

Lawyers Professional Liability Short Form 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.

A. General Information

1. **Named Insured:** _____
2. Has your contact information changed since last year's **Application**? Yes No
*If yes, please provide details on the last page of this **Application**.*
3. a. Limits Requested: Same as last year Other: _____
b. Deductible Requested: Same as last year Other: _____
4. Number of attorneys: Same as last year Other: _____
5. Has the **Named Insured's** areas of practice changed in any material way? Yes No
*If yes, please provide details on the last page of this **Application**.*
6. 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? _____

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

7. 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
 - 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**.*
8. 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
9. 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 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. 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: _____

Supplemental Information - Please identify the number of each question or statement on the **Application** to which your responses relate. If necessary, attach additional sheets. Please sign all forms in the **Application**.
