



Great American Insurance Company

APPLICATION FOR LEGAL PROFESSIONAL LIABILITY INSURANCE

Firm: _____
 Contact: _____
 Address 1: _____
 Address 2: _____ City: _____ State: _____ Zip Code: _____
 County: _____ Phone: _____ Fax: _____
 E-mail: _____

1. Number of: _____ Attorneys _____ *Of Counsel _____ *Independent Contractors (Attorneys) _____
 _____ Paralegals _____ Clerical _____ Office Administrator/Mgr. _____ Law Clerks _____ Other _____
***Please request and complete the Of Counsel/Independent Contract Attorney Supplement**
2. Is there more than one office location? Yes No **Please provide a listing of attorneys & staff at each.**
3. a. What is the expiration date of your current policy? _____ b. Limits desired this year: _____
 Deductibles desired this year: _____
 c. Check optional coverages you are requesting: Title Agent Annual Aggregate Deductible
 First Dollar Defense Other (please describe) _____
4. List the firm's estimated gross income for the past 24 months. Last 12 _____ Prior 12 _____
5. a. What date was your firm first established? _____
b. If your firm name has changed since first established, please request the Predecessor Firm Supplement.
 c. Has your firm, by merger or acquisition, assumed the liabilities of any lawyer(s) or law firm(s) ? Yes No
If yes, please provide a detailed narrative.
6. Do you share any of the following with other attorneys or law firms?
 a. Office Yes No **b. Support staff** Yes No
Space
 c. Letterhead Yes No **Please attach letterhead.** **d. Cases** Yes No
If yes to any of the above, please provide a detailed narrative on the firm's letterhead.
7. a. In the last 12 months, how many attorneys have left your firm? _____ b. Joined the firm? _____
 c. Approximately, how many attorneys does the firm plan to add during the next 12 months? _____
8. a. What is the inception date of your earliest "claims made" policy maintained without interruption? _____
 b. Have you ever had a gap in coverage? **If yes, please provide a detailed narrative.** Yes No
9. Has any professional liability insurance for the applicant, present or past partners, employees, or "of counsel" ever been declined or cancelled, refused to be renewed or accepted only on special terms? Yes No
If yes, please provide a detailed narrative. (Missouri applicants need not respond)
10. Does your current policy have a prior acts exclusion (retroactive) date? Yes No
 If Yes, what is the prior acts or retroactive date? _____
If yes, please attach a copy of this endorsement or declarations page showing this date.
11. Does your current policy have any other type of endorsements that exclude or modify coverage? Yes No
If Yes, Please attach a copy of the endorsement.
12. Please identify your legal professional liability insurance for the past five years.

Company	Policy Period	Limits	Deductible	Premium	# of Attorneys
				\$	
				\$	
				\$	
				\$	
				\$	

13.

PRACTICE PROFILE

Percentages of billings given for each practice must equal **100%**

_____ Administrative Law	_____ Criminal	_____ Local Government
_____ Admiralty Law	_____ Domestic Relations	_____ *Mass Torts/Class Action
_____ Antitrust/Trade Regulation	_____ *Environment Law	_____ Natural Resources (Oil & Gas)
_____ Bankruptcy	_____ *Entertainment	_____ *Personal Injury-Plaintiff
_____ Business Transaction/Contract	_____ Estate, Trust & Probate	_____ *Personal Injury-Defense
_____ Civil Rights & Discrimination	_____ *Financial Institution/Banking	_____ *Real Estate – Commercial
_____ Collection/Repossession	_____ Government Contracts & Claim	_____ *Real Estate – Residential
_____ Commercial Litigation-Defense	_____ Immigration & Naturalization	_____ *Securities
_____ Commercial Litigation-Plaintiff	_____ Insurance Defense	_____ Tax
_____ Construction/Building Contracts	_____ *Intellectual Property –	_____ Workers' Compensation – Defense
_____ Consumer Claims	_____ (Patent/Copyright/Trademark)	_____ Workers' Compensation – Plaintiff
_____ Corporate Administrative	_____ International Law	_____ Other: _____
_____ Corporate & Business Organization	_____ Labor-Management	_____ Other: _____
_____ Corporate Merger & Acquisition	_____ Labor-Union/Employee	_____ Other: _____

Total Must Equal 100%

***If you have indicated a percentage of your practice in the referenced field(s), please call your company representative for a Supplement.**

14. FIRM PROFILE

Please complete the chart below for each attorney associated with your firm.

Please attach an additional sheet if you need more space.

