



## Lawyers Professional Liability Insurance Application

**THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY.**

**IF ISSUED, PLEASE READ YOUR POLICY CAREFULLY.**

Please type or print clearly in ink. Answer all questions. If space is insufficient to answer any question fully, attach a separate sheet. Complete all required supplements.

**THIS APPLICATION IS NOT A BINDER**

I.

GENERAL INFORMATION			
Name of Applicant (Firm)		Date established	
Street address		Phone	
City, State, Zip		Contact e-mail	
County		Website	
<b>Please provide a list of all branch/office locations on the attached application addendum.</b>			
Form of Business:	Sole Practitioner	Partnership	Individual
	Limited Liability Partnership/LLP	Professional Corporation (PC)	Corporation
	Professional Assoc. Limited Liability (LLC)		Other

DESIRED COVERAGE		DEDUCTIBLE	
\$100,000/\$300,000	\$1M/\$3M	\$2,500	\$25,000
\$250,000/\$500,000	\$2M/\$2M	\$5,000	\$50,000
\$500,000/\$500,000	\$2M/\$4M	\$10,000	\$70,000
\$500,000/\$1M	\$3M/\$3M	\$15,000	\$100,000
\$1M/\$1M	\$4M/\$4M	\$20,000	Other:
\$1M/\$2M	\$5M/\$5M		
Other:			

ATTORNEY/FIRM INFORMATION				
Total Number:	Attorneys	Of Counsel	Paralegals	Clerks
	Office Administrator	Administrative Support Staff		Other
In the last 12 Months:				
1. How many attorneys have left the firm?				
2. How many attorneys have joined the firm?				
3. How many attorneys does the firm anticipate hiring?				
4. What was the firm's revenue for the last 12 months?				
5. What was the firm's revenue for the prior year?				

Please list all Attorneys working for the Applicant (include yourself if you are a sole practitioner), in the chart below. If necessary, please continue on an Additional Attorney Supplemental.

Attorney Name	Designation Code*	Years in Practice	Date of Hire (mm/dd/yy)	# of Hours Worked/Week	CLE Credits
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					

**\*Designation Codes**  
**O** – Officers, Directors, Shareholders of the corporation who are licensed attorneys  
**P** – Partner, if a Partnership  
**OC** – Of Counsel Attorney  
**A** - Associate  
**PT** – Part-Time Attorney (must practice law fewer than twenty five (25) hours per week solely for applicant firm)  
**S** – Sole Practitioner  
**E** – Employed Attorney  
**IC** – Independent Contractor

II.

INTERNAL CONTROLS/RISK MANAGEMENT	
1. If the Applicant is a sole practitioner, does the Applicant have a back up Attorney for coverage in their absence?	YES NO
Name:	
Address:	
City/State/Zip:	
2. Does the Applicant's docket/calendar control system include the following: (Please check all that apply)	
Single Calendar	Dual Calendar
Computer	Office Administrator
Tickler Cards	Other (please describe):
Master Listing	
Indicate how frequently the time deadlines are cross-checked:	
Daily	Weekly
Monthly	Never
3. Indicate the method(s) used to check for potential Conflicts of Interest including cross checking of former, existing or potential clients:	
Oral/Memory	Computer
Client List	Other (Describe)
Index File	Conflict/Risk Management Committee
Perpetual Calendar	
Does the Applicant issue conflict disclosure letters?	YES NO
4. a) Does the Applicant require the use of:	
Engagement Letters	Non-Engagement
Declination	
b) Does the Applicant issue declination letters or non-engagement letters for all matters it declines?	YES NO
5. Does the Applicant outline and reduce to writing its billing policy and procedures when agreeing to represent a new client?	YES NO
6. Does the Applicant use a risk management manual?	YES NO
7. Does the Applicant conduct monthly management meetings?	YES NO
8. Does the firm have a formal procedures manual?	YES NO
9. Are all employees trained regarding firm policies and procedures?	YES NO
10. Are new attorneys supervised by a more senior attorney?	YES NO
11. Is support personnel work reviewed by an attorney prior to release to the client?	YES NO
12. Are all new matters reviewed prior to acceptance by firm management?	YES NO

