

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 F	LE V	EMAIL FILE	
Full Name	of Applicant Firm:		Conta	act:	
Address 1:			Conte	dot.	
Address 2:		City:		State:	Zip
					Code:
County:		Phone:		Fax	
E-mail:			Date Firm Established	4.	
Fed ID:		No.		Support Staff:	
		Lawyers in			
Do you hay	ve other office locations? Yes No	Firm: If yes, how		Please provide	a list showing each
20 ,00		many?		location and the	e number of attorneys at
1.	Degreeted Effective Date:			each location	
	Requested Effective Date:		la l'insita d	i Al- i -	
2.	a. Current Limits:		b. Limits de year:	esirea this	
	c. Current Deductible:		-	oles desired this	
	Ontional coverages you are requesting		year:		
	e. Optional coverages you are requesting		7 Claire	- Evmanaa Ovitaia	de l'imite.
	First Dollar Defense:	Aggregate Deductible:		Expense Outsid	de Limits:
3.	a. Is the firm currently insured for profes	sional liability? Yes	•	Retroactive Date Requested:	
	Please provide a copy of your current	policy declarations includ			dence of current
	coverage.b. Does your current policy have any type	ne of endorsements that exc	clude or mod	dify coverage?	☐ Yes ☐ No
	If yes, please provide a copy of each s			,	
4.	List the names of all predecessor firms of		only that	se firms where	the annlicant is a
	majority successor to the predeces			se mino where	, the applicant is a
	Name of Predecessor Firm		Date Esta	ablished	Number of Lawyers
5.	Do you share any of the following with oth	ner attorneys or law firms?			
	Office Space: Yes No	Letterhead: Yes	No	Cases: Ye	s 🗌 No
	If yes, list all such lawyers on firm lette			p to the firm. If	the firm shares office
6.	space, a complete Office Sharing Suppa. In the last 12 months, how many attorn			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				
7.	Has any professional liability insurance for			innlicant firm eve	er 🗌 Yes 🗌 No
••	been declined or cancelled, refused to be	renewed or accepted only	on special t		103 140
	If yes, please provide a detailed narrate below or on firm letterhead.	tive in the space provided	I		
	below of on mini letterneau.				

8.	Please identify your legal professional liability insurance for the past five years.						
	Company Policy Limits Deductible Premium # of Period						
9.	Does any client or group of related clients m If yes, explain in detail in the space provided				receipts? 🗌	Yes	
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	າ?		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	
12	If yes, please explain in the space provided below			ation?		□ Vaa □ N	
13.	Has any member of the firm been involved in class If yes, please explain in the space provided below to			auOH?		☐ Yes ☐ No	
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,	must be prov	ded.	or omissions	that	☐ Yes ☐ No	
13.	might result in a professional liability claim agains						
	attorney of the firm while affiliated with the firm or	predecessor	firm?	· ·			
40	If yes, a complete Claim Supplement form must be						
16.	Has any member of the firm been the subject of a refused admission to the bar or any bar association of the space provided below.	on, court or a				☐ Yes ☐ No	
17.	a. In the past five (5) years, has any professional	l liability claim			nt against	☐ Yes ☐ No	
	the firm or predecessor firm or any member of th			1?			
	 b. Has any member of the firm or predecessor firm e If yes, a complete Claim Supplement form must be include copies of company loss runs for all claims, 	provided for e	ach claim oi			☐ Yes ☐ No Please also	
	SPACE PROVIDE	D FOR ADDI	TIONAL INF	ORMATION			

18.	Complete the following table based upon either your gross revenue or billable hours for each category. The total must equal 100%						
	This Practice Profile is based on gross revenue or billable hours.						
	PRACTICE PROFILE						
	Area of Practice	Percentage	Area of Practice	Percentage			
	Admiralty (AM)	Plaintiff %:	Health Care (HC)	Plaintiff %:			
	, , , , , , , , , , , , , , , , , , ,	Defense %:		Defense %:			
		Other %:	7	Other %:			
	Antitrust (AT)	Plaintiff %:	Insurance Defense (ID)	Coverage%:			
	,	Defense %:		Defense %:			
		Other %:	7	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 %:		Defense %:			
		Other %:		Other %:			
	Civil Rights/Discrimination (CR)	Plaintiff %:	Personal Injury Legal Malpractice*	Plaintiff %:			
		Defense %:	(PI)	Defense %:			
		Other %:		Other %:			
	Collections * (BC)	Creditor %:	Personal Injury Medical	Plaintiff %:			
		Debtor %:	Malpractice* (PI)	Defense %:			
	Commercial Litigation (GL)	Plaintiff %:		Other %:			
		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	%		Other %:			
	Consumer Claims	Plaintiff %:		T			
		Defense%:	_				
	Criminal Defense (CD)	%:					
	Employee Benefits (EB)	%:	Personal Injury * (PI)	Plaintiff%:			
	Entertainment * (EN)	Management %:	-	Defense %:			
	Environmental * /ED)	Other %:	Pool Fototo * /PF\\	Other %:			
	Environmental * (ER)	Plaintiff %:	Real Estate * (RE))	Commercial %:			
		Defense %: Other %:	Securities * (SE)	Residential%:			
	Estate, Probate, Trust * (ES) (1)	Est. Planning %:	Securities * (SE)	Public Offering%: Corp. Bonds %:			
	Estate, Probate, Trust * (ES) (1)	Trust Admin. %:	-	Private Placemt:			
		Other %:	-	Other %:			
	Family Law (FL) (2)	Adoption %:	Tax, Tax Opinions (TX)	Personal %:			
	I diffilly Law (I L) (L)	Divorce %:	ian, ian Opinions (IA)	Corporate %:			
		Other %:	-	Other %:			
	Financial Institutions * (FI)	%:	Workers Compensation/Social	Plaintiff %:			
	General Civil Litigation (GCL)	Plaintiff %:	Security (WC)	Defense %:			
	Contral Civil Lingation (GCL)	Defense %:	County (110)	Other %:			
		Other %:	Other (OT) (Describe):	%:			
	Immigration (IM)	%:	Caron (CT) (Describe).	%:			
	gradon (iiii)	70.		%:			
* Inc	licates that completion of the corre	esponding Supplement i	s required.	1 **			

