



APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

NOTICE: THIS IS AN APPLICATION FOR A POLICY, WHICH IF ISSUED, WILL BE ON A CLAIMS MADE BASIS. TO BE COVERED, A CLAIM MUST FIRST BE MADE DURING THE POLICY PERIOD AND REPORTED IN WRITING AS SOON AS PRACTICABLE BUT IN NO EVENT LATER THAN THE EXPIRATION OF THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF EXERCISED. THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED AND MAY BE TOTALLY EXHAUSTED BY AMOUNTS INCURRED AS DEFENSE COSTS. PLEASE READ THE POLICY CAREFULLY.

Please fully answer all questions and submit all requested information. Terms appearing in bold face in this Application are defined in the Policy and have the same meaning in this Application as in the Policy. If you do not have a copy of the Policy, please request it from your agent or broker.

Deleted: This Application, including all materials submitted herewith, shall be held in confidence.

In addition to this application, please provide your most recent financial statements or complete the Financial Supplement attached hereto.

I. GENERAL INFORMATION

- 1) Applicant: _____
- | | | |
|---|--|--|
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Professional Association | <input type="checkbox"/> Limited Liability Corporation |
| <input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Other: _____ |

Date Established: _____

- 2) Primary Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____

- 3) Applicant's website address: _____

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- 4) Branch Offices: _____

- 5) Predecessor Firms: _____

- 6) Is coverage requested for any firm or entity other than the one identified in 1 above? Yes No
 Identify each additional firm or entity and the date each was established (including predecessor firm(s) if coverage is requested.

_____ Date Est.: _____

- 7) Total number of lawyers: Current year : _____ (as of _____) Prior years: _____

Partners/officers/shareholders: _____
 Associates/employed lawyers: _____
 Counsel/of counsel: _____
 Paralegals: _____

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Other clerical staff: _____

8) Has the name of the Applicant changed or has any other firm or organization amalgamated with or been merged into the Applicant within the past 10 years. Yes No

(i) Is there any pending change in the name of the Applicant or pending or contemplated amalgamation or merger? Yes No

9) Please provide a list of all attorneys, including “of counsel” at the firm. Please include the following information with respect to each attorney to be insured; name, position, year first admitted to bar, year atty. joined the firm. Please use a separate addendum.

_____ Total number of lawyers who have left the firm in past year.

_____ Total number of non-lawyer employees.

10) Have any of the attorneys listed in subpart 8 been refused admission to practice, disbarred, suspended or formally reprimanded, or been subject to any disciplinary proceedings within the last 5 years? Yes No If “yes” please provide dates, allegations, outcome and date of reinstatement.

11) During the past five (5) years, has the Applicant closed a branch or an associated office or had five (5) or more Attorneys leave the firm together? Yes No If yes, please describe in full.

II AREAS OF PRACTICE

12) Please complete the following charts based upon your gross revenue or billable hours for each category. The total must equal 100%. Gross revenues _____ Billable Hours _____

Category A

Admiralty/Maritime	%	Corporate – Form./Alt.	%	Natural Res./Oil /Gas/Mining	%
Antitrust/Trade Regulation	%	Corporate – Merg./Acq.	%	Real Estate - Commercial	%
Appellate	%	Criminal	%	Real Estate – Residential	%
Banking/Financial Institution	%	Domestic Relations/Family Law	%	Wills, Trusts, Estates & Prob.	%
Bankruptcy	%	Environmental	%	Workers Compensation	%
Business Transactions	%	General Civil Litigation	%	Other	%
Civil Rights/Discrimination	%	Governmental	%		
Collections/Repossession	%	Health Care	%		
Commercial Law	%	Immigration/Naturalization	%		
Construction	%	Insurance Defense	%		
Consumer Claims	%	International/Foreign	%		
Corporate – General	%	Labor & Employment	%		

Category B

Securities/S.E.C. (1)	%	Patent, Copyright, Trademark(4)	%	Entertainment(5)	%
Tax	%	Personal Injury – Plaintiff	%		%
Tax Shelters (2)	%	Personal Injury – Defense	%		%
Municipal Bonds (3)	%	Class Action – Plaintiff	%		%

- (1) Please complete the **Securities Supplement**
- (2) Please complete the **Tax Shelter Supplement**
- (3) Please complete the **Municipal Bond Supplement**
- (4) Please complete the **Intellectual Property Supplement**
- (5) Please complete the **Entertainment Supplement**

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13. In the past ten years, has the Applicant, or any lawyer of the applicant (regardless of what firm they were practicing with at the time):

- (i) acted in the capacity as securities counsel, regulatory counsel, or general counsel for; or Yes No
- (ii) acted in the capacity as a director, officer or committee member for; or Yes No
- (iii) held any equity in any financial institution? Yes No

(If "yes" to any subpart of 13, please complete the Financial Institutions supplement).

14. Does the Applicant have any entertainment clients (e.g. entertainers, sports figures, publishers, authors, designers or clients who are otherwise public figures)? Yes No
 (If "yes", please complete the Entertainment Supplement)

15. Does the applicant have discretionary investment authority for any clients?
 If yes, please describe.

16. Is any attorney listed in the answer to question 8:

- (i) a Director, Officer, Trustee or Partner of any entity with whom the firm has had an Attorney/Client relationship within the last five(5) years? Yes No
 If yes, complete Outside Interest Supplement.
- (ii) a shareholder or an owner of any equity interest in any entity with whom such attorney or the Firm has had an Attorney/Client relationship within the last five(5) years. Yes No
 If yes, complete Outside interest supplement.

