

Lawyers Professional Liability Renewal Application

NOTICE: THIS IS AN APPLICATION FOR A CLAIMS-MADE AND REPORTED POLICY, WHICH SUBJECT TO ITS PROVISIONS APPLIES ONLY TO CLAIMS WHICH ARE BOTH FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR DISCOVERY PERIOD, IF APPLICABLE. CLAIM EXPENSES ARE INCLUDED WITHIN THE LIMIT OF LIABILITY. THE INFORMATION CONTAINED AND STATEMENTS MADE WITHIN THIS APPLICATION ARE INCORPORATED INTO, AND WILL FORM THE BASIS OF, ANY POLICY OF INSURANCE ISSUED BY THE INSURER. THE APPLICANT AND ALL SIGNORS OF THIS APPLICATION WARRANT THAT THE INFORMATION CONVEYED IS TRUE AND CORRECT.

Please fully answer all questions and submit requested information. Bold-faced terms are defined in the Policy and have the same meaning in this **Application**. Any information provided, whether physically attached or available on the Applicant's web site, shall be deemed incorporated into this **Application**. Supplemental applications are available at www.lawyerguard.com.

A. General Information

1. **Named Insured:** _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing: _____
 Website: _____
 Date of Formation: _____ **Please attach a copy of your firm's letterhead.**

2. a. Limits Requested: \$100,000/\$300,000 \$250,000/\$250,000 \$250,000/\$500,000
 \$500,000/\$500,000 \$500,000/\$1,000,000 \$1,000,000/\$1,000,000 \$2,000,000/\$2,000,000
 \$3,000,000/\$3,000,000 \$4,000,000/\$4,000,000 \$5,000,000/\$5,000,000 Other: _____

b. Deductible Requested: \$1,000 \$2,000 \$2,500 \$3,000 \$4,000 \$5,000
 \$10,000 \$15,000 \$20,000 \$25,000 \$35,000 \$50,000 Other _____

Annual Aggregate Deductible: Currently have Interested in quotation
 Deductible Applies to Damages Only: Currently have Interested in quotation

3. Effective Date desired: ___/___/___

4. Total number of attorneys this year: _____ *If more than 7, attach additional sheets as necessary.*

Attorney Name	Position (see key)	Admitted to Bar M / Y	Joined Named Insured M / D / Y	Annual Hours Worked (OC, IC or PT only)
1				
2				
3				
4				
5				
6				
7				

Partner/Owner/Member (P), Employed Attorney (E), Of Counsel (OC), Independent Contractor (IC), Part-Time Attorney (PT)

5. a. Number of attorneys who joined or left the Named Insured with the past 12 months: _____ Joined _____ Left
 b. Number of non-attorney Staff currently employed by the Firm: _____

6. In the past 12 months, has the Named Insured changed its name, or merged with, been acquired by or acquired any other entity? Yes No
*If yes, please provide details on the last page of this **Application**.*

7. Does any one client account for 10% or more of the **Named Insured's** annual billings? Yes No
*If yes, please provide details on the last page of this **Application**, including the name of each such client and the % of total firm billings.*

8. In the past 12 months, has the **Named Insured** started practicing from any Additional Locations? Yes No
 If yes, please provide details on the last page of this **Application**, including the address of such locations, the name of the Partner in charge, the % of the **Named Insured's** total gross revenues from such location, the # of attorneys and staff at each location.

