lawyers, of counsels or employees of the Applicant:
 - (i) Had his/her legal license or authority to practice law revoked? Yes No
 - (ii) Have knowledge of any complaint and/or disciplinary action regarding Applicant (including any lawyer or staff member) reported to the state or local bar or ABA? Yes No
 - (iii) Been subject to any investigation, fine, sanction, reprimand, or criminal penalty related to performance of professional services? Yes No**If yes to any of the above, give the details on a separate addendum, including the date and outcome**
- G. Has Applicant or any of its past or present lawyers moved to withdraw, or been disengaged at the request of a client during the past two (2) years?
If yes, give details on a separate addendum. Yes No

10.

- A. Has the Applicant or any of its attorneys (including any Of Counsel) ever had an application or policy for professional liability insurance declined, cancelled or non-renewed? Yes No
If yes, please provide details (including date, carrier and reason(s) for action) on a separate addendum.
- B. After inquiry, have any claims or suits been made against any lawyer (including any Of Counsel) of the Applicant firm or any past/present owners, partners, shareholders, corporate officers or employees or its predecessors in business during the last five (5) years? Yes No
If yes, how many claims or suits ____, please complete enclosed Supplement 5 for each claim or suit.
- C. After inquiry, have any claims or suits been made by any lawyer (including any Of Counsel) of the Applicant firm or any of its past or present owners, partners, shareholders, corporate officers or employees or its predecessors in business during the last five (5) years (i.e., claims or suits made as a plaintiff and not as an attorney representing a client)? Yes No
If yes, how many claims or suits ____, please complete enclosed Supplement 5 for each claim or suit.
- D. After inquiry and based upon a reasonable belief, is/are any lawyer (including any Of Counsel) of the Applicant firm aware of any circumstances, allegations, or contentions as to any incident which may result in a claim being made against the Applicant or any of its past or present owners, partners, shareholders, corporate officers, of counsels or employees or its predecessors in business during the last five (5) years? Yes No
If yes, how many incidents ____, please complete enclosed Supplement 5 for each incident.

11. Please give details of previous Insurance (last five (5) years) including periods of coverage (including predecessor Applicants) and any extended claims reporting period (“tail”) coverage. INFORMATION BELOW MUST INCLUDE POLICY NUMBER

	Carrier	Policy Number	Limits Each Claim/Aggregate	Deductible	# of Attorneys	Paid Premiums	Coverages Dates Effective	
							From	To
1.						\$		
2.						\$		
3.						\$		
4.						\$		
5.						\$		

Retroactive Date of current coverage: _____

Please provide a copy of the Declarations Page of (or Endorsement to) Applicant’s current policy showing the retroactive date listed above.

12. Please state coverage Limits and Deductibles Requested:

A. Coverage Limits of Liability

\$	Any one Claim and in the Aggregate, including Costs and Expenses
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B. Deductible

\$	Each and every Claim including Costs and Expenses
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REPRESENTATION BY APPLICANT

I/We represent that the information contained herein is true as of the date that the application is executed and that it shall be the basis of the policy of insurance and deemed incorporated therein, if the Company accepts this application by issuance of a policy. It is hereby agreed and understood that this representation constitutes a continuing obligation to report to the Company as soon as practicable any material change in the circumstances of the Applicant's practice of law, including but not limited to: size of firm, area of practice engaged in by the firm and information contained on each supplemental application submitted by the Applicant.

In applying for coverage, the Applicant agrees that in the event of covered losses he will be required to be defended by the Company lawyers. If the Applicant elects to handle a claim without in any way involving the Company, then no coverage for such claim is afforded the Applicant under the policy.

Signing this application does not bind the Applicant or the Company to complete the insurance, but it is agreed that the statements and particulars contained herein will be relied upon by the Company should a policy be issued.

This application is signed on behalf of all owners, partners, shareholders, corporate officers and employees.

AUTHORIZED SIGNATURE OF APPLICANT

TITLE

Date

Effective Date Requested for this insurance

APPLICANT'S WARRANTY OF NO KNOWN AND UNREPORTED CLAIMS OR INCIDENTS

I, the undersigned, warrant on behalf of the Applicant that Applicant has no knowledge of any claims, legal or otherwise, which have been or may be made, against any entity or individual for which insurance is requested, which has not been reported previously to you or another insurance company. In addition, after making reasonable inquiries, Applicant is not aware of any act, error or omission, or allegations of any act, error or omission, or any other circumstances or incidents which could give rise to a claim as a result of the law firm's operations or any individual's activities on behalf of the law firm.

Applicant understands that the insurance company's willingness to provide coverage or reinstate coverage is based on this Warranty, which shall be deemed material. Applicant also understands that all such unreported claims or incidents which later result in a claim will not be covered by the company's policy, if issued.

AUTHORIZED SIGNATURE OF APPLICANT

TITLE

Date

PLEASE MAKE CERTAIN ALL QUESTIONS ARE ANSWERED AND THAT ALL APPLICABLE SUPPLEMENTAL FORMS ARE COMPLETED

THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL QUESTIONS ON THIS APPLICATION AND APPLICABLE SUPPLEMENTS ARE ANSWERED.

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
INDIVIDUALS FOR WHOM COVERAGE IS BEING SOUGHT

FULL NAME OF APPLICANT: _____

IN ACCORDANCE WITH QUESTION 2.G. PLEASE NAME ALL PERSONS FOR WHOM COVERAGE IS SOUGHT, WHETHER OWNER(S), PRINCIPALS, PARTNERS, OFFICERS, EMPLOYED LAWYERS, AND OF COUNSEL.

	Name	Title	Month/Year Admitted To Bar	State Bar Member Number	Date of hire by Applicant	Previous Firm
1						
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Applicant hereby 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 which are known, or should be known. Applicant agrees that this Supplemental Application shall become the basis for any coverage and part of any policy that is issued by the Company.

Date: _____ Signature: _____ Title: _____