



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

NOTICE: This professional liability coverage is provided on a **Claims Made** basis. Only claims which are first made against the insured and reported to the Company during the policy term are covered, subject to the policy provisions.

Applicant Instructions: Carefully read all statements and questions on this application. Answer all questions in ink. If a question does not apply, state "N/A". If space is insufficient to answer all questions fully, use separate sheets of paper. The application and all attachments must be signed and dated by the named applicant, partner or officer. **A copy of your business stationery must be attached.**

1. a. Name of Applicant (Firm Name): _____ Policy Number: _____

Complete for any change in the following:

b. Physical Address: _____
(Street) (City) (County) (State) (Zip)

c. Telephone Number: (_____) _____ Facsimile Number: (_____) _____

2. Have any lawyers left or joined the firm since completion of the last application? Yes No
If Yes, complete the Attorney Detail Supplement and complete a New Lawyer Information Supplement for each new hire.

3. Since completion of the last application, has the firm: (Provide details for any "Yes" response by attachment.)

a. changed its procedures for Docket / Diary control and or conflict of interest system?..... Yes No

b. undergone an audit by an outside entity?..... Yes No

c. filed any fee suits against clients?..... Yes No

d. implemented or changed its web site?..... Yes No

e. increased or decreased the number of support staff?..... Yes No

4. Has the following changed since completion of the last application? (Provide details for any "Yes".)

a. Share office space/letterhead sharing/additional locations..... Yes No

5. For any business enterprise other than civic, charitable, or non-profit, does any lawyer:

a. have any position as a director/officer/trustee or partner?..... Yes No

b. act as an employee of any organization other than the applicant?..... Yes No

c. provide any professional services other than as an attorney?..... Yes No

If "Yes", complete the Outside Interests Supplemental Application. Yes No

6. Gross Income for the most recent calendar year:

7. Since completion of the last application were any services performed in relation to any Class Action matter? Yes No
If Yes, please provide full details.

8. Since the last application, has any lawyer been denied the right to practice, been suspended, disbarred, reprimanded or had other disciplinary action taken against them by any court or administrative agency?
If yes, provide full details on the Detail Information Addendum. Yes No

9. During the current policy year, have any claims or suits been made against the applicant, its predecessor firms or any of the lawyers proposed for this insurance and that have not been previously reported to this Company?
If Yes, complete the Claim Information Supplement. Yes No

10. Is the applicant, its predecessor firms or any lawyer proposed for this insurance aware of any circumstance, act, error, omission or personal injury that could be the basis of a claim or suit that has not previously been reported to this Company? **If Yes, complete the Claim Information Supplement.** Yes No

11. Within the past year have there been any changes in the status of claims that were reported to other insurance companies? **If Yes, complete the Claim Information Supplement.** Yes No

12. AREA OF PRACTICE%

No Change:

DEFENSE	%	Ad Valorem Tax – Commercial	Provide Additional Information*	%
Admiralty		Ad Valorem Tax – Residential	Corporate General	
Arbitration / Mediation		Administrative Law	Environmental	
BI/PI		Adoptions	Fiduciary	
Civil Rights / Employment		Antitrust Trade Regulations	Investment Cnslng / Money Mgt	
Class Action / Mass Tort		Bankruptcy	Mergers & Acquisitions	
Commercial Litigation		Collection	Oil and Gas	
Criminal		Communication	Other: _____	
Insurance Company		Construction	Venture Capital	
Medical Malpractice		Corporation Formation		
Product Liability		Divorce	Complete Additional Supplement	
Workers Compensation		Estate Planning	Abstracting / Title	
		ERISA	Banking / Financial Institutions	
PLAINTIFF (Complete Supplement)		Family Law (other than Divorce)	Bonds	
Admiralty		Foreclosures	Copyright	
BI/PI Plaintiff		Health	Entertainment	
Civil Rights / Employment		Housing Court	Limited Partnerships	
Class Action / Mass Tort		Immigration	Patent	
Commercial Litigation		International	Private Placements	
Medical Malpractice		Labor – Employee / Union	Real Estate – Residential	
Product Liability		Labor – Management	Real Estate – Commercial	
Workers Compensation		Local Government / Municipal	Real Estate Development	
		Public Utilities	Securities – Federal	
TAX – Individual Preparation		Social Security	Securities – State	
TAX – Commercial Preparation		Water Law	Syndications	
TAX – Opinions		Wills and Trusts	Trademark	

* Provide Additional Information on the **Detail Information Addendum**.

