



APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

About the Firm

1. The precise name of the applicant firm to be insured, as reflected on the firm's letterhead:

Name: _____

Attach a sample of the firms letterhead to this application. Inconsistencies between it and the application, including attorneys named, address, and other offices, etc. should be explained on a separate sheet of paper.

2. Street Address: _____
 City: _____ County: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 E-mail address: _____ Web site address: _____

Firm Coverage Information

3. Coverage is requested to be effective on: _____ / _____ / _____
 month / day / year
4. What year was the firm established? _____
5. Type of Entity? (solo practitioner, individual attorney with employee attorney(s), partnership, PC, PA, LLC, LLP) _____
6. If you are a solo-practitioner, do you have an attorney that will handle your cases in your absence? Yes No
7. Is the firm office or suites shared with attorneys other than firm members? Yes No
8. Does the firm have offices (other than conference-room only facilities) at locations other than the primary location? Yes No
9. a. Does the firm practice in states other than the primary location? Yes No
 b. If yes, indicate the additional states in which you practice:
 state: _____ state: _____ state: _____
 state: _____ state: _____ state: _____
- If the firm practices in more than six states please contact your agent.
10. Is the ratio of support staff to attorneys greater than 3 to 1? Yes No
11. For how many years has the firm been continuously insured for malpractice claims? _____
12. Enter the prior acts exclusion date, if applicable: _____ / _____ / _____
 month / day / year

NOTE: if the firm is a spin-off from another firm include the number of years that firm has been continuously insured.

13. Has the firm ever purchased an Extended Reporting Period Option? Yes No
14. Has the firm ever been non-renewed, cancelled or declined coverage by another carrier? Yes No
15. Does the firm desire coverage for previously-dissolved predecessor firms and those attorneys affiliated therewith? Yes No
16. Is there an attorney listed on the letterhead not covered by the firm's insurance? Yes No
17. New applicants - enter the firm's insurance history for the last five years:

Eff Date mm/dd/yy	Insurance Company	Limits (per claim/aggregate)	Retention / Deductible	Covered # of attorneys	Annual Premium



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Attorney Information

18. **Total number of attorneys:** List all of the firm's attorneys. Differences between the date attorney began practicing law for other than a corporate or governmental entity and the date the attorney was admitted to the Bar must be explained on a separate sheet of paper following the same format. List additional attorneys on a separate sheet in the same format.

Attorney Name	Social Security #	Attorney Desig.	Average # of hours per week				States licensed to practice law	Number of Years			Prior acts date	CNA Risk Mgmt Seminar Date	Bar Member?	
			0	1-10	11-25	26 +		In practice	with this firm	continuous malpractice coverage			Y	N
1													<input type="checkbox"/>	<input type="checkbox"/>
2													<input type="checkbox"/>	<input type="checkbox"/>
3													<input type="checkbox"/>	<input type="checkbox"/>
4													<input type="checkbox"/>	<input type="checkbox"/>
5													<input type="checkbox"/>	<input type="checkbox"/>
6													<input type="checkbox"/>	<input type="checkbox"/>
7													<input type="checkbox"/>	<input type="checkbox"/>
8													<input type="checkbox"/>	<input type="checkbox"/>
9													<input type="checkbox"/>	<input type="checkbox"/>
10													<input type="checkbox"/>	<input type="checkbox"/>

Attorney Designations:

A Associate	MEM Member of Firm
CC Co-counsel	MGR Manager
D Director	O Owner
E Employee	OC Of Counsel
IC Independent Contractor	OF Officer

Partner Designations:

EP Equity Partner
NP Non-equity Partner
P Partner
LLP Limited Liability Partner
RP Retired Partner

19. Has any attorney been refused admission to practice, disbarred, suspended or formally reprimanded, or been subject to any disciplinary inquiry, complaint or proceeding for any reason other than non-payment of dues within the past five years? Yes No

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Areas of Practice

20. Guidelines for completing this section:

- a. Express percentages of **time devoted** (billable hours) in each area during the previous year.
- b. Indicate percentages in **whole numbers** next to the type of law you practice, not the business of the client you represent
- c. Be as accurate as possible, as casual estimates may cause inappropriate evaluation of your practice.
- d. All litigation should be coded as "civil litigation" with the exception of "criminal," "personal injury-plaintiff" and "intellectual property" which should be coded to their respective Area of Practice.

<p>_____ % Admiralty / Marine - Defense</p> <p>_____ % Admiralty / Marine - Plaintiff</p> <p>_____ % Anti-Trust / Trade Regulation</p> <p>_____ % Banking / Financial Institutions</p> <p>_____ % Business Transaction-Commercial Law</p> <p>_____ % Civil / Commercial Litigation-Defense</p> <p>_____ % Civil / Commercial Litigation-Plaintiff</p> <p>_____ % Civil Rights / Discrimination</p> <p>_____ % Collection and Bankruptcy</p> <p>_____ % Construction (building contracts)</p> <p>_____ % Consumer Claims</p> <p>_____ % Corporate Business Organization</p> <p>_____ % Criminal</p> <p>_____ % Environmental</p> <p>_____ % Family Law</p> <p>_____ % Government Contracts / Claims</p> <p>_____ % Immigration / Naturalization</p>	<p>* _____ % Intellectual Property – Copyright/Trademark</p> <p>* _____ % Intellectual Property - Patent</p> <p>_____ % International Law</p> <p>_____ % Labor Management Representation</p> <p>_____ % Labor Union Representation</p> <p>_____ % Local Government</p> <p>_____ % Natural Resources / Oil & Gas</p> <p>_____ % Personal Injury/Property Dam - Defense</p> <p>_____ % Personal Injury/Property Dam - Plaintiff</p> <p>_____ % Real Estate / Title – Commercial</p> <p>_____ % Real Estate / Title - Residential</p> <p>* _____ % Securities (S.E.C.)</p> <p>_____ % Taxation</p> <p>_____ % Wills, Estate, Trust and Probate</p> <p>_____ % Workers Compensation - Defense</p> <p>_____ % Workers Compensation - Plaintiff</p> <p>_____ % Other (describe below)</p>
<p>TOTAL <input style="width: 50px; height: 20px;" type="text"/> % Must equal 100%</p>	

