

## 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 REPRESENTS 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](http://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>_____ 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>_____ <b>Banking/Financial Institutions*</b> (Fin. Institutions Supp)</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>_____ <b>BI/PI Plaintiffs General Liability*</b> (Plaintiff Supplement)</p> <p>_____ <b>BI/PI Plaintiffs Medical Malpractice*</b> (Plaintiff Supp)</p> <p>_____ <b>BI/PI Plaintiffs Other*</b> (Plaintiff Supplement)</p> <p>_____ <b>BI/PI Plaintiffs Product Liability*</b> (Plaintiff Supplement)</p> <p>_____ Civil Rights/Discrimination</p> <p>_____ <b>Collection/Repossession*</b> (Collections Supplement)</p> <p>_____ Commercial Law</p> <p>_____ Communication/FCC</p> <p>_____ Construction/Building Contracts</p> <p>_____ Consumer Claims</p> <p>_____ <b>Copyright/Trademark*</b> (Intellectual Property Supplement)</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>_____ <b>Entertainment/Sports*</b> (Entertainment Supplement)</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>_____ <b>Litigation – General – Plaintiff*</b> (Plaintiff Supplement)</p> <p>_____ Mergers &amp; Acquisitions</p> <p>_____ Municipal/Governmental - Other</p> <p>_____ Municipal/Governmental - Zoning</p> <p>_____ <b>Oil/Gas/Minerals*</b> (Oil/Gas/Minerals Supplement)</p> <p>_____ <b>Patent*</b> (Intellectual Property Supplement)</p> <p>_____ Probate/Wills/Estates</p> <p>_____ Public Utilities</p> <p>_____ <b>Real Estate – Commercial*</b> (Real Estate Supplement)</p> <p>_____ <b>Real Estate – Escrow Agent*</b> (Real Estate Supplement)</p> <p>_____ <b>Real Estate – Residential*</b> (Real Estate Supplement)</p> <p>_____ <b>Real Estate – Syndication/Development*</b> (Real Estate)</p> <p>_____ <b>Real Estate – Title Work*</b> (Real Estate Supplement)</p> <p>_____ School Law</p> <p>_____ <b>Securities/Bonds/Loans*</b> (Securities Supplement)</p> <p>_____ Social Security Law</p> <p>_____ <b>Taxation – Corporate – Opinions*</b> (Tax Supplement)</p> <p>_____ <b>Taxation – Corporate – Preparation*</b> (Tax Supplement)</p> <p>_____ <b>Taxation – Individual*</b> (Tax Supplement)</p> <p>_____ Water Rights Law</p> <p>_____ Workers Comp - Defense</p> <p>_____ Workers Comp - Plaintiff</p> <p>_____ Other (Please describe on last page of <b>Application</b>)</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. Representations**

The undersigned authorized owner, partner, director, or officer represents 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**.

**Fraud Prevention – General Warning**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

PRODUCER NAME: \_\_\_\_\_ FLORIDA LICENSE NUMBER: \_\_\_\_\_

**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**.

Lined area for providing supplemental information.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_