(1) Estate/Trust/Probate. In the last 24 months, please indicate the following:							
Average asset value of estates handled:	Highest asset value of estates handled:						
Is any firm member a trustee of any client estate? Yes No	If yes, please complete an Outside Interest Supplement						

(2) I	Family Law. In the	last 24 months, plea	ase indicate	the following:						
Aver	age value of propert	y settlement handle	d:	High	nest value o	of property settle	ement handled:			
19.	19. a. Please complete the Firm Profile below for each attorney associated with your firm.									
	Please attach an a	additional sheet if	more space							
				FIRM PROFI	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/	Owner/Member	A = Associ	ate/Employee	OC = Of C	counsel I = Ir	ndependent Contra	ctor		
							itation or vacation			
	Note: If a policy is	s issued in relianc	e upon this	application, it s	hall not ap	ply to the atto	rney noted below):			
20.	Total firm billings la	ast fiscal year:		Current fiscal ye	ear billings:					
21.	Does your firm acc	ept any form of com	pensation o	ther than legal fe	es?	☐ Yes	□ No			
	If yes to 21 above	, please provide ar	explanation	on in the space p	provided a	bove or on firn	n letterhead.			
22.	Does your firm hav	e a system for dete	cting and av	oiding conflicts of	f interest?		☐ Yes	☐ No		
	☐ Index ☐	Computer C	onflict Com	mittee	ral/Memory	Other	Describe:			
	a. Does or has any	y member of the firm	n engaged ir	n a business vent	ure with a	client?	s 🗌 No			
	b. Does or has any	y firm member introd	duced client	s to one another t	for investme	ent purposes?	☐ Yes ☐ No			
	c. Does the firm ev	ver represent advers	se but friend	lly parties in the s	ame matte	r? 🗌 Yes 📗	No			
	If yes to 22. a, b, c	or c above, please	provide an	explanation in tl	ne space p	rovided above	or on firm letterhe	ad.		
23.	Please indicate wh	ich of the following t	he firm uses	s to manage its do	ocket and s	scheduling dem	ands:			
	☐ Computer	Docket Clerk /	☐ Indi	vidual Attorney	☐ Dail	y or weekly	Other Des	cribe:		
		Administrator	diar	ies	firm	-wide				
					circ	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	lii	mitations
			indvio	duals		
☐ Data					□ C	Other Describe:
backed up /						
stored offsite						
Does the firm rout	tinely use:			•		
Engagement letters/Fee Agreements:						
Termination of Services Letters: ☐ Yes ☐ No Regular File Status Updates: ☐ Yes ☐ No						
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?						☐ Yes ☐ No
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?						
e. Are all new matters reviewed prior to acceptance by firm management?						
f. Does firm mana	agement regularly revie	ew all ongoing matters?				☐ Yes ☐ No
	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	ny deductible	amount in	figures provided):		
	Closed		☐ Open			
	Total loss paid (including deductible): \$		Claimant's	settlement demand:	\$	
	Total expense paid (including deductible): \$		Defendant'	s offer for settlement:	\$	
	Court judgment	Insurer's clai	m reserve:	\$		
	Out-of-court settlement	Expense res	erve:	\$		
	Dismissed	Expenses pa	aid to date:	\$		
	☐ Arbitration award ☐ Currently In Suit	☐ Incident	/Report Only	(No reserve establishe	ed, no expenses to date)	
10.	a. Alleged act or omission upon which claim or inc	l cident is based	: :			
	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	ıture?			
	e. Does this claim or incident arise from an action	to collect fees	?	s 🗌 No		
	present that the statements above are true and stated any facts and I understand that this supp				I have not suppressed or	
	Signature of Officer or Partner of Firm			Title	Date	
Ditt	Name of Officer or Partner					

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