## PROFESSIONAL LIABILITY INSURANCE FOR LAW YERS AND LAW FIRMS

**INCORPORATED SUPPLEMENTAL APPLICATION**

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| **NOTICE**: This professional liability coverage is provided on a **Claims Made** basis. Only claims that are first made against the insured and reported to the Company during the policy term are covered, subject to the policy provisions. | | |
| 1. | a. Name of Applicant (Firm Name): | |
|  | b. Name of Designated Contact: | |
|  | c. Physical Address:  (Street) (City) (County) (State) (Zip) | |
| 2. | After inquiry, is the applicant, its predecessor firms or any lawyer proposed for this insurance aware of:  a. any circumstance, act, error, omission or personal injury which could be the basis of a claim or suit?  b. any potential malpractice claim or suit reported to a previous insurance carrier?  c. any adverse judgment that could be the basis of a claim or suit?  d. any missed statute of limitations?  **If Yes to any of the above, complete a Claim Supplement for each.** Number? | Yes  No  Yes  No  Yes  No  Yes  No  \_\_\_\_\_\_\_\_\_ |
| **This Supplemental Application, along with the Applicant firm’s lawyers professional liability application and any supplemental applications submitted to and accepted by the Company shall constitute the Application.** | | |
| **NOTICE**: To avoid loss of coverage, it is imperative that all known claims and/or circumstances, acts, errors or personal injuries that could result in a professional liability claim against the applicant, its predecessor firms or any lawyers in the firm be reported to your current insurer within the time period specified in your current policy. | | |
| The undersigned understands and accepts that any policy issued will provide coverage on a **Claims Made** 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.** | | |
| **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 | | |