

## APPLICATION FOR A CLAIMS MADE AND REPORTED LAWYERS PROFESSIONAL LIABILITY POLICY

**PLEASE TYPE OR PRINT IN INK AND RETURN WITH A SAMPLE OF YOUR LETTERHEAD**

|  |                               |                          |
|--|-------------------------------|--------------------------|
|  |                               |                          |
| Firm/Applicant Name                                    | Business Phone with Area Code | Email Address            |
| Principal Business Address                             | Business Fax with Area Code   | Effective Date Requested |
| City            County            State            Zip |                               |                          |

1. Please list all attorneys practicing on behalf of your firm. Add an attachment if necessary.

| Attorney Name | Social Security Number | Years in Private Practice | Designation Code<br>(See Choices Below) | Current Legal Malpractice Insurance Carrier | Current Retroactive Date |
|---------------|------------------------|---------------------------|---|---|--------------------------|
|               |                        |                           |   |   |                          |
|               |                        |                           |   |   |                          |
|               |                        |                           |   |   |                          |
|               |                        |                           |   |   |                          |
|               |                        |                           |   |   |                          |
|               |                        |                           |   |   |                          |

**Designation Code:** E = Member/Employee of the Firm, OC = Of Counsel/Independent Contractor and F = Full Time, P = Part Time (26 hours or fewer per week)

2. Have any members of your firm been reprimanded, censured, suspended or disbarred within the past five (5) years? If YES, provide full details on your letterhead.             Yes     No
  
3. Have any Professional Liability Claim(s) or suit(s) been made against the applicant firm or any attorney(s) in the applicant firm or former attorney(s) in the applicant firm within the past five (5) years? If YES, complete the Claim Supplemental Application.             Yes     No
  
4. After inquiry, are you or any attorney in your firm aware of any circumstances, incidents, acts or omissions that have led to a Professional Liability Claim that has not yet settled or which could lead to a Professional Liability Claim being made against your firm? If YES, complete the Claim Supplemental Application             Yes     No
  
5. Please list the limit of liability and deductible currently carried and select the appropriate type of limit and deductible. Select the limit and deductible requested.

| CURRENT   |           |           | DESIRED   |           |           |
|---|-----------|-----------|---|-----------|-----------|
| Limit:<br>\$ _____  |           |           | Limit:<br>\$ _____  |           |           |
| <input type="checkbox"/> Defense Costs Part of the Limit<br><input type="checkbox"/> Defense Costs Outside the Limit<br><input type="checkbox"/> Don't Know |           |           | <input type="checkbox"/> Defense Costs Part of the Limit<br><input type="checkbox"/> Defense Costs Outside the Limit<br><input type="checkbox"/> Don't Know |           |           |
| Deductible:<br>\$ _____   |           |           | Deductible:<br>\$ _____   |           |           |
| Per Claim   | Aggregate | Loss Only | Per Claim   | Aggregate | Loss Only |
| Premium: \$ _____   |           |           |   |           |           |

6. Please provide the percentage of gross billable dollars allocated to each Area of Practice. Please round to the nearest whole number. Total must equal 100%.

|   |  |   |  |
|---|--|---|--|
| Admiralty/Maritime                            |  | Government-Federal and State                          |  |
| Antitrust                                     |  | Government-Local (Not Bond Work)                      |  |
| Bankruptcy                                    |  | Immigration/Naturalization                            |  |
| Business Transactions-Corporate & Commercial  |  | International Law                                     |  |
| <b>BUSINESS TRANSACTIONS-ENTERTAINMENT</b>    |  | Labor Law   |  |
| Civil Rights/Discrimination                   |  | PI/PD- Defense  |  |
| Collections                                   |  | PI/PD- Plaintiff                                      |  |
| Construction Law (Building Contracts)         |  | Insurance Defense                                     |  |
| Consumer Claims                               |  | Workers' Compensation-Defense                         |  |
| <b>BUSINESS ORGANIZATION:</b>                 |  | Workers' Compensation-Plaintiff                       |  |
| Formation/Alteration and Mergers/Acquisitions |  | Natural Resources/Oil & Gas                           |  |
| Secured Transactions                          |  | Patents/Trademarks/Copyrights (Intellectual Property) |  |
| Administrative Law/Record Keeping             |  | Real Estate   |  |
| Criminal                                      |  | <b>SECURITIES LAW</b>                                 |  |
| Environmental Law                             |  | State or Federal (both exempt and registered)         |  |
| Estate/Trust/Probate                          |  | Municipal Bonds                                       |  |
| Family Law                                    |  | Taxation/Tax Opinions                                 |  |

**USE OF BOLD IN THE ABOVE TABLE INDICATES THAT A SEPARATE SUPPLEMENTAL APPLICATION IS REQUIRED.**

The applicant represents that the above statements are true and correct to the best of his or her knowledge and that no material or relevant facts have been suppressed or misstated and agree that the policy, if issued, will be issued on the reliance of such representations.

Applicant acknowledges a continuing obligation to report to us as soon as practicable any material changes in the facts or statements above, and in each supplementary application, which applicant becomes aware after signing the application.

**NOTICE TO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance should a policy be issued and it will be attached to the policy.

Signature of Owner/Partner \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Title: \_\_\_\_\_