



APPLICATION FOR A CLAIMS-MADE AND REPORTED LAWYERS PROFESSIONAL LIABILITY INSURANCE POLICY

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

Firm/Applicant Name Principal Business Address City County State Zip	Business Phone with Area Code Business Fax with Area Code	E-mail Address Effective Date Requested
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1. Please list all attorneys practicing on behalf of your firm. Add an attachment if necessary.

Attorney Name	Registration/Bar 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 (Billing 26 hours or fewer per week), M= Minimal Hours (Billing less than 6 hours 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

WBS

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	Defense Costs Part of the Limit	Defense Costs Outside the Limit
Deductible:		Deductible:	
Per Claim	Aggregate	Per Claim	Aggregate
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)	
ARBITRATION/ MEDIATION		IMMIGRATION/NATURALIZATION	
BUSINESS TRANSACTIONS-CORPORATE AND COMMERCIAL		INTERNATIONAL LAW	
BUSINESS TRANSACTIONS-ENTERTAINMENT		LABOR LAW	
CIVIL RIGHTS/DISCRIMINATION		PI/PD-PLAINTIFF	
COLLECTION/BANKRUPTCY		INSURANCE DEFENSE	
CONSTRUCTION LAW (BUILDING CONTRACTS)		WORKERS COMPENSATION-DEFENSE	
CONSUMER CLAIMS		WORKERS COMPENSATION-PLAINTIFF	
BUSINESS ORGANIZATION:		NATURAL RESOURCES/OIL & GAS	
Formation/Alteration and Mergers/Acquisitions		PATENT/TRADEMARK/COPYRIGHT (INTELLECTUAL)	
Secured Transactions		REAL ESTATE	
Administrative Law/Record Keeping		SECURITIES LAW	
CRIMINAL		State or Federal (both exempt and registered)	
ENVIRONMENTAL LAW		Municipal Bonds	
ESTATE/TRUST/PROBATE		TAXATION/TAX OPINIONS	
FAMILY LAW		TOTAL	

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: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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 for the purpose of defrauding or attempting to defraud the 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 Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO KANSAS APPLICANTS: 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 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 commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the 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.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

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.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years. 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.

	Title	Date
Signature of Owner, Officer or Partner		
Print Name of Owner, Officer or Partner		
Producer Name:		
Address:		
City:	State:	Zip Code:
(Required in FLORIDA, IOWA, NEW HAMPSHIRE only)		
Producer License Number: Applicable State: (Required in FLORIDA only)		
Producer Signature:		
(Required in NEW HAMPSHIRE only)		

Financial Strength Questions

Firm Name _____

1. Has any attorney in the applicant firm declared bankruptcy in the last 7 years?
☐NO ☐YES

2. What percentage of the firm's account receivables are outside of 90 days?

3. Has the firm initiated any lawsuits or arbitration procedures in the past two years to enforce the collection of unpaid fees due the firm, if Yes how many?
☐NO ☐YES _____

4. Does your firm engage in or provide any client with advice regarding IRS Revenue Code Section 1031 like-kind property exchanges?
☐NO ☐YES

5. Does the firm have any account payables that are over 90 days past due?
☐NO ☐YES

How did you hear of us?