



223 West Ohio Street • Chicago, IL 60654-4445 • 800-473-4722 • 312-379-2000 • Fax: 312-379-2001 • isbamutual.com

LAWYERS PROFESSIONAL LIABILITY INSURANCE NEW BUSINESS APPLICATION

PLEASE TYPE OR PRINT IN INK. If space is insufficient to answer any questions, please use Applicant letterhead. Any omissions will be considered an incomplete submission and will not be processed.

1. Firm Name: _____ Phone Number: () _____
 Contact Person: _____ Fax Number: () _____
2. Suite Number / Post Office Box: _____ E-mail: _____
 Street Address: _____ Website: _____
 City: _____ County: _____ State: _____ Zip: _____
3. List all other practice locations: _____
4. Desired Effective Date: ____/____/____
5. Date Applicant Established: ____/____/____
6. Select limits of liability and deductible. Please remember that the limits are shared by all Applicant members.

LIMIT OF LIABILITY EACH CLAIM / ANNUAL AGGREGATE		DEDUCTIBLE EACH CLAIM	
<input type="checkbox"/> \$ 250,000 / \$ 500,000	<input type="checkbox"/> \$2,000,000 / \$2,000,000	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$ 5,000
<input type="checkbox"/> \$ 500,000 / \$ 500,000	<input type="checkbox"/> \$2,000,000 / \$4,000,000	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$10,000
<input type="checkbox"/> \$ 500,000 / \$1,000,000	<input type="checkbox"/> \$3,000,000 / \$3,000,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$15,000
<input type="checkbox"/> \$1,000,000 / \$1,000,000	<input type="checkbox"/> \$4,000,000 / \$4,000,000	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$20,000
<input type="checkbox"/> \$1,000,000 / \$2,000,000	<input type="checkbox"/> \$5,000,000 / \$5,000,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$25,000
	<input type="checkbox"/> Higher \$ _____		<input type="checkbox"/> Higher \$ _____

COMPLETE THE SUPPLEMENT INDICATED ONLY IF A "YES" RESPONSE IS INDICATED BELOW:

- | | <u>No Supplement
Needed</u> | <u>Complete
Supplement</u> | <u>Supplement
to Complete</u> |
|---|---------------------------------|--------------------------------|-----------------------------------|
| 7. During the past 5 years, has any current or former member of Applicant provided legal services in connection with: | | | |
| (a) the issuance, offering, or sale of securities? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Securities |
| (b) a financial institution in which he/she either (a) serves/served as a director, officer or committee member and/or (b) held an equity interest? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Financial Institution |
| (c) the formation, syndication, promotion, or management of any limited partnership or private placement? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Limited Partnership |
| 8. During the past 5 years, has Applicant or any Applicant member: | | | |
| (a) acted in the capacity of or with the title "trustee" for a client? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Fiduciary |
| (b) had discretionary investment authority over client funds? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Fiduciary |
| 9. During the past 5 years, has Applicant or any Applicant member: | | | |
| (a) served as a director, officer, partner or employee of a past or present client? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Outside Interest |
| (b) had an equity interest in a past or present client? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Outside Interest |
| (c) engaged in business ventures with a past or present client? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Outside Interest |
| 10. Does Applicant derive 25% or more of total gross revenue from one client? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Practice |
| 11. Has Applicant or any Applicant member provided legal services outside of the state of Illinois either with or without other counsel, (including contingency fee referrals) in the past 5 years? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Practice |
| 12. Does Applicant or Applicant members own 100% of a title agency for which coverage is sought? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Title |

COMPLETE THE SUPPLEMENT INDICATED ONLY IF A "YES" RESPONSE IS INDICATED BELOW:

No Supplement Needed Complete Supplement Supplement to Complete

13. Has Applicant sued any client for fees within the past 24 months?
If yes, identify the number of fee suits filed. _____ No Yes Fee Suit