13. Does firm management regularly review all ongoing matters?	YES	NO
14. Are all lawyers (including an Of Counsel) of the Applicant firm in compliance with the continuing education requirements established by the State Bar?	YES	NO
15. Does the Applicant reduce to writing the scope of its services when taking on new matters for existing clients?	YES	NO
16. Does the Applicant have a computer back-up system or some other form of emergency back-up system in the event of a disruption or interruption of business?	YES	NO
17. Does any Attorney in Question 1 have any Law Partners, Associates, Of Counsel or Employed Attorneys other than those listed in Question 1? If YES, please explain on a separate sheet.	YES	NO
18. Is any Attorney listed in Question 1 employed by, or perform legal work for, any entity other than the Applicant? If YES, please complete the Outside Interest Supplemental Form.	YES	NO
19. Does the Applicant or any Attorney in Question 1 serve as a director, officer, employee, or other management capacity for a past or present client? If YES, please explain on a separate sheet.	YES	NO
20. Does the Applicant or any past or present Attorney of the Applicant own an equity interest in any past or current client of the Applicant? If YES, please complete the Controlling Interests Supplemental Form.	YES	NO
21. Does the Applicant have a policy regarding a member attorney's ability to maintain ownership or equity interest in a client, as well as a policy regarding acceptance of outside directorship positions? If YES, please explain on a separate sheet.	YES	NO
22. Does the Applicant have any one client that represents thirty percent (30%) or more of the Applicant's billings? If YES, please explain and specify the area of practice and type of work performed for that client on a separate sheet. Provide client name and/or nature of business entity.	YES	NO
23. What percent (%) of the Applicant's billings are more than ninety (90) days overdue?		%
24. Do you share any of the following with other attorneys or law firms?		
Office Space	YES	NO
Letterhead	YES	NO
Cases	YES	NO
<b>If YES, list all such lawyers on firm letterhead and describe their relationship to the firm. If the firm shares office space, a complete Office Sharing Supplement must be provided.</b>		
25. Is any lawyer listed on the application an officer, director, shareholder, member or exercise fiduciary control over an entity other than the applicant firm?	YES	NO
<b>If YES, a complete Outside Interest Supplement must be provided.</b>		
26. Is the Applicant a member of a Bar Association? Please provide name of Bar Association:	YES	NO

List the Applicant's Lawyers Professional Liability insurance information for the past five (5) years below:						
Carrier	Policy Period	Limit of Liability	Deductible	Premium	Retroactive Date	# of Attorneys

III.

AREAS OF PRACTICE
Instructions for completing this section:
a) Based on the last fiscal year, please provide the percentage of time devoted (number of hours actually worked) to each area of practice listed in the chart below.
b) If the Applicant notes work for any areas of practice marked with a *, please complete the applicable supplemental application forms included with the application.

