

## General Information

**This application is for a claims-made and reported policy.**

Producer Name \_\_\_\_\_ Producer Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Please print legibly and answer all questions. If a question is not applicable, write "N/A." If additional space is needed, please attach the information and reference the question. Please attach a copy of the applicant's letterhead(s) and current policy declarations page.

**1. General Information: Applicant (Firm) Name** \_\_\_\_\_

Street Address \_\_\_\_\_ Suite \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Website Address \_\_\_\_\_ Date Firm Established \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact Person's Name \_\_\_\_\_ Title \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**2. Does the applicant have any other locations or branch offices?**  Yes  No

If yes, provide the following for each location:

Street Address \_\_\_\_\_ Suite \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

**3. Is the applicant engaged solely in the full-time private practice of law?**  Yes  No

If no, please explain: \_\_\_\_\_

**4. Is the applicant a solo practitioner?**  Yes  No

 If yes, does the applicant have an attorney who will handle their practice and legal matters on their behalf if they are absent for an extended period of time?  Yes  No

If yes, please provide their full name: \_\_\_\_\_

**5. Does the applicant share any of the following with other attorneys or firms?**  Yes  No

If yes, please select all that apply and give full particulars of the sharing practices:

 Office Space  Expenses  Support Staff  Letterhead  Cases  Fees

## Insurance History and Information

**6. Does the applicant have any predecessor firms for which coverage is being sought?**  Yes  No

If yes, list all predecessor firms of the applicant for which coverage is being sought under this policy. (Predecessor firm means an attorney, firm or professional legal corporation engaged in the practice of law to whose financial assets and liabilities the applicant is the majority successor in interest.)

Name of Firm	Date Formed (MM/YYYY)	Date Dissolved, Merged, etc. (MM/YYYY)	% of Assets Assumed	% of Liabilities Assumed	Number of Attorneys

Attach an addendum using this format if additional space is required. If this question is left blank, coverage will not be provided for any predecessor firm.

**7. Current Policy Retroactive Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**8. Limits Requested (check one):**

- |  |  |  |  |  |
|--|--|--|--|--|
| <input type="checkbox"/> \$100,000/\$300,000 | <input type="checkbox"/> \$200,000/\$500,000 | <input type="checkbox"/> \$200,000/\$600,000 | <input type="checkbox"/> \$250,000/\$500,000 | <input type="checkbox"/> \$250,000/\$750,000 |
| <input type="checkbox"/> \$500,000/\$500,000 | <input type="checkbox"/> \$500,000/\$1M      | <input type="checkbox"/> \$500,000/\$1.5M    | <input type="checkbox"/> \$750,000/\$1.5M    | <input type="checkbox"/> \$1M/\$1M           |
| <input type="checkbox"/> \$1M/\$2M           | <input type="checkbox"/> \$1M/\$3M           | <input type="checkbox"/> \$2M/\$2M           | <input type="checkbox"/> \$2M/\$3M           | <input type="checkbox"/> \$2M/\$4M           |
| <input type="checkbox"/> \$3M/\$3M           | <input type="checkbox"/> \$3M/\$5M           | <input type="checkbox"/> \$4M/\$4M           | <input type="checkbox"/> \$5M/\$5M           | <input type="checkbox"/> Other               |

**9. Deductible Requested (check one):**

- |                                   |                                      |                                   |                                   |                                   |
|-----------------------------------|--------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> \$0      | <input type="checkbox"/> \$1,000     | <input type="checkbox"/> \$2,500  | <input type="checkbox"/> \$5,000  | <input type="checkbox"/> \$10,000 |
| <input type="checkbox"/> \$15,000 | <input type="checkbox"/> \$20,000    | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$30,000 | <input type="checkbox"/> \$35,000 |
| <input type="checkbox"/> \$50,000 | <input type="checkbox"/> Other _____ |                                   |                                   |                                   |

## Insurance History and Information

### 10. Expiration Date of Applicant's Current Lawyers Professional Liability Policy: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please list any and all primary and excess lawyers professional liability policies carried by the applicant or any predecessor firms for each of the last five years, including any extended reporting periods:

Policy Period (MM/DD/YYYY to MM/DD/YYYY)	Insurance Company	Limits (Per claim/Agg)	Deductible (Per claim/Agg)	Premium (\$)	Number of Attorneys

### 11. Have there been any gaps in continuous claims-made coverage for the last 8 years?

Yes  No

If yes, please provide date(s) and the reason(s) in an addendum to this application.

## Financial Information

### 12. Provide the applicant's gross revenues:

Prior Fiscal Year: \_\_\_\_\_ Year End Date: \_\_\_\_ / \_\_\_\_ Gross Revenues (\$): \_\_\_\_\_

Two Years Prior: \_\_\_\_\_ Year End Date: \_\_\_\_ / \_\_\_\_ Gross Revenues (\$): \_\_\_\_\_

### 13. What percentage of the applicant's billings are over 90 days overdue? \_\_\_\_\_ %

### 14. Has the applicant filed any suits against its own clients in the last five years to enforce the collection of unpaid fees?

Yes  No

If yes, how many? \_\_\_\_\_ What is the procedure for determining whether to file a suit for fees?

### 15. Does the applicant have any single client that represents more than 25% of its gross revenues?

Yes  No

If yes, please provide each such client's name, industry, a description of the services provided by the applicant and the percentage of the gross revenues that client represents in an addendum to this application.

### 16. Has the applicant or any of its past or present attorneys served as an officer, director or employee of a for-profit or non-profit enterprise other than the applicant, or had any kind of debt, equity or ownership interest in a client of the applicant, or engaged in any business venture with a client of the applicant?

Yes  No

If yes, complete the outside interests supplement.

## Professional Staff

### 17. Please list the total number of all non-attorney employees: Law Clerks: \_\_\_\_\_ Paralegals: \_\_\_\_\_ Investigators: \_\_\_\_\_

Clerical/Office Staff: \_\_\_\_\_ Abstractors/Title Agents: \_\_\_\_\_ Other: \_\_\_\_\_

### 18. Please list total number of attorneys: In applicant this year: \_\_\_\_\_ In applicant last year: \_\_\_\_\_

Leaving applicant in the last 12 months: \_\_\_\_\_ Joining applicant in the last 12 months: \_\_\_\_\_

### 19. Please list all of the applicant's attorneys, including but not limited to all owners, principals, partners, officers, associates, employed attorneys and of counsel, for whom coverage is being sought. Coverage only applies to professional services performed on behalf of the applicant. Please use the following status codes: P=partner; A=associate or employed lawyer; OC=of counsel; IC= independent contractors for whom you seek coverage. Attach an addendum in this format if more space is required.

Full Name	Status	# of Years in Practice	States Admitted to The Bar	Date Joined Firm (mm/yyyy)	Hours Worked Per Week

### 20. Do all of the applicant's attorneys comply with state CLE requirements?

Yes  No

## Areas of Practice

Using the chart below, please identify the applicant's areas of practice based on the applicant's gross billings in the most recent complete fiscal year.

<b>Admiralty/Maritime</b>		<b>Elder Law (Not Tax or ETP)</b>	%	<b>Personal Injury/ Property Damage*</b>	
% Plaintiff	%	<b>Entertainment Law*</b>		% Class Action/Mass Tort Plaintiff	%
% Defense	%	% Including Money Management	%	% Class Action/Mass Tort Defense	%
% Other _____	%	% Excluding Money Management	%	% Medical Mal. Plaintiff	%
<b>Antitrust/Trade Regulation</b>		<b>Environmental Law</b>		% Medical Mal. Defense	%
% Plaintiff	%	% Plaintiff	%	% Other PI/BI Plaintiff	%
% Defense	%	% Defense	%	% Other PI/BI Defense	%
% Other _____	%	% Other _____	%	<b>Real Estate*</b>	
<b>Appellate</b>	%	<b>Estate/Trust/Probate</b>		% Commercial	%
<b>Bankruptcy</b>	%	% Estate Planning	%	% Residential	%
% Creditor	%	% Trust Administration	%	<b>Securities/Bonds*</b>	
% Debtor	%	% Other	%	% Corporate	%
% Court Appointed Trustee	%	<b>Family Law</b>		% Other (Including Gov't Bonds)	%
<b>Business Formation &amp; Alteration</b>		% Pre-Nuptial/Divorce	%	<b>Taxation</b>	
% Formation/Dissolutions	%	% Adoption	%	% Tax Shelters/Opinions	%
% Merger/Acquisition	%	% Other _____	%	% Corporate Tax Preparation	%
% Other _____	%	<b>Government</b>		% Other _____	%
<b>Business Transactions/ Commercial Law</b>		% General or Financial Advice	%	<b>Worker's Compensation</b>	
% Public Corporations	%	% Defense	%	% Employer/Defense	%
% Private Corps./Individuals	%	% Lobbying/Other _____	%	% Employee/Plaintiff	%
% Other _____	%	<b>Financial Institutions*</b>	%	<b>Other (Please Describe)</b>	%
<b>Civil Rights &amp; Discrimination</b>		<b>Immigration &amp; Naturalization</b>	%		
% Plaintiff	%	<b>Intellectual Property*</b>			
% Defense	%	% Patent	%		
% Other _____	%	% Trademark/Copyright	%		
<b>Collections</b>		% Litigation	%		
% Creditor	%	<b>International Law</b>	%		
% Debtor	%	<b>Labor/Employment</b>			
% Other _____	%	% Management	%		
<b>Construction Law/ Bldg. Contracts</b>		% Union/Labor	%		
% Plaintiff	%	% Other _____	%		
% Defense	%	<b>Natural Resources/Oil &amp; Gas</b>			
% Transactional	%	% Plaintiff	%		
<b>Consumer Claims (Not Class Actions)</b>	%	% Defense	%		
<b>Criminal Law</b>	%	% Other _____	%		
				<b>Total Should Equal</b> → <b>100%</b>	