14. Has Applicant or any Applicant member received an inquiry, a request for investigation of a lawyer, correspondence reflecting an investigation will not proceed, or an inquiry from or to a disciplinary body; given a sworn statement, gone before the Inquiry Panel, had a disciplinary complaint issued or been subject to a disciplinary trial; or been disbarred, suspended, refused admittance to practice, reprimanded, sanctioned, or held in contempt by any court, administrative agency, regulatory body, or the ARDC?
If yes, identify the number of matters. _____ No Yes

15. Has Applicant or Applicant member ever been convicted of a criminal offense other than a misdemeanor motor vehicle violation?
If yes, please explain. _____

16. During the past 5 years, has any claim been made against: Applicant or a predecessor firm, any current member of Applicant or a predecessor firm; or, to your knowledge, any former member of Applicant or a predecessor firm? ("Predecessor Firm" in this application means any law firm or professional legal corporation of which the majority of lawyers are now affiliated with the Applicant.)
If yes, identify the number of claims. _____ No Yes Claim

17. Other than those matters identified in question 15, has Applicant or any Applicant member had any open claims in the past 5 years?
If yes, identify the number of claims. _____ No Yes Claim

18. Is Applicant or any current member of Applicant aware of any circumstance or incident that may result in a claim or suit?
If yes, identify the number of circumstances or incidents. _____ No Yes Claim

19. When was the most recent claim made against Applicant or Applicant member? Year Claim Made: _____

20. Has Applicant or any Applicant member purchased an extended reporting period endorsement (tail coverage)?
If yes, provide effective date: (mm/dd/yy) _____ No Yes

21. Has any insurance carrier cancelled, refused to renew, or declined to provide professional liability insurance to Applicant or any Applicant member? If yes, provide carrier's letter. Please explain. _____ No Yes

22. In what year did Applicant's continuous malpractice coverage begin? Year: _____

23. List all professional liability coverage that Applicant and Applicant members had in the past 5 years.

Firm Name	Policy Period	Insurance Company	Limit of Liability Per Claim/Aggregate	Deductible	Premium	Number of Lawyers Covered
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

24. Total gross revenue including contingent fees: (a) Past 12 months: \$_____ (b) Projected next 12 months: \$_____
Revenue information is kept strictly confidential.

25. (a) Average case value: \$_____ (b) Average per attorney caseload: _____

26. Identify the number of non-lawyer and support staff in Applicant firm: Paralegal _____ Other (secretary, clerk, etc.) _____

27. Identify the number of lawyers (including independent contractors and Of Counsel) for whom coverage is sought: _____

28. ALL LAWYERS INCLUDING SOLO PRACTITIONERS MUST COMPLETE THE BELOW FOR EACH ATTORNEY IN THE FIRM, OF COUNSEL, AND INDEPENDENT CONTRACTOR.

(a) <u>Lawyer's Name/Email Address</u>	O, OF, Di, P, OC, E, IC**	Date Private Practice Started	Date Joined Applicant Firm	Lawyer's Current Prior Acts Date	# of hours per year worked for Applicant
(1) Name: _____ Email: _____	ISBA # _____ ARDC # _____	_____	_____	_____	_____
(2) Name: _____ Email: _____	ISBA # _____ ARDC # _____	_____	_____	_____	_____
(3) Name: _____ Email: _____	ISBA # _____ ARDC # _____	_____	_____	_____	_____
(4) Name: _____ Email: _____	ISBA # _____ ARDC # _____	_____	_____	_____	_____
(5) Name: _____ Email: _____	ISBA # _____ ARDC # _____	_____	_____	_____	_____

**Designated Codes: (O) Owner, (OF) Officer, (Di) Director, (P) Partner, (OC) Of Counsel, (E) Employee, (IC) Independent Contractor

(b) Identify any attorneys listed above for whom coverage is *not* sought. Please explain. _____

29. If Applicant or Applicant member works *less than full-time* for Applicant, please provide an explanation (e.g. family care, identify other employment). _____

