



PENNSYLVANIA APPLICATION FOR A CLAIMS MADE AND REPORTED LAWYERS PROFESSIONAL LIABILITY POLICY

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: \$ _____			Limit: \$ _____		
Defense Costs Part of the Limit * Defense Costs Outside the Limit * Don't Know			Defense Costs Part of the Limit * Defense Costs Outside the Limit * Don't Know		
Deductible: \$ _____			Deductible: \$ _____		
Per Claim _____	Aggregate _____	Loss Only _____	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.

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 PENNSYLVANIA APPLICANTS: Any person who knowingly and with the 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.

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.

Signature of Owner/Partner _____ Date: _____

Print name: _____ Title: _____

PLEASE NOTE THAT THE FOLLOWING SECTION ONLY APPLIES TO FIRMS WITH ONE OR TWO ATTORNEYS

There are many factors used by the company to evaluate an application for Lawyers Professional Liability Insurance. Such factors may include a law firm's areas of practice, loss history, risk management and an insurance score.

An insurance score is developed from a mathematical model that weighs and measures credit information obtained from a number of sources, including a consumer credit report. Credit information may include payment history, the number of collections, bankruptcies, outstanding debt, length of credit history, types of credit in use and the number of new applications for credit. These factors have been shown to correlate with insurance loss history.

You may be eligible for a premium discount based upon your insurance score. An insurance score will not result in a premium increase. The insurance score is also never the basis on which this company will accept or reject an application for an insurance policy. If this is acceptable all members of the applicant firm must provide authorization.

(1) Signature _____ Date: _____

Print name: _____ Title: _____

(2) Signature _____ Date: _____

Print name: _____ Title: _____

If you do not wish to have your insurance score computed check here