17. Does the firm provide any services outside the practice of law? Yes No
 If "yes," please describe [on a separate addendum](#).

18. Please provide the following information about your ten largest clients:

<u>Name</u>	<u>Industry</u>	<u>Areas of Legal Services Provided</u>	<u>Percent of Revenue</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III FIRM MANAGEMENT

19 In a separate addendum, please describe the Applicant's organization and management structure. This should include a description of the management of the practice departments and the business departments within the Firm.

IV INTERNAL POLICIES AND PROCEDURES

20. Please use a separate addendum to describe any and all internal legal practice policies and procedures and risk management manuals maintained by the Firm. Please provide copies of such manual(s) if available.

21. Please use a separate addendum to describe in detail the applicant's policies/procedures with respect to the acceptance of new clients and a new engagement for an existing client and all procedures for identifying actual or potential conflicts of interest. Are engagement letters used by the firm? If so, please provide a sample letter if available.

22. Please use a separate addendum to describe in detail the applicant's policies/procedures with respect to suits for fees.

23. Please use a separate addendum to describe in detail the applicant's policies/procedures for responding to client complaints regarding professional services rendered by the firm or the fees charged.

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24. Please use a separate addendum; please describe the Applicant's process /procedures for internal approval of opinion letters.
25. Please use a separate addendum, please describe the Applicant's calendar and docket control.
26. What is the approximate outstanding amount of the firm's accounts receivable as a percentage of annual gross revenues for each of the following periods:
 30 days _____ 60 days _____ 90 _____ 120 _____
27. Does the firm have a policy against suing for fees? Yes No
 If no:
 (i) How many suits for fees in the past 3 years? _____ Yes No
 (ii) Is firm management approval required before any such suit is filed? Yes No

V COVERAGE AND CLAIMS INFORMATION

28. Has any lawyers professional liability insurer that has issued coverage to the Applicant ever cancelled or non-renewed such coverage? Yes No
 If "Yes" please give details in a separate addendum.
29. After inquiry, have any professional liability claims or suits been made against the Applicant, any predecessor firm, or against any current or former partner/officer/shareholder/member, "counsel" or "of counsel," or associate or employed attorney of the Applicant or predecessor firm in the past five (5) years? Yes No
 If "Yes" please complete a Claim Summary Supplement for each claim or suit.
30. After inquiry, is any partner/officer/shareholder/member, "counsel" or "of counsel," associate or employed attorney of the Applicant aware of any circumstance, allegation, or contention as to any incident which may result in a claim being made against the Applicant or against any past or present partners/officers/shareholders, "counsel," or "of counsel" or associates or employed attorneys of the Applicant or its predecessors in business? Yes No
 If "Yes" please complete a Claim Summary Supplement for each claim or suit.
31. Please complete the following regarding the Applicant's lawyers professional liability insurance history in the past five (5) years:

Policy Period	Insurer	Limits of Liability	Retention/Deductible	No. of Attys	Annual Premium

32. Limit of Liability requested: _____

33. Retention requested: _____

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VI WARRANTY

The undersigned, duly authorized, on behalf of the applicant firm and all members of the firm hereby declares that the answers, statements and particulars set forth herein are true and that no material facts have been suppressed, omitted or misstated. 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, they shall, in order for the information to be accurate on the effective date of the insurance, immediately notify

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the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance.

The firm has made specific inquiry of all Attorneys in the firm as to their knowledge of any matters which could result in a claim against the firm in the future. All attorneys have responded in the negative to such inquiry or where any Attorneys have responded other than in the negative, the matters identified by such Attorneys have been reported to the firm's current professional liability insurers. All such matters are listed in appendices to this application, and the firm acknowledges, understands and agrees that any and all claims arising out of such matters will be excluded from the Policy being applied for and any renewals of said Policy.

Signing of this Application does not bind the Applicant or the Insurer to complete the insurance contract, 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.

All written statements and materials furnished to the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof.

The undersigned, duly authorized, on behalf of the applicant firm hereby acknowledges that:

1. this Policy applies to **Claims** first made or deemed made, during the **Policy Period**, or Extended Reporting Period, if purchased, and
2. the Limit of Liability available to pay damages or settlements will be reduced, and may be completely exhausted, by the payment of **Defense Costs**, and in such event, the Insurer shall not be responsible for the continued **Defense Costs** or for the amount of any judgment or settlement to the extent that any of the foregoing exceed any applicable Limit of Liability.
3. in the event AXIS issues a policy, AXIS in providing coverage will have relied upon, as representations, the declarations and statements which are contained in or attached to or incorporated into the policy.

NOTICE TO ARKANSAS APPLICANTS: "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."

NOTICE TO COLORADO APPLICANTS: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. 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."

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO FLORIDA APPLICANTS: "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 IN THE THIRD DEGREE."

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NOTICE TO KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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."

NOTICE TO MAINE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO LOUISIANA AND NEW MEXICO APPLICANTS: "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 CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO NEW YORK APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIMS 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

NOTICE TO OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIMS CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

NOTICE TO PENNSYLVANIA APPLICANTS: "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."

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: "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."

Applicant

By _____
Signature of Officer or Partner of Firm Print name of Officer or Partner of Firm Date

Application must be signed by duly authorized partner, member or officer of the firm.

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