B. Firm Practice Profile

9. Indicate the percentages of overall billings generated by the following areas of practice:

- | | |
|--|---|
| <p><input type="checkbox"/> Administrative</p> <p><input type="checkbox"/> Admiralty - Defense</p> <p><input type="checkbox"/> Admiralty - Plaintiff</p> <p><input type="checkbox"/> Anti-trust/Trade Regulation</p> <p><input type="checkbox"/> Appellate</p> <p><input type="checkbox"/> Arbitration/Mediation</p> <p><input type="checkbox"/> Aviation</p> <p><input type="checkbox"/> Banking/Financial Institutions* (Fin. Institutions Supp)</p> <p><input type="checkbox"/> Bankruptcy</p> <p><input type="checkbox"/> BI/PI Defendant General Liability</p> <p><input type="checkbox"/> BI/PI Defendant Medical Malpractice</p> <p><input type="checkbox"/> BI/PI Defendant Other</p> <p><input type="checkbox"/> BI/PI Defendant Products Liability</p> <p><input type="checkbox"/> BI/PI Plaintiffs General Liability* (Plaintiff Supplement)</p> <p><input type="checkbox"/> BI/PI Plaintiffs Medical Malpractice* (Plaintiff Supp)</p> <p><input type="checkbox"/> BI/PI Plaintiffs Other* (Plaintiff Supplement)</p> <p><input type="checkbox"/> BI/PI Plaintiffs Product Liability* (Plaintiff Supplement)</p> <p><input type="checkbox"/> Civil Rights/Discrimination</p> <p><input type="checkbox"/> Collection/Repossession* (Collections Supplement)</p> <p><input type="checkbox"/> Commercial Law</p> <p><input type="checkbox"/> Communication/FCC</p> <p><input type="checkbox"/> Construction/Building Contracts</p> <p><input type="checkbox"/> Consumer Claims</p> <p><input type="checkbox"/> Copyright/Trademark* (Intellectual Property Supplement)</p> <p><input type="checkbox"/> Corporate-General</p> <p><input type="checkbox"/> Corporate Formation</p> <p><input type="checkbox"/> Criminal</p> <p><input type="checkbox"/> Domestic Relations</p> <p><input type="checkbox"/> Eminent Domain</p> <p><input type="checkbox"/> Employee Benefits/ERISA</p> <p><input type="checkbox"/> Entertainment/Sports* (Entertainment Supplement)</p> <p><input type="checkbox"/> Environmental</p> <p><input type="checkbox"/> Environmental Litigation</p> | <p><input type="checkbox"/> Foreign</p> <p><input type="checkbox"/> Health Care</p> <p><input type="checkbox"/> Immigration/Naturalization</p> <p><input type="checkbox"/> Insurance Coverage</p> <p><input type="checkbox"/> Investment Counseling/Money Management</p> <p><input type="checkbox"/> Labor Law - Management</p> <p><input type="checkbox"/> Labor Law - Union</p> <p><input type="checkbox"/> Labor Litigation - Defense</p> <p><input type="checkbox"/> Labor Litigation - Plaintiff</p> <p><input type="checkbox"/> Litigation – General – Defense</p> <p><input type="checkbox"/> Litigation – General – Plaintiff* (Plaintiff Supplement)</p> <p><input type="checkbox"/> Mergers & Acquisitions</p> <p><input type="checkbox"/> Municipal/Governmental - Other</p> <p><input type="checkbox"/> Municipal/Governmental - Zoning</p> <p><input type="checkbox"/> Oil/Gas/Minerals* (Oil/Gas/Minerals Supplement)</p> <p><input type="checkbox"/> Patent* (Intellectual Property Supplement)</p> <p><input type="checkbox"/> Probate/Wills/Estates</p> <p><input type="checkbox"/> Public Utilities</p> <p><input type="checkbox"/> Real Estate – Commercial* (Real Estate Supplement)</p> <p><input type="checkbox"/> Real Estate – Escrow Agent* (Real Estate Supplement)</p> <p><input type="checkbox"/> Real Estate – Residential* (Real Estate Supplement)</p> <p><input type="checkbox"/> Real Estate – Syndication/Development* (Real Estate)</p> <p><input type="checkbox"/> Real Estate – Title Work* (Real Estate Supplement)</p> <p><input type="checkbox"/> School Law</p> <p><input type="checkbox"/> Securities/Bonds/Loans* (Securities Supplement)</p> <p><input type="checkbox"/> Social Security Law</p> <p><input type="checkbox"/> Taxation – Corporate – Opinions* (Tax Supplement)</p> <p><input type="checkbox"/> Taxation – Corporate – Preparation* (Tax Supplement)</p> <p><input type="checkbox"/> Taxation – Individual* (Tax Supplement)</p> <p><input type="checkbox"/> Water Rights Law</p> <p><input type="checkbox"/> Workers Comp - Defense</p> <p><input type="checkbox"/> Workers Comp - Plaintiff</p> <p><input type="checkbox"/> Other (Please describe on last page of Application)</p> |
|--|---|

** ATTACH A SUPPLEMENT FOR ANY AREA OF PRACTICE IN BOLD/MARKED WITH ASTERISK**

10. Please complete the following chart regarding the types of clients you serve. The total must equal 100%.

Type of Client	Percentage of Practice	Type of Client	Percentage of Practice
Individuals – High Net Worth (>\$10m assets)	%	Small Public Companies (<\$100m revenues)	%
Individuals – All Other	%	Large Public Companies (>\$100m revenues)	%
Small Private Companies (<\$100m revenues)	%	Fortune 500 Companies	%
Large Private Companies (>\$100m revenues)	%	Government or Public Institutions	%
Non-profit Organizations or Charities	%	Other (please specify):	%

C. Internal Procedures & Firm Billing

10. In the past 12 months, has there been any change in the Named Insured's procedures in any of the following:

a. Conflicts checks? Yes No

b. Docket Control? Yes No

c. Engagement Letter Usage? Yes No

If yes, please provide details on the last page of this **Application**.