30. Are there any predecessor firms for Applicant or Applicant member during the past 10 years? No Yes
 ("Predecessor Firm" in this application means any law firm or professional legal corporation of which the majority of lawyers are now affiliated with the Applicant.) **If yes, complete below.**

Name of Predecessor Firm	Date Formed	Date of Merger/ Dissolution	Number of Lawyers	Number of Lawyers from Predecessor Firm Currently Employed at Applicant
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

31. Over the past 5 years has Applicant or any Applicant member:

(a) Owned a business or entity other than Applicant? No Yes

(b) Worked as an employee of a business or entity other than Applicant? No Yes

(c) Rendered professional services to a business or entity owned by a relative? No Yes
 ("Relative" is defined in this application to mean a parent, sibling, spouse, child, or grandparent.)

If yes to 31 (a), (b), or (c) then complete below.

- (1) Identify the name of the business: _____
- (2) Identify the nature of the business: _____
- (3) Time frame of affiliation: _____
- (4) Describe nature of work Applicant performs for the business: _____
- (5) Number of hours per week Applicant devotes to the business: _____
- (6) Total combined percent ownership interest of Applicant and Applicant's relatives. _____%
- (7) Has Applicant performed or is Applicant performing legal services for the business or entity? No Yes

32. Does Applicant or any Applicant member case-share; use independent contractors, co-counsel, of counsel; refer or delegate cases; or office share with any lawyers or other professionals? No Yes
If yes, then identify attorneys, describe nature of relationship, and state whether or not the attorneys carry malpractice insurance.

33. Identify the percentage (%) of time that Applicant's practice is devoted to the following categories. (Must equal 100% in total.)

- | | | | | | |
|-----|---|-----|--------------------------------|-----|---|
| 1 | ___ Admiralty | 16 | ___ Elder | | Plaintiff |
| 2 | ___ Antitrust | | ___ Employment | 32a | ___ Bodily or Personal Injury |
| 3 | ___ Appellate | 17a | ___ Employees | 32b | ___ Medical Malpractice |
| 4 | ___ Arbitration/Mediation | 17b | ___ Labor Management | 32c | ___ Worker's Compensation |
| 5 | ___ Banking | 17c | ___ Labor Unions | | Real Estate |
| 6 | ___ Bankruptcy | 18 | ___ Entertainment/Sports * | | Commercial |
| 7 | ___ Bonds** | 19 | ___ Environmental * | 33a | ___ Under \$1 million |
| 8 | ___ Civil Rights | 20 | ___ ERISA | 33b | ___ Over \$1 million |
| 9 | ___ Class Actions | 21 | ___ Estate/Probate/Trust/Wills | 33c | ___ Residential |
| 10 | ___ Collections | | ___ Family | 33d | ___ Title |
| 11 | ___ Commercial | 22a | ___ Adoptions | 33e | ___ Real Estate Development or Syndication ** |
| 12 | ___ Construction | 22b | ___ Divorce | | Securities** |
| | Corporate | | ___ Estate under \$1 million | 34 | ___ Exempt, Limited Partnerships, Private Placements, Federal, Registered, State, Investment Advice, Money Management |
| 13a | ___ Acquisitions/Mergers ** | | ___ Estate over \$1 million | | Tax |
| 13b | ___ Formations | 23 | ___ Guardianship | 35a | ___ Opinion/Advice |
| 13c | ___ General | 24 | ___ Foreclosure | 35b | ___ Preparations |
| 14 | ___ Criminal | 25 | ___ Immigration | 36 | ___ Traffic |
| | Defense (not including Insurance Defense) | 26 | ___ Insurance Defense | 37 | ___ Utilities |
| 15a | ___ Bodily/Personal Injury | 27 | ___ International | | |
| 15b | ___ Medical Malpractice | 28 | ___ Intellectual Property* | | |
| 15c | ___ Worker's Compensation | 29 | ___ Lobbying | | |
| | | 30 | ___ Municipal/Government | | |
| | | 31 | ___ Oil/Gas/Mining | | |

*Complete the corresponding supplement.
 **Complete the Securities Supplement

If you wish to elaborate on the above, please do so here. _____

I affirm that the information contained herein is true and complete to the best of my knowledge and that it shall be the basis of the policy of insurance and deemed incorporated therein should the Company evidence its acceptance of this application by issuance of a policy.

