

Lawyers' Professional Liability Application



NOTICE: This is an application for a claims made and reported policy. This policy covers only claims first made and reported during the policy period or extended reporting period, if applicable, and otherwise covered by this insurance.

Throughout this application and supplements the terms "you" and "your" mean the firm or individual who is applying for this insurance.

APPLICANT INFORMATION

1. Desired effective date: _____
2. Firm name: _____
3. Contact: _____
Name, telephone, fax, email
4. Your principal location: _____
Street Address, City, State, Zip Code
5. Website address: _____ Year firm was established: _____
6. Organization: Individual Partnership Limited Liability Partnership/
Limited Liability Corporation
 Corporation/Professional Corporation
 Other: _____
(Please describe)
7. Do you have other locations? Yes No

If yes, please complete the following for each location:

- a. Location: _____
Street Address, City, State, Zip Code
- b. Number of lawyers: _____
- c. Date office established: _____
- d. How is this location managed? _____

Please attach separate addendum for additional locations, if necessary.

LIMIT/DEDUCTIBLE

8. LIMITS DESIRED

- \$250,000/
\$500,000 \$500,000/
\$1,000,000 \$1,000,000/
\$1,000,000 \$2,000,000/
\$2,000,000 \$5,000,000/
\$5,000,000 Other \$ _____

9. DEDUCTIBLE DESIRED

- \$ 1,000 \$2,500 \$5,000 \$10,000
 \$25,000 Other: _____

AREAS OF PRACTICE

8. Please identify **your** area(s) of practice based on your firm’s gross billings.

Area of Practice	Last year	This year	Current breakdown within particular area of law: (should equal 100%)					
Admiralty/Maritime	%	%	%	Plaintiff	%	Defense	%	Other
Alternative Dispute Resolution	%	%						
Antitrust	%	%	%	Plaintiff	%	Defense	%	Other
Appellate	%	%						
Business Formation & Alteration	%	%	%	Formation/ Dissolution	%	Mergers & Acquisitions	%	Other
Business Transactions- Corporate & Commercial	%	%	%	Public Corporations	%	Private Corporations/ Individuals	%	Other
Civil Rights & Discrimination	%	%	%	Plaintiff	%	Defense	%	Other
Bankruptcy & Collection	%	%	%	Creditor	%	Debtor	%	Court Appointed Trustee
Business & Commercial Litigation	%	%	%	Plaintiff	%	Defense		
Construction Law/ Building Contracts	%	%	%	Plaintiff	%	Defense	%	Transactional
Consumer Claims/ Administrative Law	%	%						
Criminal Law	%	%						
Employee Benefits	%	%						
Entertainment Law	%	%	%	Incl. Money Mgmt.	%	Excl. Money Mgmt.		
Environmental Law	%	%	%	Plaintiff	%	Defense	%	Other
Estates, Probate & Trust	%	%	%	Estate Planning	%	Trust Administration	%	Other
Family Law	%	%	%	Divorce	%	Adoption	%	Other
Federal, State & Local Government	%	%	%	General or Financial Advice	%	Defense	%	Other
Financial Institutions	%	%						
General Civil Litigation	%	%	%	Plaintiff	%	Defense		
Health Care	%	%	%	Plaintiff	%	Defense	%	Other
Immigration & Naturalization	%	%						
Insurance Defense	%	%	%	Litigation	%	Coverage	%	Other
Intellectual Property	%	%	%	Patent	%	Trademark/ Copyright	%	Litigation
Labor & Employment	%	%	%	Management	%	Union/Labor	%	Other
Natural Resources/ Oil & Gas	%	%	%	Plaintiff	%	Defense	%	Other
Real Estate	%	%	%	Commercial	%	Residential		
Securities/ Corporate Bonds	%	%						
Taxation/Tax Opinions	%	%	%	Personal	%	Corporate	%	Other
Workers’ Compensation	%	%	%	Employer	%	Employee		
Other (Please describe)	%	%						

Complete the appropriate areas in the supplemental application if your firm provides services in the following areas:

- Bankruptcy & Collection
- Entertainment
- Estates/Probate/Trust
- Financial Institutions
- Intellectual Property
- Plaintiff
- Real Estate

9. Please provide the following financial information for your firm:

	Latest Fiscal Year ending ____/____/____	1 st Prior Fiscal Year ending ____/____/____	2 nd Prior Fiscal Year ending ____/____/____
Gross Revenues			
Net Income			

10. Is any of your work performed in jurisdictions outside the United States or for non-U.S. clients? Yes No
(If yes, describe the nature of that work, including percentage of gross billings associated with this portion of your practice.)

11. Does any of your work involve representation of plaintiffs in class action or mass tort litigation? Yes No
(If yes, complete the plaintiff section of the Area of Practice Supplement.)

12. What is the total percentage of work attributed to defense representation? _____ %

13. List the total number of :
 a. Current lawyers _____
(Complete the Individual Lawyer(s) Supplement for each lawyer in the firm.)
 b. Lawyers leaving the firm in the last twelve (12) months _____
 c. Lawyers joining the firm in the last twelve (12) months _____
 d. Total number of non-lawyer employees _____

14. Do you share office space with any firm or lawyer(s) who is/are not members of your firm? Yes No
(If yes, describe the arrangement and list all lawyers by name. Use separate sheet.)

