

Lawyers Professional Liability “Bridge” 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 WARRANTS 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:** _____

2. **Other Application**

Please complete the following chart for the other insurance company’s application submitted for review by the **Insurer**:

Insurance Company:		Date Signed:	
Application Title:		Submitting Broker:	

3. **Types of Clients**

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):	%

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

4. 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.

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 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.

It is further understood that the **Insured** shall reimburse the **Insurer** for **Claim Expenses** in connection with any **Claim** which arises from, in whole or in part, a dishonest, fraudulent, criminal or malicious act or omission, committed by an **Insured**, or at the direction of an **Insured** or ratified by an **Insured** if the commission of such act or omission is admitted by the **Insured** or otherwise established as a matter of fact in a civil, criminal or alternative dispute resolution proceeding. However, this provision shall not apply to any **Insured** who did not participate in or have knowledge of such conduct or violation, nor shall this provision apply with respect to the **Insurer's** duty to defend, or pay **Claims Expenses** for any **Claim** for malicious prosecution or abuses of process.

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: _____

Agent's Signature _____ Date _____

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.