

# NEW ATTORNEY APPLICATION

NATIONAL LIABILITY & FIRE INSURANCE COMPANY

POLICY NUMBER \_\_\_\_\_

COMPANY USE ONLY



PLEASE PRINT LEGIBLY AND ANSWER ALL QUESTIONS. IF A QUESTION IS NOT APPLICABLE, STATE "N/A".  
IF ADDITIONAL SPACE IS NEEDED, PLEASE USE SUPPLEMENTAL FORM WITH A REFERENCE TO THE QUESTION.

A. \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_  
APPLICANT

NAME OF NEW ATTORNEY \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DATE JOINED APPLICANT  
MM/DD/YYYY

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
REQUESTED EFFECTIVE DATE OF COVERAGE  
MM/DD/YYYY

- B. NUMBER OF YEARS THE NEW ATTORNEY HAS BEEN PRACTICING LAW: \_\_\_\_\_
- C. STATES IN WHICH NEW ATTORNEY IS ADMITTED TO THE BAR: \_\_\_\_\_
- D. NUMBER OF HOURS WORKED PER WEEK ON BEHALF OF THE APPLICANT: \_\_\_\_\_
- E. FORMER FIRM/EMPLOYER NAME: \_\_\_\_\_

F. HAS THE NEW ATTORNEY OR HIS/HER FORMER FIRM MAINTAINED LAWYERS PROFESSIONAL LIABILITY COVERAGE DURING THE PAST FIVE YEARS?  YES  NO

IF YES, PLEASE COMPLETE THE FOLLOWING:

PAST YEARS	PROFESSIONAL LIABILITY CARRIER	POLICY NO.	PRIOR ACTS EXCLUSION DATE	LIMITS OF LIABILITY		POLICY PERIOD	
				PER CLAIM	AGGREGATE	EFFECTIVE MM/DD/YYYY	EXPIRATION MM/DD/YYYY
1							
2							
3							
4							
5							

G. POSITION IN APPLICANT (PLEASE CHECK ONE):  
 PARTNER, OWNER, OFFICER, PRINCIPAL OR SHAREHOLDER  ASSOCIATE OR EMPLOYED LAWYER  
 OF COUNSEL  INDEPENDENT CONTRACTOR

H. DID THE NEW ATTORNEY OR HIS/HER PREVIOUS FIRM(S) PURCHASE AN ENDORSEMENT TO EXTEND THE CLAIMS REPORTING PERIOD (I.E. TAIL, ERP, ETC.)?  YES  NO  
 IF YES, PROVIDE:  
 1. EFFECTIVE DATE OF ENDORSEMENT \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 2. LENGTH OF REPORTING PERIOD \_\_\_\_\_  
 MM DD YYYY

I. HAVE ANY PROFESSIONAL LIABILITY CLAIMS BEEN MADE AGAINST THE NEW ATTORNEY IN THE LAST FIVE YEARS OR IS THE NEW ATTORNEY AWARE OF ANY INCIDENT, ACT, ERROR OR OMISSION ARISING OUT OF THEIR PERFORMANCE OF LEGAL SERVICES TO OTHERS THAT MIGHT REASONABLY BE EXPECTED TO BE THE BASIS OF A CLAIM OR SUIT?  YES  NO  
 IF YES, A CLAIMS SUPPLEMENT MUST BE COMPLETED FOR EACH CLAIM, POTENTIAL CLAIM OR INCIDENT.

J. HAS THE NEW ATTORNEY EVER BEEN DISBARRED, REFUSED ADMISSION TO PRACTICE LAW, SUSPENDED, SANCTIONED, FINED, PLACED ON PROBATION, HELD IN CONTEMPT OF COURT, OR BEEN THE SUBJECT OF A REPRIMAND, DISCIPLINARY ACTION OR INVESTIGATION OF ANY KIND BY A COURT, ADMINISTRATIVE, OR REGULATING BODY?  YES  NO  
 IF YES, ATTACH AN ADDENDUM EXPLAINING THE CIRCUMSTANCES AND ATTACH COPIES OF SUCH ACTIONS.

K. ARE YOU AN EMPLOYEE OF ANY ENTITY OR ORGANIZATION OTHER THAN THE APPLICANT?  YES  NO  
 IF YES, PLEASE ATTACH AN ADDENDUM EXPLAINING THE DETAILS.