15. Please provide the following information about your five (5) largest clients:

	Client Name	Year First Represented	Nature of Legal Services	Percent of Gross Billings
1.				%
2.				%
3.				%
4.				%
5.				%

INTERNAL POLICIES AND PROCEDURES

Client Intake and Conflict Avoidance

16. Do you use a centralized computerized system to maintain client lists and check conflicts of interest? Yes No
(If no, indicate method used to check conflicts within your firm _____)
17. Do you have a common process applicable to all lawyers and practice groups regarding client intake procedures? Yes No
18. Does this process include approval of at least one non-interested partner, the management committees or other committee before the client is accepted? Yes No
19. Is a background check performed on every new client prior to acceptance? Yes No
20. Does the background check include (check all that apply):
- pending /prior litigation?
 financial/credit check?
 representation history?
 none of the above?
 not applicable.
21. Once a conflict of interest is determined, do written procedures require the approval of the Management Committee or a standing committee of the firm charged with oversight of such matters? Yes No
22. Do you require an engagement letter before each new matter is accepted? Yes No
23. Do you require a non-engagement letter for each matter that is declined? Yes No
24. Do you file suits for fees against clients or former clients of the firm? Yes No
(If yes, indicate how many such suits were filed in the last twelve (12) months _____.) Attach narrative regarding how these suits are handled within the firm, including all measures taken to avoid a counterclaim for legal malpractice.

Docket & Calendar Systems

25. Do you use a computerized docket and scheduling system? Yes No
(If no, indicate method used to docket and calendar matters within your firm. _____)
26. Is this system centralized and maintained by a central docket clerk or facility? Yes No
27. Does this system track statutes of limitations? Yes No
28. Is the data updated at least daily and backed up or stored off-site? Yes No

Training and Supervision

29. Are all new associates of the firm required to participate in training which includes: Yes No
(check all that apply)
 firm procedures local rules
 ethics/rules of professional conduct
 litigation/ trial techniques
30. Are all lawyers in the firm currently compliant with local CLE requirements? Yes No

31. Do you require at least an annual review of every associates work? Yes No
32. Do you require at least an annual review of all partners work? Yes No
33. Do you have a formal process to evaluate the performance of your non-lawyer staff? Yes No

Outside Interests

34. Do you or any of the firm’s lawyers:
- a. Serve in a position of Director, Officer, or Partner of any client business or organization? Yes No
 - b. Hold an equity or debt interest in any business or organization that is also a client of your firm? Yes No
 - c. Serve as an employee of any business or organization other than your firm? Yes No

(If yes to any part of the above question, complete an Outside Interests Supplement.)

PRIOR INSURANCE AND CLAIM HISTORY

Important Note: You must report any known claim, suit, or incident, act or omission that may in the future give rise to a claim or suit, to your current professional liability insurer before the claims-reporting period under that policy expires.

35. Has any professional liability claim or suit been made against you, your firm or any other member of your firm in the past seven (7) years? Yes No
(If yes, complete a Claim Supplement for each claim or suit.)
36. Are you or any members of employees of your firm aware of any fact, circumstance, or situation which might reasonably be expected to give rise to a claim? Yes No
(If yes, complete a Claim Supplement for each circumstance.)
37. Have you or any member of your firm ever been disbarred, refused admission to practice law, suspended, reprimanded, sanctioned, fined, placed on probation, held in contempt or the subject of any disciplinary complaint, grievance or action by any court, administrative agency or regulatory body? Yes No
(If yes, please provide full details on a separate sheet.)

38. Please list all primary and excess lawyers’ professional liability insurance policies carried during the past five (5) years, include any period without coverage.

Policy Period	Insurer	Limits of Liability	Retention	Premium	Number of lawyers	
/ /						<input type="checkbox"/> Primary <input type="checkbox"/> Excess
/ /						<input type="checkbox"/> Primary <input type="checkbox"/> Excess
/ /						<input type="checkbox"/> Primary <input type="checkbox"/> Excess
/ /						<input type="checkbox"/> Primary <input type="checkbox"/> Excess
/ /						<input type="checkbox"/> Primary <input type="checkbox"/> Excess

39. Have you ever purchased an extended reporting period endorsement? Yes No
(If yes, provide details on a separate sheet.)

RETURN THE COMPLETED APPLICATION AND ALL SUPPLEMENTS AND ATTACHMENTS TO YOUR INSURANCE AGENT OR BROKER ALONG WITH A COPY OF YOUR FIRM'S LETTERHEAD.

<p>GENERAL FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties.</p>
<p>ARIZONA, ARKANSAS, CALIFORNIA, DISTRICT OF COLUMBIA, FLORIDA, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW MEXICO, NEW YORK AND VIRGINIA FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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, and subjects the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine and Virginia, insurance benefits may also be denied.</p>
<p>COLORADO FRAUD WARNING: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.</p>
<p>HAWAII FRAUD WARNING: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime of punishable by fines or imprisonment, or both.</p>
<p>NEW YORK FRAUD WARNING: 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 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.</p>
<p>OHIO FRAUD WARNING: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.</p>
<p>OKLAHOMA FRAUD WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.</p>
<p>PENNSYLVANIA FRAUD WARNING: 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.</p>
<p>UTAH FRAUD WARNING: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.</p>

SIGNATURE AND AUTHORIZATION

The undersigned authorized representative of the firm, or entity(ies) agrees to all of the following:

- Declares after diligent inquiry that the above statements and particulars are true and that no material facts have been suppressed or misstated.
- Acknowledges that it is understood and agreed that the completion of this application does not bind OneBeacon Professional Partners to issue nor the Applicant to purchase the insurance.

Signature (<i>Partner, Member, Officer, Shareholder</i>)	Title	Date
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INSURANCE AGENT OR BROKER MUST COMPLETE THE FOLLOWING:

Broker or Agent Name		Soliciting Producer Name	
Broker or Agent License No.	City	State	Date submitted