Area of Practice	%	Area of Practice	%
Administrative Law	%	Family Law (Divorce)	%
Admiralty/Maritime	%	Fiduciary	%
Admiralty Defense	%	Financial Institutions – Reg. Compliance *	%
Adoptions	%	Foreclosures	%
Antitrust/Trade Regulation - Defense	%	Foreign Law	%
Antitrust/Trade Regulation - Plaintiff	%	Guardianships	%
Appellate	%	Healthcare	%
Arbitration/Mediation	%	Immigration/Naturalization	%
Aviation	%	Insurance Defense Litigation	%
Bankruptcy *	%	Insurance Other (Coverage, Regulatory)	%
Banking	%	International Law	%
BI/PD Defense	%	Investment Counseling/Money Management	%
Bond	%	Juvenile	%
Business Transactions	%	Lobbying	%
Civil/General Litigation	%	Labor/Management	%
Civil Rights	%	Labor/Employee	%
Collections *	%	Labor – Union Related Work	%
Class Action/Mass Tort – Defense*	%	Landlord Tenant Leases	%
Class Action/Mass Tort – Plaintiff*	%	Medical Malpractice - Defendant	%
Commercial Defense	%	Medical Malpractice – Plaintiff *	%
Commercial Law	%	Mergers & Acquisitions	%
Commercial Litigation	%	Municipal Law/Federal/State/Local	%
Construction Law	%	Oil/Gas	%
Consumer Claims	%	Patent	%
Contracts	%	Personal Injury - Defendant	%
Copyright/Trademark	%	Personal Injury – Plaintiff *	%
Corporate – Business Formation/Alteration	%	Plaintiff BI/PI (Non Product Liability)	%
Corporate – Business Transactions/Advice	%	Product Liability	%
Corporate General Counsel/Litigation	%	Public Utilities	%
Criminal Law	%	Real Estate – Commercial *	%
Disability/Social Security	%	Real Estate – Residential *	%
Divorce	%	Securities Law (except Corporate Formation) *	%
Elder Law	%	Secured Transaction (UCC – Commercial Paper)	%
Employment Law	%	Taxation Preparation	%
Entertainment *	%	Taxation Representation/Opinions	%
Environmental *	%	Traffic	%
ERISA	%	Tax Shelters	%
Estate Planning	%	Wills	%
Estates/Trust/Probate *	%	Workers' Compensation – Defendant	%
Family Law ( Non Divorce)	%	Workers' Compensation - Plaintiff	%
		<b>Total Must Equal 100%</b>	%

IV.

LOSS HISTORY		
If the answer is YES to any of the following questions, please complete the Claim/Suit/Incident/Disciplinary Supplemental and attach additional sheets as necessary.		
1. During the past ten (10) years has any Applicant or employee of the Applicant been the subject of a criminal action, reprimand, disciplinary action, bar complaint, investigation, or other ethics proceeding?	YES	NO
2. During the past five (5) years has any claim or suit arising out of legal services been made against any Attorney or employee of the Applicant?	YES	NO
3. Is any Applicant or employee of the Applicant aware of any circumstance, incident, act, error or omission that could result in a claim or suit against the Applicant or any predecessor or any of the former or current Attorneys or employees of the Applicant?	YES	NO
4. Have any counter claims been brought as a result of a fee dispute in the last twelve (12) months?	YES	NO
5. Has the Applicant initiated any lawsuits or arbitration procedures during the past five (5) years to enforce collection of unpaid fees for the Applicant? a) If YES, how many matters? b) How many of these matters have been resolved? c) How many of these matters are still unresolved?	YES	NO
6. Is any Applicant not currently covered by Lawyers Professional Liability insurance? If YES, please list the name of the Attorney(s) and the reason he/she is not covered by insurance on a separate sheet.	YES	NO
7. Has any Attorney or the Applicant had his/her Lawyers Professional Liability insurance declined, canceled, non-renewed or reduced by any professional liability insurer during the past five (5) years? (question not applicable in the State of Missouri) If YES, please provide the name of the Attorney and explanation on a separate sheet.	YES	NO

V.

<b>If you are a solo practitioner:</b>	
Who handles your cases in the event of your incapacitation or vacation? (please note, if a policy is issued in reliance upon this application, it shall not apply to the following individual(s):	
<b>Name:</b>	<b>Phone Number:</b>
<b>Address:</b>	

**CERTIFICATION AND SIGNATURE**

The Applicant represents that the above statements are true and correct to the best of his or her knowledge and that no material or relevant facts have been suppressed or misstated and agree that the policy, if issued, will be issued on the reliance of such representations.

Applicant acknowledges a continuing obligation to report to us as soon as practicable any material changes in the facts or statements above, and in each supplementary application, which applicant becomes aware after signing the application.

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

Completion of this form does not bind coverage. Applicant's acceptance of company's quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance should a policy be issued and it will be attached to the policy.

Print or Type Applicant's Name	Title of Applicant
Signature of Applicant	Date Signed by Applicant