## 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. Please be advised all information disclosed on this form is subject to the anti-fraud statement contained on the initial application. | | |
| 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. | | |
| **General Fraud Warning: Any person who, with intent to defraud or knowing that he 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.** | | |
| **Purchasing Group Intent to Join**  The undersigned insured hereby consents to join ProAssurance Lawyers Purchasing Group, a purchasing group formed under the provision of the Liability Risk Retention Act of 1986. One of the purposes of this group is to purchase insurance on a group basis. ProAssurance Indemnity Company, Inc., with its home office located in Birmingham, Alabama, underwrites insurance policies issued for this group and may not be subject to all the rules and regulations of your state. | | |
| 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**.** | | |
| APPLICANT’S AUTHORIZATION AND CERTIFICATION (Continued) 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 | | |