* If any percentage, complete the Intellectual Property and/or the Securities Supplemental Applications.

"Other" Description Area: _____

- 21. Does the firm or any attorney of the firm have any clients in the Entertainment industry? Yes No
- 22. At any time in the past five years, has the firm or any attorney of the firm (regardless of what firm they were practicing with at the time) provided legal services in any way related to a security or securities transaction? Yes No
- 23. Does the firm have any one client in which the firm's attorneys have an equity interest greater than 10% combined? Yes No
- 24. Does the firm have any one client which represents 25% or more of the firm's billings? Yes No
- 25. Does anyone in the firm serve as a director, officer or employee or in any other management capacity for a client? Yes No
- 26. Does the firm have procedures for identifying and resolving potential or actual conflicts of interest including cross-checking of former, existing or potential clients? Yes No
- 27. Does the firm have at least two independently maintained docket controls? Yes No
- 28. a. Has the firm initiated lawsuits or arbitration procedures during the last two years to enforce the collection of unpaid fees for the firm? Yes No
- b. If yes, how many? _____



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Claim / Incident Information

After inquiry, is any attorney in the firm aware of:

29. a professional liability claim made in the past five years against them, the firm, any predecessor firm, or against any current or former attorney of the firm while affiliated with the firm? Yes No
30. an act or omission that may reasonably be expected to be the basis of a claim against them, the firm, any predecessor firm, or against any current or former attorney of the firm, while affiliated with the firm? Yes No
31. If either of the above two questions are answered "Yes", provide information as follows:
- a. If new business, complete a Claim Supplement for each claim or incident.
 - b. If renewal business, complete a Claim Supplement for each claim or incident not listed below.

Attorney Name	Claimant Name	Date of claim / incident (MM/DD/YY)	Paid Amount	Status Open – O Closed – C Incident – I	Claim Description

Requested Coverage

32. a. Select the Each Claim/Aggregate Limit the firm desires:
- | | | |
|--|---|--|
| <input type="checkbox"/> \$ 100,000 / \$ 300,000 * | <input type="checkbox"/> \$2,000,000 / \$ 2,000,000 | <input type="checkbox"/> \$ 6,000,000 / \$ 6,000,000 |
| <input type="checkbox"/> \$ 250,000 / \$ 500,000 | <input type="checkbox"/> \$2,000,000 / \$ 4,000,000 | <input type="checkbox"/> \$ 7,000,000 / \$ 7,000,000 |
| <input type="checkbox"/> \$ 500,000 / \$ 500,000 | <input type="checkbox"/> \$3,000,000 / \$ 3,000,000 | <input type="checkbox"/> \$ 8,000,000 / \$ 8,000,000 |
| <input type="checkbox"/> \$ 500,000 / \$1,000,000 | <input type="checkbox"/> \$4,000,000 / \$ 4,000,000 | <input type="checkbox"/> \$ 9,000,000 / \$ 9,000,000 |
| <input type="checkbox"/> \$1,000,000 / \$1,000,000 | <input type="checkbox"/> \$5,000,000 / \$ 5,000,000 | <input type="checkbox"/> \$10,000,000 / \$10,000,000 |
| <input type="checkbox"/> \$1,000,000 / \$2,000,000 | <input type="checkbox"/> \$5,000,000 / \$10,000,000 | <input type="checkbox"/> Other _____ |
- b. Select the Aggregate Deductible the firm desires:
- | | | | | |
|-------------------------------------|-----------------------------------|------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> \$ 1,000 * | <input type="checkbox"/> \$ 3,000 | <input type="checkbox"/> \$ 10,000 | <input type="checkbox"/> \$ 50,000 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> \$ 2,000 | <input type="checkbox"/> \$ 4,000 | <input type="checkbox"/> \$ 15,000 | <input type="checkbox"/> \$ 75,000 | |
| <input type="checkbox"/> \$ 2,500 | <input type="checkbox"/> \$ 5,000 | <input type="checkbox"/> \$ 25,000 | <input type="checkbox"/> \$100,000 | |

* = not available in California

Unless otherwise stated on your quotation, limits include defense costs and claims expenses.

Select the optional coverages the firm desires:

33. Per claim deductible Yes No
34. Claim Expense Outside the Limit Yes No
35. First Dollar Defense Yes No
36. Title Insurance Agency Yes No

NOTE: The Title Insurance Agency optional coverage extends coverage to a specific title agency as a separate entity.

