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| **PROFESSIONAL LIABILITY INSURANCE FOR LAWERS AND LAW FIRMS****RENEWAL APPLICATION** |

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| **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? b. undergone an audit by an outside entity? c. filed any fee suits against clients? d. changed its Conflict of Interest procedures? e. changed its back-up attorney? f. changed its procedures regarding the use of standard letters? g. implemented or changed its web site? h. increased or decreased the number of support staff?  | Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ]  |
| 4.  | Have any of the following changed since completion of the last application? (Provide details for any “Yes” response by attachment.) |
|  | a. Share office space b. Other office locations c. Share letterhead  | Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ]  |
| 5. | For any business enterprise other than civic, charitable, or non-profit, does any lawyer:  |  |
|  | a. have a new position as a director/officer/trustee or partner? b. have a change in any previously reported position or equity? c. have any new or changed managerial/fiduciary control? d. have any new or changed ownership or management? e. act as an employee of any organization other than the applicant? f. provide any professional services other than as an attorney? **If “Yes”, complete the Outside Interests Supplemental Application.** | Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ]  |
| 6. | Gross Income for the most recent calendar year**:**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 7. | Since completion of the last application were any services performed: |  |
|  | a. for or on behalf of any financial institution? Yes [ ]  No [ ] b. for or in connection with any IPO, Bond or Securities related transaction? Yes [ ]  No [ ] c. for any Entertainment client or in relation to the Entertainment industry? d. in relation to any intellectual property? e. in relation to any Class Action matter? f. in relation to any environmental matter? **If Yes, complete the appropriate Supplemental Application.** | Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ]  |

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| 8.  | **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 Cnsling / 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**. |  |  |  |  |  |
| 9. | 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 [ ]  |
| 10. | 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 [ ]  |
| 11. | 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 [ ]  |
| 12. | 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 [ ]  |
| The undersigned understands and accepts that any policy issued will provide coverage on a **Claims Made and Reported** basis. |
| **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 Arizona Applicants:****For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.** |
| **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.** |

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| **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 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 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 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 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 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 Washington 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.**  |
| **APPLICANT’S AUTHORIZATION AND CERTIFICATION**The undersigned on behalf of the applicant firm and all members of the firm authorizes the release of all information to the Company from any past or present bar association of which any member of the firm is currently or has been a member; any person(s) who has information concerning any firm member’s fitness to practice; any insurance company to which the applicant firm or any member of the firm has applied for professional liability insurance, whether such coverage was granted or not; and any employer for whom any member of the firm performed legal services, whether as an employee or an independent contractor.The applicant firm and all members of the firm understand that the information requested by the Company may include, but not necessarily be limited to, any occurrence, incident, claim or suit in which any member of the firm may be or may have been involved; any denial, suspension, revocation or other disciplinary action taken by any bar association, governmental licensing authority, court, administrative agency or other appropriate authority; or any action of a civil or criminal nature taken against the firm or any member of the firm that resulted from or was alleged to have been a part of any professional activities. The applicant firm and all members of the firm understand that the information will be used in addition to the application in determining whether the Company will issue insurance to the firm.The applicant firm and all members of the firm agree that the persons providing the information and their agents, directors and employees, shall not incur any liability as a result of any information released in good faith pursuant to this authorization including any errors, omissions or mistakes contained in such information.The applicant firm and all members of the firm understand that this is an application for insurance, and shall not bind the Company to the issuance of insurance, nor shall it bind the firm to the acceptance of a policy.**THE UNDERSIGNED ON BEHALF OF THE APPLICANT FIRM AND ALL MEMBERS OF THE FIRM CERTIFIES THAT THE ABOVE APPLICATION HAS BEEN READ AND THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, MATERIAL AND COMPLETE. THE UNDERSIGNED UNDERSTANDS THAT: (1) IF THE POLICY IS ISSUED, THIS IS DONE BY THE COMPANY IN RELIANCE UPON THESE REPRESENTATIONS; AND (2) ANY COVERAGE OBTAINED BY FRAUD, MATERIAL MISREPRESENTATION OR OMISSION IS VOID.** |
| Signature of Partner, Officer or Owner Date  |
| Print or Type Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Firm Name  |