L. PLEASE CHECK ANY OF THESE AREAS OF PRACTICE IN WHICH NEW ATTORNEY PRACTICES:  
 SECURITIES  ENTERTAINMENT  FINANCIAL INSTITUTIONS  INTELLECTUAL PROPERTY  
 REAL ESTATE  PERSONAL INJURY/PROPERTY DAMAGE PLAINTIFF

\*\*PLEASE FILL OUT THE APPLICABLE SECTIONS OF THE AREAS OF PRACTICE SUPPLEMENT FOR EACH AREA OF PRACTICE CHECKED ABOVE.\*\*

M. IN THE PAST FIVE YEARS HAS THE NEW ATTORNEY SERVED AS A OFFICER, DIRECTOR OR EMPLOYEE OF A FOR-PROFIT OR NON-PROFIT ENTERPRISE OTHER THAN THE APPLICANT OR THE NEW ATTORNEY'S FORMER FIRM OR EMPLOYER, OR HAD ANY KIND OF DEBT, EQUITY OR OWNERSHIP IN A CLIENT OF THE APPLICANT OR ENGAGED IN ANY BUSINESS VENTURE WITH A CLIENT OF THE APPLICANT?  YES  NO  
 IF YES TO ANY PART OF THE QUESTION, COMPLETE THE OUTSIDE INTEREST SUPPLEMENT.

**MISSOURI APPLICANTS/AGENTS DO NOT ANSWER THE FOLLOWING QUESTION:**

N. DURING THE PAST FIVE YEARS HAS THE NEW ATTORNEY HAD LAWYERS PROFESSIONAL LIABILITY COVERAGE DECLINED, CANCELLED, NON-RENEWED?  YES  NO  
 IF YES, ATTACH AN ADDENDUM EXPLAINING THE CIRCUMSTANCES.

**IMPORTANT NOTICE**

**THIS INSURANCE IS FOR A CLAIMS-MADE AND REPORTED POLICY. THIS INSURANCE IS LIMITED TO LIABILITY FOR INJURIES FOR WHICH CLAIMS ARE FIRST MADE DURING THE POLICY PERIOD ARISING OUT OF INCIDENTS OR ACTS ON BEHALF OF THE NAMED INSURED THAT FIRST OCCURRED ON OR AFTER THE APPLICABLE RETROACTIVE DATE. PLEASE READ AND REVIEW THE POLICY CAREFULLY.**

**PLEASE READ AND SIGN**

APPLICANT SHALL IMMEDIATELY INFORM THE COMPANY IF ANY STATEMENTS MADE ON THIS APPLICATION (INCLUDING ATTACHMENTS) WERE INACCURATE OR MISLEADING WHEN SUBMITTED, OR ARE NO LONGER ACCURATE, OR HAVE BECOME MISLEADING. IN THE EVENT THAT THE APPLICANT'S STATEMENTS ARE REASONABLY DETERMINED BY THE COMPANY TO BE UNTRUE OR MISLEADING, THEN IT SHALL HAVE THE RIGHT TO VOID THE POLICY AS OF THE DATE OF THE INCORRECT OR MISLEADING STATEMENT. IT SHALL ALSO HAVE THE RIGHT TO INCREASE THE PREMIUM, DEDUCTIBLES OR RETENTIONS CONSISTENT WITH HOW IT MIGHT HAVE RESPONDED IF FULLY ACCURATE AND NON-MISLEADING INFORMATION HAD BEEN SUBMITTED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE OR OBLIGATE THE COMPANY TO OFFER COVERAGE. THE COMPANY'S RECEIPT OF APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE COVERAGE MAY BE BOUND AND THE POLICY ISSUED.

THE APPLICANT AGREES TO COOPERATE WITH THE COMPANY IN IMPLEMENTING AN ONGOING PROGRAM OF LOSS CONTROL AND WILL ALLOW THE COMPANY TO REVIEW AND MONITOR SUCH PROGRAMS THAT THE APPLICANT UNDERTAKES IN MANAGING ITS PROFESSIONAL INSURANCE EXPOSURES.

THE APPLICANT HEREBY AUTHORIZES AND DIRECTS ANY PERSON OR ORGANIZATION WHATSOEVER TO RELEASE AND FURNISH TO THE COMPANY, AND ITS AGENTS OR REPRESENTATIVES, ANY AND ALL INFORMATION REQUESTED WHICH MAY RELATE TO INSURABILITY UNDER THE POLICY. THE APPLICANT FURTHERMORE AUTHORIZES THE RELEASE OF ALL SUCH INFORMATION BY THE COMPANY AS REQUIRED BY LAW TO ANY GOVERNMENTAL AGENCY OR PROFESSIONAL SOCIETY OR ASSOCIATION.

THE APPLICANT FURTHERMORE RELEASES AND AGREES TO HOLD HARMLESS THE COMPANY, AND ALL OF ITS AGENTS AND REPRESENTATIVES, ANY PRIOR INSURER, GOVERNMENTAL AGENCY, OR PROFESSIONAL SOCIETY OR ASSOCIATION FROM ANY LIABILITY ARISING OUT OF THE RELEASE OR REVIEW OF ANY AND ALL INFORMATION RELEASED OR FURNISHED PURSUANT TO THIS AUTHORIZATION AND APPLICATION FOR INSURANCE, NOTWITHSTANDING THE FACT THAT THERE MAY BE ERRORS, OMISSIONS, OR MISTAKES CONTAINED IN SUCH RELEASED INFORMATION.

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**SIGNATURE OF NEW ATTORNEY**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF AUTHORIZED INDIVIDUAL**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**DATE**

**FRAUD NOTICE**

**UNDER THE LAWS OF YOUR STATE, IT MAY BE A CRIMINAL OFFENSE TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY. PENALTIES FOR FRAUD MAY RESULT IN ONE OR MORE OF THE FOLLOWING: IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS.**

**PLEASE INITIAL THE STATEMENTS ON THE FOLLOWING PAGES FOR THE STATES APPLICABLE TO THE COVERAGE BEING APPLIED FOR.**

**MANDATORY: ALL APPLICANTS MUST READ AND INITIAL THE FOLLOWING UNLESS IN ONE OF THE STATES BELOW:**

ANY PERSON WHO KNOWINGLY 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 MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND ALSO PUNISHABLE BY CRIMINAL AND/OR CIVIL PENALTIES IN CERTAIN JURISDICTIONS.

**INITIAL HERE**

**FRAUD NOTICE - STATE STATUTORY REQUIREMENT**

**MANDATORY: ALL ARKANSAS APPLICANTS MUST READ AND INITIAL THE FOLLOWING:**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**INITIAL HERE**

**MANDATORY: ALL COLORADO APPLICANTS MUST READ AND INITIAL THE FOLLOWING:**

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 POLICYHOLDER 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 REGULATED AGENCIES.

**INITIAL HERE**

**MANDATORY: ALL DISTRICT OF COLUMBIA APPLICANTS MUST READ AND INITIAL THE FOLLOWING:**

WARNING: 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, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**INITIAL HERE**

**MANDATORY: ALL FLORIDA APPLICANTS MUST READ AND INITIAL THE FOLLOWING:**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, FILES A STATEMENT OF A CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**INITIAL HERE**

**MANDATORY: ALL HAWAII APPLICANTS MUST READ AND INITIAL THE FOLLOWING:**

FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

**INITIAL HERE**

**FRAUD NOTICE - STATE STATUTORY REQUIREMENT (continued)**

**MANDATORY: ALL KENTUCKY APPLICANTS MUST READ AND INITIAL THE FOLLOWING:**

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.

**INITIAL HERE**

**MANDATORY: ALL LOUISIANA APPLICANTS MUST READ AND INITIAL THE FOLLOWING:**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**INITIAL HERE**

**MANDATORY: ALL MAINE APPLICANTS MUST READ AND INITIAL THE FOLLOWING:**

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**INITIAL HERE**

**MANDATORY: ALL MARYLAND APPLICANTS MUST READ AND INITIAL THE FOLLOWING:**

ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**INITIAL HERE**

**MANDATORY: ALL NEW JERSEY APPLICANTS MUST READ AND INITIAL THE FOLLOWING:**

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**INITIAL HERE**

**MANDATORY: ALL NEW MEXICO APPLICANTS MUST READ AND INITIAL THE FOLLOWING:**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**INITIAL HERE**

**MANDATORY: ALL NEW YORK APPLICANTS MUST READ AND INITIAL THE FOLLOWING:**

ANY PERSON WHO KNOWINGLY AND WITH 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 MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**INITIAL HERE**

**MANDATORY: ALL OHIO APPLICANTS MUST READ AND INITIAL THE FOLLOWING:**

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.

**INITIAL HERE**

**MANDATORY: ALL OKLAHOMA APPLICANTS MUST READ AND INITIAL THE FOLLOWING:**

WARNING: ANY PERSON, WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**INITIAL HERE**

**MANDATORY: ALL PENNSYLVANIA APPLICANTS MUST READ AND INITIAL THE FOLLOWING:**

ANY PERSON WHO KNOWINGLY AND WITH 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 MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**INITIAL HERE**

**MANDATORY: ALL TENNESSEE APPLICANTS MUST READ AND INITIAL THE FOLLOWING:**

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.

**INITIAL HERE**

**MANDATORY: ALL VIRGINIA APPLICANTS MUST READ AND INITIAL THE FOLLOWING:**

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.

**INITIAL HERE**

**MANDATORY: ALL WASHINGTON APPLICANTS MUST READ AND INITIAL THE FOLLOWING:**

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.

**INITIAL HERE**

**MANDATORY: ALL WEST VIRGINIA APPLICANTS MUST READ AND INITIAL THE FOLLOWING:**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**INITIAL HERE**