



James River Insurance Company

7130 Glen Forest Drive, Suite 210
Richmond, VA 23226
804-289-2700

Renewal Application for Law Firms Lawyers Professional Liability

PROFESSIONAL LIABILITY Division

APPLICANT'S INSTRUCTIONS:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

**RENEWAL APPLICATION FOR LAW FIRMS
LAWYERS PROFESSIONAL LIABILITY**

Policy Number: _____ Renewal Date: _____
 Firm Name: _____ Contact Name: _____
 Street Address: _____ City: _____ State: _____
 Zip Code: _____ County: _____ Phone: _____ Fax: _____
 Mailing Address: _____ City: _____ State: _____
 Zip Code: _____
 Email: _____ Website Address: _____
 Limits Requested: _____ Deductible Requested: _____

Firm Profile:

Complete the Schedule of Lawyers section of the application & supply a current sample of firm letterhead.

Number of: Attorneys ____ Of Counsel ____ Independent Contractors (lawyers) ____ Clerks ____
 Paralegals ____ Legal Secretaries ____ Law Clerks ____ Office Administrators ____ Other ____

1. Does your firm share office space with another firm? Yes No
 - a. Letterhead Yes No
 - b. Support Staff Yes No
 - c. Cases Yes No
 If "Yes", provide a detailed narrative.
2. In the last 12 months, how many attorneys have joined the firm ____ departed from the firm? ____
3. What was your firm's revenue for the last 12 months? ____ in the 12 months before that? ____
4. Since your last application to James River, has the firm:
 - a. changed its calendar control and maintenance system? Yes No
 - b. changed its Conflict of Interest system? Yes No
 - c. changed its Risk Management Program?
 - d. changed its use of client communication letters? Yes No
 If "Yes" to any above, please provide details on firm letter head.
5. Approximately, what was the single highest dollar value case the firm handled in the last 12 months? \$ _____
6. Please provide the percentage of each area of practice your firm engages in. Note the combined total of your practice areas must equal 100%. For each area of practice your firm engages in that is referenced by an *, please complete the appropriate supplement.

| | | | | | |
|------|-----------------------|------|-------------------------|------|-----------------------------|
| ___% | Administrative Law | ___% | Domestic Relations | ___% | Oil & Gas |
| ___% | Admiralty Law | ___% | Environmental Law* | ___% | Personal Injury-Plaintiff * |
| ___% | Bankruptcy | ___% | Entertainment* | ___% | Personal Injury-Defense |
| ___% | Business | ___% | ERISA/Employee | ___% | Residential Real Estate * |
| | Transaction/Contract | | Benefits | | |
| ___% | Civil Rights | ___% | Trust, Probate, Wills | ___% | Commercial Real Estate * |
| ___% | Consumer Debt | ___% | Financial Institution * | ___% | Securities * |
| | Collection | | Banking | | |
| ___% | Commercial | ___% | Government | ___% | Tax * |
| | Litigation-Plaintiff | | Contracts/Claims | | |
| ___% | Commercial Litigation | ___% | Immigration & | ___% | Workers Compensation – |
| | – Defense | | Naturalization | | Defense |
| ___% | Construction/Building | ___% | Insurance Defense | ___% | Workers Compensation – |
| | Contracts | | | | Plaintiff |
| ___% | Corporate | ___% | Intellectual Property* | ___% | Other |
| | Administrative | | | | |
| ___% | Corporate & | ___% | International Law | ___% | Other |
| | Business | | | | |
| | Organization | | | | |
| ___% | Corporate Mergers & | ___% | Labor Management | | |
| | Acquisitions | | | | |
| ___% | Criminal | ___% | Labor | | |
| | | | Union/Employees | | |
| ___% | Mass Tort/Class | ___% | Estate* | | |
| | Actions | | | | |

7. Does any one client account for 10% or more of your firms annual billings? If “Yes”, please name the client(s) and is it the services your firm provided them. Yes No

8. In the past 5 years, has your firm or any lawyer in your firm represented issuers, underwriters, or affiliates of either with regard to the issuance offering or sale of securities or bonds? Yes No
 If “Yes”, please complete the Securities supplement.

9. In the past 3 years has any attorney in your firm had a financial interest, served as a Director, Officer, Trustee, Partner, or Employee of any clients of the firm or any financial institution? Yes No
 If “Yes”, please complete the Outside Interest supplement.

10. Does anyone affiliated with your firm maintain any equity interest in a Title Agency? Yes No

11. In the past 3 years, has any attorney in your firm handled class action or mass tort litigation? Yes No
 If “Yes”, please complete the supplement application for Mass Tort/Class Action.

12. a. In the past 3 years, how many times have you sued or entered into arbitration with your clients to collect your fees? _____

b. In the past year, how many outstanding clients bills have you sent to a collection agency? _____

13. Does any member of your firm currently suffer from an impairment that might hinder their professional ability to provide competent, courteous, and timely legal services? Yes No
 If “Yes”, please describe the impairment.

14. If you are a sole practitioner, who will handle your cases in the event of your incapacitation or vacation?

15. In the last 12 months, has any attorney associated with your firm been the subject of any new or current investigation, disciplinary action or proceeding? Yes No

If "Yes", please complete a Disciplinary Proceedings Supplement.

16. Since your last application to James River, have there been any judgments, settlements or dismissals of any previously reported claims, regardless of insurance carrier? Yes No

17. Since your last application to James River, have you or any member of your firm become aware of any claims, potential claims, or suits involving the law firm or any attorney associated with the law firm? Yes No

If "Yes" to questions 19 or 20, please complete a claims supplement. Please note Policy Condition 2 under Section VII for Notice of "Claim".

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

In New York: 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.

In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits. WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company, 7130 Glen Forest Drive, Richmond, VA 23226.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company, 7130 Glen Forest Drive, Richmond, VA 23226.

Name of Applicant:

Title:

Applicant's Signature:

Date:

Agent/Broker Name:
