

ARCH INSURANCE COMPANY
NEW YORK LAWYERS PROFESSIONAL LIABILITY
INSURANCE APPLICATION
THIS IS A CLAIMS-MADE APPLICATION



PLEASE TYPE OR PRINT IN INK AND RETURN WITH A SAMPLE OF YOUR **LETTERHEAD**

Firm/Applicant Name				Business Phone with Area Code		E-mail Address	
Principal Business Address				Business Fax with Area Code		Effective Date Requested	
City	County	State	Zip				

1. Please list all attorneys practicing on behalf of your firm. Add an attachment if necessary.

Attorney Name	Social Security Number	Years in Private Practice	Designation Code (See choices below)		Current Legal Malpractice Insurance Carrier	Current Retroactive Date

Designation Code: E = Member/Employee of the Firm , OC = Of Counsel/Independent Contractor and F = Full Time, P = Part Time (26 hours or fewer per week)

2. Have any members of your firm been reprimanded, censured, suspended or disbarred within the past five (5) years? If YES, provide full details on your letterhead. Yes No
3. Have any professional liability claim(s) or suit(s) been made against the applicant firm or any attorney(s) in the applicant firm or former attorney(s) in the applicant firm within the past five years? If YES, complete the Claim Supplemental Application. Yes No

4. After inquiry, are you or any attorney in your firm aware of any circumstances, incidents, acts or omissions that has led to a professional liability claim that has not yet settled or which could lead to a professional liability claim being made against your firm? If YES, complete the Claim Supplemental Application Yes No
5. Please list the limit of liability and deductible currently carried and circle the appropriate type of limit and deductible. Select the limit and deductible requested.

CURRENT	DESIRED
Limit: \$ _____ * Defense Costs Outside the Limit * Defense Cost Part of the Limit	Limit: \$ _____ * Defense Costs Outside the Limit
Deductible: \$ _____ Per Claim Aggregate Loss Only	Deductible: \$ _____ Per Claim Aggregate Loss Only
Premium: \$ _____	

6. Please provide the percentage of gross billable dollars allocated to each Area of Practice. Please round to the nearest whole number. Total must equal 100%.

ADMIRALTY/MARITIME		GOVERNMENT-FEDERAL AND STATE	
ANTITRUST		GOVERNMENT-LOCAL (NOT BOND WORK)	
BUSINESS TRANSACTIONS-CORPORATE AND COMMERCIAL		IMMIGRATION/NATURALIZATION	
BUSINESS TRANSACTIONS-ENTERTAINMENT		INTERNATIONAL LAW	
CIVIL RIGHTS/DISCRIMINATION		LABOR LAW	
COLLECTION/BANKRUPTCY		PI/PD-PLAINTIFF	
CONSTRUCTION LAW (BUILDING CONTRACTS)		INSURANCE DEFENSE	
CONSUMER CLAIMS		WORKERS COMPENSATION-DEFENSE	
BUSINESS ORGANIZATION:		WORKERS COMPENSATION-PLAINTIFF	
Formation/Alteration and Mergers/Acquisitions		NATURAL RESOURCES/OIL & GAS	
Secured Transactions		PATENT/TRADEMARK/COPYRIGHT (INTELLECTUAL PROPERTY)	
Administrative Law/Record Keeping		REAL ESTATE	
CRIMINAL		SECURITIES LAW	
ENVIRONMENTAL LAW		State or Federal (both exempt and registered)	
ESTATE/TRUST/PROBATE		Municipal Bonds	
FAMILY LAW		TAXATION/TAX OPINIONS	

BOLD INDICATES THAT A SEPARATE SUPPLEMENTAL APPLICATION IS REQUIRED.

Notice to Applicant – Please Read Carefully

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

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

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 FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO THE POLICY.

Applicant hereby authorizes the release of claim information from any prior insurer to the Company indicated above.

THE POLICY YOU ARE APPLYING IS SUBJECT TO THE FOLLOWING RESTRICTIONS: NO COVERAGE FOR INCIDENTS PRIOR TO THE RETROACTIVE DATE. EXCEPT FOR THE EXTENDED REPORTING PERIOD, THERE IS NO COVERAGE FOR CLAIMS REPORTED AFTER THE TERMINATION OF COVERAGE. THE AUTOMATIC EXTENDED REPORTING PERIOD IS SIXTY (60) DAYS. RATES FOR THIS POLICY ARE LOWER THAN AN OCCURRENCE POLICY IN THE EARLY YEARS OF THE POLICY, BUT YOU SHOULD EXPECT SUBSTANTIAL RATE INCREASES

Signing this form and tendering premium does not bind the applicant or the Company to complete the insurance. Application must be signed and dated to be considered for quotation.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claims 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.

Applicant Signature (**Must be signed and dated in ink by an Owner, Partner or Officer**)

Print or Type Name and Title

Date (Mo.-Day-Yr.)

NOTICE:

Failure to report:

1. any claim made against you during your current policy term, or
2. any facts, circumstances or events which may give rise to a claim to your current insurance company BEFORE policy expiration may create a lack of coverage.