Owner, Partner, or Officer Signature _____ Date _____

Print Applicant Name _____ Title _____

Unless the application is fully completed, coverage cannot be bound. Signing this form and tendering premium does not bind the Company to provide the insurance. This coverage is provided on a "claims-made-and-reported" basis. Only claims which are first made against you and reported to us during the policy term are covered, subject to policy provisions.

ATTACH TO THIS APPLICATION:

- Letterhead - All letterhead on which any Applicant or Applicant member's name appears.
- Current Policy - A copy of your current Declarations Page and all endorsements if currently insured.
- Disciplinary - If resolved, provide initial communication from disciplinary body or court and the resolution letter on each disciplinary matter. If unresolved, provide all correspondence with disciplinary body or court.
- Claims - A Claim Information Supplement for each claim brought within the past 5 years and for each claim that was open during the past 5 years.
- Supplements- All supplements corresponding with your responses. (Go to www.isbamutual.com for supplements.)

PRACTICE TIPS FOR LAWYERS

- Avoid clients who discharge attorneys or engage in fee disputes with prior attorneys;
- Do not ignore conflicts and proceed with the representation. Conflicts may include representing the driver and passenger, representing the closely held corporation and its principals, and finalizing an already agreed to deal between the buyer and seller of real estate or a business, or between future business partners;
- When considering an out of state case, formally retain an out of state lawyer to advise on statutes of limitations and repose. Don't just engage in an informal phone call with the out of state lawyer. Also don't engage in activities on out of state matters that could be deemed to be practicing in a state in which you are not licensed;
- Don't put in an email what you wouldn't put in a letter. Save emails;
- Implement a firm calendar/docketing system (centralized calendar system) that includes multiple people such as attorneys and secretaries;
- Don't plan to file within days of the deadline. File early to avoid deadline problems;
- Promptly notify uninsured and underinsured motorist carriers when retained, even if the case does not appear to be an uninsured or underinsured motorist exposure;
- Become familiar with shortened statutes of limitations (municipalities) and with claims with stringent notice requirements (Chicago Transit Authority).
- Do not ignore testamentary capacity and undue influence issues in estate planning.
- Conduct detailed research into the Fair Debt Collections Practices Act.
- Don't let past due amounts get large. Frequently issue bills and follow up on unpaid amounts;
- Issue declination letters noting that there may be statutes of limitations and repose without providing dates, and advising to promptly consult with another attorney;
- Provide potential clients with a letter of understanding during the period in which the potential client or you are considering whether to enter into a formal retention. Consider statutes of limitations or repose expiring during this period;
- Issue engagement letters identifying the client represented, scope of representation, billing rates, expenses to be paid, and retainer terms if required. Include litigation hold directives and provide multiple party disclosures and waivers if applicable. Disclose firm document retention policies. Make sure engagement letters are signed by the attorney and the client;
- Issue disengagement letters to clients at the end of representation noting the conclusion of your engagement as of the date of the letter, and tasks accomplished per your engagement letter. Consider whether there may be potential statutes of limitations or repose on remaining claims;
- When referring cases, confirm the attorneys have professional liability insurance and check the ARDC website. Make sure the referral agreement is in writing and the client consents;
- Contact ISBA Mutual at 800-473-4722 to speak with a Risk Management attorney at no charge. Review the monthly ISBA Mutual Risk Management emails to stay current on issues.

**This is not intended to be an exhaustive list or a guarantee against potential malpractice claims and disciplinary actions.
This list does not constitute the rendering of legal advice and should not be interpreted as such.**