

Lawyers Professional Liability 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: ___/___/___ Retroactive Date on current policy? Yes No. -> If yes: ___/___/___

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 two years: _____ Joined _____ Left
 b. Number of non-attorney Staff currently employed by the Firm: _____

6. Gross Billings of the **Named Insured** by Year: Current Year (estimated) \$ _____ Last Year \$ _____

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. Does the **Named Insured** practice from 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 Insurance History

9. a. Is coverage desired for any **Predecessor Firm**? Yes No
*If yes, please complete the **Predecessor Firm** chart on page 5 of this **Application**.*
- b. Has the **Named Insured** or any **Predecessor Firm** ever had a gap in coverage? Yes No
*If yes, please provide a detailed narrative on the last page of this **Application**.*
- c. List the earliest date from which the **Named Insured** (including **Predecessor Firms**) has had uninterrupted "claims made" coverage: / /

10. For the past three years, state:

Carrier Name	# of Attys	Limits	Deductible	Effective Dates
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11. a. Any exclusions on the current policy that were specifically tailored for the **Named Insured**? Yes No
- b. Has the **Named Insured** or **Predecessor Firm** purchased any extended reporting (tail) coverage? Yes No
If yes to any of the above, provide details: _____

C. Firm Practice Profile

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

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

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

13. Does more than 51% of your gross revenue come from the defense of individuals or corporations in civil or criminal matters?
If yes, you may be eligible for our special program for defense firms. Yes No

14. 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):	%

D. Internal Procedures

15. Conflicts of Interest

- a. Do you have procedures in place for identifying conflicts of interest? Yes No
- b. Are conflict checks performed before accepting any new cases/matters? Yes No
- c. If a potential or actual conflict exists, is written disclosure made to all parties involved? Yes No
- d. How do you maintain your conflicts of interest avoidance system? *(Please check all that are applicable).*
 Computer Index File Conflict Committee Oral/Memory Other _____
- e. How often is the conflict of interest system updated? Daily Weekly Other _____

16. Docket Control

- a. Which of the following are used in your docket control system? *(Please check all that are applicable).*
 Single Calendar Dual Calendar Master Listings Tickler Computer
- b. How frequently are deadlines cross-checked? Daily Weekly Other _____
- c. Are at least two individuals involved in maintaining the docket control system? Yes No

17. Engagement Letters

Indicate percentage of use. If not used by the **Named Insured**, indicate 0%. All blanks should be answered.

- a. Engagement letters on new cases/matters to the **Named Insured** _____%
 If used:
 - Do they clearly define who is being represented? Yes No
 - Do they define the specific services to be performed? Yes No
 - Do they describe billing rate and procedures? Yes No
- b. Declination or “non-engagement” letters on new cases/matters that will not be undertaken _____%
- c. Scope of service/engagement letters on new cases/matters for existing clients _____%
- d. Termination or disengagement letters when representation on existing cases/matters ends _____%

18. If you are a sole proprietor, have you made arrangements with another attorney to handle your cases/matters when you are on an extended absence from your practice? Yes No N/A
If yes, please list name and address: _____

19. Does the Named Insured share office space, letterhead or support staff with another firm? Yes No
If yes, please provide details on the last page of this Application.

E. Firm Billing and Collection

20. What percentage of Firm receivables are currently over 90 days old? _____ 180 days old? _____

21. In the past three years, 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? _____

If more than 2 times,

- a. What is the average fee suit amount? _____
- b. Have steps been taken to avoid a possible counter suit? Yes No
- c. Have steps been taken to prevent fee suits in the future? Yes No
- d. Briefly explain these steps _____

F. Attorney Profiles

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

22. In the past five years, 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. been declined, cancelled or non-renewed for professional liability insurance coverage? Yes No
 - c. provided professional services other than legal services? Yes No
 - d. 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**.*

23. In the past five years, has any current or former attorney of the **Named Insured**:
- a. handled any class action or mass tort litigation on behalf of the **Named Insured** or other firm? Yes No
 - b. provided Professional services in any way related to a security or securities transactions? Yes No
 - c. provided **Professional Services** or served as a fiduciary, committee member, director, officer, partner or employee of any Financial Institution? Yes No

*If yes to any of the above, complete the **Class Action, Securities, and/or Financial Institutions Supplements**, as applicable.*

24. Has any attorney in the **Named Insured** purchased an extended reporting endorsement ("tail" coverage) during the last seven years? Yes No

*If yes, explain the details for each such attorney, identifying the carrier and the effective dates of such coverage at the end of this **Application**.*

25. 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**.*

G. Claims Experience

26. After inquiry, has the **Named Insured** or any attorneys to be insured under this policy:
- a. been the subject of a professional liability claim or suit, or entered a tolling agreement with a client with respect to a threatened professional liability claim, in the last five (5) years (or earlier if the claim is still open)? Yes No
 - b. 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? Yes No

*If yes to any of the 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.

H. 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 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 – General Warning

NOTICE: Any person who knowingly, or knowingly assist another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an Insurance Company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

Attention: Insureds in AR, CO, DC, KY, LA, NJ, NM, NY, and OH

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 may also be subject to a civil penalty.

(In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)

(In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.)

Attention: Insureds in FL

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 felony of the 3rd degree, and may also be subject to a civil penalty.

Attention: Insureds in ME, TN, VA, and WA

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Attention: Insureds in PA

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 subjects such person to criminal and civil penalties.

Predecessor Firms (please attach additional sheets as necessary)

Name of Predecessor Firm	Date Established	Date Dissolved	Total Number of Principals, Owners, Officers and Partners at Dissolution	Number of Principals, Owners, Officers and Partners Who Joined Successor	At Least 50% of Assets Assumed by Successor (Y/N)?

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 writing.

SIGNED: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____