\* Please complete the appropriate supplemental application if the applicant provides services in the areas of entertainment, financial institutions, intellectual property, personal injury/property damage—plaintiff, real estate or securities.

## Risk Management

**21. Check all that apply to the applicant's client screening and communication procedures. With respect to clients or matters, does the applicant:**

- Routinely use engagement letters for new clients and matters
- Routinely use written fee agreements/retainer letters for new clients or matters
- Routinely use non-engagement letters to decline a new client or matter
- Routinely use disengagement letters to end representation
- Have written procedures and forms for client screening and communication
- Use applicant's or another's website for client intake, screening or communication
- None of the above

**22. Check all that apply to the applicant's conflict of interest procedures. With respect to conflict of interest checking, does the applicant have:**

- Oral/Memory System
- Computerized System
- Index File System
- Client Lists System
- Written Procedures
- No System

**23. Check all that apply to the applicant's calendaring or docket control procedures. With respect to calendaring or docket control, does the applicant have:**

- At least two independent controls, calendars or systems
- A designated docket control or calendaring person responsible for the firm's calendar and deadlines
- A computer system
- None of the above

## VIII. Claims History

Please complete the claim/suit information supplement for each claim, potential claim or suit.

**24. In the past five years, has the applicant or any attorney for whom coverage is sought ever been involved, directly or indirectly, in a claim, potential claim, or suit arising out of the rendering or failing to render legal services?**

- Yes  No If yes, how many? \_\_\_\_\_

**25. Is the applicant or any attorney for whom coverage is sought aware of any act, error, omission, or incident that might reasonably be expected to result in a claim or suit being made against them?**

- Yes  No If yes, how many? \_\_\_\_\_

**26. Has the applicant or any attorney for whom coverage is sought ever been disbarred, refused admission to practice law, suspended, reprimanded, sanctioned, fined, placed on probation, held in contempt, or the subject of disciplinary action of any kind by a court, administrative or regulatory body?**

- Yes  No If yes, please give the full particulars for each instance in an addendum to this application.

**27. After inquiry has the applicant or any of its past or present attorneys ever been convicted of a felony or a crime of moral turpitude?**

- Yes  No

**28. Has any lawyers professional liability carrier that has issued coverage to the applicant ever canceled, refused to renew, or reduce limits on renewal of such coverage?**

- Yes  No If yes, please give the full particulars for each instance in an addendum to this application.

## 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 that first occurred on or after the applicable retroactive date. Please read and review the policy carefully.

## 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.

Mandatory: All Kansas applicants must read the following:

An insurer shall not be required to provide coverage or pay any claim involving a fraudulent insurance act. A fraudulent insurance act is committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

## Please Read and Sign

The 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 the company shall have all rights allowed pursuant to applicable law. The company shall also have the right to increase the premium, deductibles or retentions consistent with how the company 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 the applicant's acceptance of the company's quotation is required before the coverage may be bound and a 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.

\_\_\_\_\_  
Signature of authorized individual

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name