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material fact known, or that should be known, and agrees that this application along with all supplements, attachments and all previous applications, supplements and attachments will become the basis of any coverage and a part of any policy that may be issued by the Company.

- The execution of this application does not bind the undersigned to purchase any coverage offered, nor does the receipt and/or review of this application bind the Company to offer coverage or issue a policy.
- The undersigned understands and accepts that any policy issued will provide coverage on a **Claims Made and Reported** basis, and this application shall form a part thereof.

Warning: 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 and subjects the person to criminal and civil penalties.

Notice to Alaska Applicants:

A person who knowingly and with the intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information is guilty of a felony.

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 may be guilty of a crime and subject to fines and confinement in prison.

Notice To California Applicants:

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in prison. Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Notice to Colorado Resident 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 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.

Notice To Delaware Applicants:

Any person who knowingly, and with the intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Notice To District Of Columbia Applicants:

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, any 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 the intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Notice To Hawaii Applicants: 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 punishable by fines, imprisonment or both.	
Notice To Idaho Applicants: Any person who knowingly, and with the intent to defraud or deceive any false, incomplete or misleading information is guilty of a felony.	
Notice To Indiana Residents: A person who knowingly and with the intent to defraud an insurer files a statement of claims containing any false, incomplete or misleading information commits a felony.	
Notice To Kentucky Applicants: Any person who knowingly and with the intent to defraud an 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.	
Notice To Louisiana, Maine And Tennessee Applicants: Any person who knowingly and with the intent to defraud any insurance company or another person, files a statement of claim contain 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, subject to criminal prosecution and civil penalties. Insurance benefits may also be denied.	
Notice To Minnesota Applicants: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.	
Notice to Nebraska Resident Applicants: Any person who knowingly presents false information in an application for insurance or viatical settlement contract is guilty of a crime and may be subject to fines and confinement in prison.	
Notice To Nevada Applicants: Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.	
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 New Mexico Applicants: Any person who knowingly presents a 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 Resident Applicants: Any persons who knowingly and with the 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.	
Notice to Ohio Resident Applicants: 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.	
Notice to Oklahoma Resident Applicants: 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.	
Notice To Pennsylvania Applicants: Any person who knowingly and with the 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 thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.	
Notice to Utah Resident Applicants: For your protection, Utah law requires the following to be included in this application: 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.	
Notice To Virginia Applications: 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.	
Notice to West Virginia Resident 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.	
Signature of Partner, Officer or Owner _____	Date _____
Print or Type Name _____	Title _____



LAWYERS PROFESSIONAL LIABILITY- CLAIM INFORMATION SUPPLEMENT

This form **must be** completed in **its entirety** for each claim or incident within the past seven (7) years:

1. Full Name of Applicant / Insured Firm: _____
2. Full Name of Attorney(s) Involved as Defendant(s) in Claim: _____

3. Name of Firm involved in Claim: _____
4. Additional Defendants: _____
5. Full Name of Claimant: _____
6. a. Indicate Type: Claim/Suit Incident
b. Indicate Status: Open Closed
7. a. Date Claim/Incident made against Firm: _____
b. Date Claim/Incident reported to Insurer: _____
c. Name of Insurer Claim/Incident was reported to: _____
8. If Claim is **Closed**, answer a, b, & c below. If claim is **Open**, please go to Question 9.
a. Out of Court Settlement: Yes No Date of Settlement: _____
b. Court Judgment: Yes No Date of Judgment: _____
c. Total defense costs paid: \$ _____ Total Indemnity paid: \$ _____ Deductible paid: _____ \$
9. If Claim is **Open**, answer each of the following (do not leave any blank):
a. Claimants, settlement demand: \$ _____
b. Defendants offer for settlement: \$ _____
c. Insurer's Loss Reserve: \$ _____
d. Insurer's Expense Reserve: \$ _____
e. Defense Expenses to date \$ _____
f. Applicant/Insured's estimate of settlement amount: \$ _____
10. Description of alleged act, error or omission upon which claimant bases the Claim. Include events leading to the Claim. **Please do not attach summons or complaint.** Use reverse or additional sheets for more details: _____

11. Explain what action has been taken to prevent a recurrence of a similar Claim. Use reverse or additional sheets for more details.

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, and agrees that this supplemental will be included in the basis of any coverage and a part of any policy that may be issued by the Company.

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Signature of Partner, Officer or Owner

Date