- 11. What percentage of Firm receivables are currently over 90 days old? _____ 180 days old? _____
- 12. In the past 12 months, how many times has the **Named Insured** sued, entered into arbitration, or sent outstanding client bills to a collection agency in order to collect fees? _____

D. Attorney Profiles

NOTE: Answer the following questions only after making a reasonable and thorough inquiry of all attorneys in the Firm:

- 13. In the past 12 months, has any current or former attorney of the **Named Insured**:
 - a. been refused admission to practice, or the subject of a bar complaint or disciplinary action? Yes No
 - b. provided professional services other than legal services? Yes No
 - c. suffered from an impairment that might hinder their ability to provide competent, courteous and timely **Professional Services**? Yes No

*If yes to any of the above, provide an explanation for each such attorney at the end of this **Application**.*

- 14. Does any attorney in the **Named Insured** (including any members of such attorney's immediate family):
 - a. serve as an officer, director, partner, committee-member or employee of any outside entity? Yes No
 - b. hold any ownership or equity interest in any clients of the **Named Insured**? Yes No

*If yes to any of the above, complete the **Outside Interests** chart on page 5 of this **Application**.*

E. Claims Experience

- 15. Since the submission date of the last **Application** submitted to the **Insurer**, has there been any change in the status of any **Claim**, suit, circumstance, allegation, or contention previously reported under a lawyers professional liability insurance policy issued by the **Insurer** or any other lawyers professional liability insurance policy? Yes No

- 16. After inquiry, has the **Named Insured** or any attorneys to be insured under this policy been the subject of a professional liability claim or suit in the past 12 months, or have knowledge or information of any fact, circumstance or actual or alleged act, error or omission which may reasonably be expected to give rise to a professional liability claim(s) under the proposed policy that has not already been noticed under this policy? Yes No

*If yes to either 15. or 16. above, complete the **Claim Supplement**.*

It is understood and agreed that, without limiting any rights of the underwriter, if such knowledge or information exists, any claim arising therefrom is excluded from this proposed insurance.

F. Warranty

The undersigned authorized owner, partner, director, or officer represents and warrants on behalf of the **Named Insured** and all persons/entities for whom insurance is being sought that to the best of his/her knowledge and belief after diligent inquiry, the statements set forth herein and attached hereto are true. It is understood that the statements in this **Application**, including material submitted to or obtained by the underwriter, are material to the acceptance of the risk, and relied upon by the underwriter. The Insureds further agree that in the event of any material misrepresentation or omission made by the Insured with the intent to deceive in the **Application**, including materials submitted to or obtained by the underwriter, this **Policy** shall be void. The undersigned authorized owner, partner, director or officer of the applicant declares that the statements set forth herein are true. The undersigned agrees that if the information supplied on this **Application** changes between the date of this **Application** and the effective date of the insurance, that he/she will immediately notify the **Insurer** of such changes, and the **Insurer** may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance.

Signing this **Application** does not bind the applicant or the **Insurer** to complete the insurance, but it is agreed that this **Application** shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the **Policy**.

SIGNED: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____

Fraud Prevention

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.

Outside Interests (please attach additional sheets as necessary)

Attorney	Name of Entity	% Ownership	Type of Business	Position Held by Attorney	Firm Client (Y/N)?	If Yes, % of Firm's Gross Billings	Separate D&O Insurance (Y/N)?

Supplemental Information

Instructions: Use this form to provide additional information or request descriptions or explanations necessary to provide a true and complete response to all questions, statements or requests for information contained in the **Application**. Please identify the number of each question or statement on the **Application** to which your responses relate. If necessary, make additional copies of this form. Please sign all forms in the **Application**.

Large empty rectangular area with horizontal lines for providing supplemental information.

SIGNED: _____ DATE: _____
PRINTED NAME: _____ TITLE: _____