Name of Each Attorney	Position (P, A, OC, I)	Date of Hire (Month/ Year)	Year Admitted to Bar	CLE Hours Devoted to Risk Management, Ethics, or Malpractice Avoidance in the Last 12 Months	If "OC" or "I", Hrs. worked Last 12 Months for applicant firm

(P: Partner/Owner/Member, A: Associate, "OC": Of Counsel, "I": Independent Contract Attorney.)

15. Are there at least 2 independent calendars maintained & cross-referenced by different individuals? Yes No
 Pocket Diary Single Calendar Dual Calendars Tickler Computer Calendars Litigated & Non-litigated Matters
16. Does your firm have a system for detecting and avoiding conflicts of interest? Yes No
 Index Computer Conflict Committee Oral/Memory Other _____
17. Please check all client communications that your firm uses as a matter of procedure (when applicable):
 *Engagements/Fee Agreements *Non-Representation/Declination Letters *Termination of Services Letters
 Monthly Billing/Contingency Fee Periodic File Status Updates ***If not selected, please explain why.**
18. Does the firm have a formal Risk Management Program? Yes No
19. a. Have the firm's internal policies and procedures been formalized? Yes No
b. Are all employees provided with training regarding firm policies and procedures? Yes No
c. Are new attorneys supervised by a more senior attorney? Yes No
d. Is work produced from support personnel reviewed by an attorney? Yes No
e. Are all new matters reviewed for acceptance by firm management/review committee? Yes No
f. Is there a formal procedure for periodic review of all ongoing matters by firm management? Yes No

20. a. What is the approximate number of cases handled by the firm a year? _____
- b. What is the approximate average value of the cases handled? _____ \$
- c. What is the maximum value of the cases handled? _____ \$

21. Does any single client account for 10% or more of the firm's billings? If so, please list the client(s) & services provided.

22. How many suits for fees have been filed against clients during the past two years? _____

23. Do (or have) any past or present members of your firm suffer(ed) from any impairment that would affect their professional ability to be competent, prompt, diligent, thorough, prepared and/or fit? Yes No

If yes, Please describe the impairment.

24. If you are a sole practitioner, please identify the attorney who would handle your cases in the even of your incapacitation:

25. Has your firm or anyone in your firm, in the past five years, ever represented issuers, underwriters, or affiliates thereof with respect to the issuance, offering or sale of securities or bonds? Yes No

If yes, please call your sales representative for the Securities/Bonds Supplement.

26. a. Do any attorneys serve, or have served, in the past 36 months, as a Director, Officer, Trustee, Partner, or Employee of any client of the firm? Yes No

b. Do any attorneys have a financial interest in any client of the firm?

If yes to a or b, please call your sales representative for the Outside Interest Supplement.

27. a. Do any attorneys or anyone in your firm maintain an equity interest in a title agency? Yes No

b. If yes, does the entity have title agency coverage? Yes No

28. a. Do any attorneys serve, or have they served during the last 5 years, as a Director, Officer, Trustee, Partner, or Employee of any Financial Institution? Yes No

b. Has your firm, or anyone ever affiliated with your firm, provided legal services for any Financial Institution during the last 5 years? Yes No

If yes to a or b, please call your sales representative for the Financial Institution Supplement.

29. Has any member of your firm handled class action or mass tort litigation in the last 3 years? Yes No

If yes, please provide a narrative describing the matters handled and in what capacity, co-counsel relationships involved, size of class and monetary amount involved.

30. a. How many claims, incidents, demands and/or disciplinary matters, have been reported to your firm, or any present or past partners, employees or "of counsel" in the last 5 years? _____

b. How many incidents, circumstances, errors, omissions or offenses, which may result in a claim being made against your firm, are you now aware of [that you have not indicated on 30(a)]? _____

Please enter a numeric answer and complete supplement for each claim or incident referred to in question 30.

WARRANTY, AUTHORIZED SIGNATURE AND CONTINUING DUTY TO UPDATE

The undersigned is an authorized representative of the prospective Named Insured, and acknowledges that the information provided with the Application, including all supplements, attachments and replies to underwriter inquiries, and applications from other insurance companies which have been submitted to Great American and made a part of this application:

1. Will be relied upon by Great American Insurance Companies in determining the acceptability of the prospective Named Insured and the premium amount to be charged;
2. Are true, accurate and complete; and
3. Will be considered an integral part of any resultant insurance contract.

The undersigned further agrees that the prospective Named Insured has a continuing duty, through date of policy inception, to update this Application, including all supplements, attachments and replies to underwriter inquiries.

Signature/Name of Authorized Firm Representative

Title

Date