



**LAWYERS PROFESSIONAL LIABILITY SF NEW BUSINESS APPLICATION**  
FOR LAW FIRMS WITH 9 OR LESS LAWYERS

**NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY. TO BE COVERED, A CLAIM MUST BE BOTH FIRST MADE AGAINST AN INSURED AND REPORTED TO THE COMPANY IN WRITING DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF ANY, AND IS SUBJECT TO THE POLICY PROVISIONS.**

**INSTRUCTIONS**

This Application is to be completed by the Applicant Firm ("Firm") on behalf of itself, its **Predecessor Firm\***, and all persons proposed for this insurance. Answer all questions completely. **If space is insufficient to fully answer any question, complete the answer on Firm letterhead, sign and date that letter, and attach it to this Application.**

**In addition, please attach:**

- **Copies of all letterhead(s) currently in use by the Firm.**
- **Copy of the Firm's expiring Declarations Page for Lawyers Professional Liability Insurance and all Policy Endorsements.**

**FIRM INFORMATION**

Effective Date Requested (mm/dd/yyyy):	
Full Legal Name of the Firm:	
Trade Name or D/B/A:	
Principal Address: (Principal office location <b>MUST</b> be in IL)	
City, State, Zip Code:	
County:	
Firm Phone Number:	
Firm Fax Number:	
Website:	
Date Firm Established (mm/dd/yyyy):	
Contact Name:	
Contact Phone Number:	
Contact E-mail Address:	

**Number of Non-Lawyer Personnel**

Position	Number	Position	Number
Paralegal		Other (specify):	
Clerical		Other (specify):	

**Additional Firm Information**

1. Does the Firm have any other office locations? If <b>Yes</b> , please complete the <b>Additional Office Location Supplemental Application</b> .	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
2. Does the Firm practice in states other than Illinois (including contingency fee referrals)? If <b>Yes</b> , please complete the <b>Out of State Supplemental Application</b> .	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
3. Does the Firm utilize co-counsel (CC), local counsel (LC), or refer cases (RC)? If <b>Yes</b> , please provide the information requested below:	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>

Lawyer	Firm Name	City, State	Relationship	Confirmed Professional Liability is carried?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the Firm outline and reduce to writing the relationship indicated above and outline the responsibilities of each Law Firm to the client?				<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> NO
If <b>Yes</b> , does the client sign the letter confirming receipt and acceptance of the letter?				<input type="checkbox"/> YES <input type="checkbox"/> NO

**Predecessor Firm\* Information**

Name of Predecessor Firm*	Date Established (mm/dd/yyyy)	Date Dissolved (mm/dd/yyyy)	Number of Owners, Officers, Partners, Associates, Employees, or Shareholders at Time of Dissolution	Number of Owners, Officers, Partners, Associates, Employees, or Shareholders who Joined Successor Firm

\*Predecessor Firm means any Law Firm which prior to the effective date of the proposed Policy is dissolved and from which the Applicant Firm has retained at least 50% of the lawyers who were owners, officers, partners, associates, employees or shareholders.

**LAWYER INFORMATION**

**Lawyer Roster** (include yourself if you are a solo practitioner\*)

Lawyer Name	Designation (see below)	Date of Hire (mm/dd/yyyy)	Date Admitted to IL Bar (mm/dd/yyyy)	ISBA Number	ARDC Number	Average Number of Hours Worked per Week on Behalf of the Firm	Date of Birth (mm/dd/yyyy)	E-mail address

**Designations:** O = Owner, Officer, or Shareholder; P = Partner of a Partnership; A = Associate or Employed Lawyer; S = Solo Practitioner; IC = Independent Contractor\*; or OC = Of Counsel\*. \*Please complete the Of Counsel/Independent Contractor Supplemental Application.

IN THE EVENT COVERAGE IS BOUND AND THE FIRM HIRES A NEW LAWYER DURING THE POLICY PERIOD, THE FIRM MUST NOTIFY THE COMPANY AND SUBMIT AN **ADD A LAWYER SUPPLEMENTAL APPLICATION WITHIN THIRTY (30) DAYS OF JOINING THE FIRM FOR COVERAGE TO APPLY TO THE NEW LAWYER.**

\*If you are an individual (solo practitioner), please identify the Lawyer who is designated to handle cases in the event of your absence or provide a detailed description on Firm letterhead, signed and dated, of your back-up plan in the event of your absence:

Lawyer's Name	Address (City, State, Zip)	Telephone Number	Lawyer's Professional Liability Carrier

**FIRM INTERNAL PROCEDURES**

1. Does the Firm have a procedure for evaluating New Clients/New Matters, such as, but not limited to, fit with Firm's Areas of Practice, conflict of interest check, the client's expectations, merits of the client's case and/or client's history of changing Lawyers?  YES  NO
2. Does the Firm have a Docket/Calendar Control System?  YES  NO

If **Yes**, which of the following specific types of docket system(s) are used by the Firm?

Docket Control System		Docket Control System	
Computer Docket Software	<input type="checkbox"/> YES <input type="checkbox"/> NO	Master Calendar	<input type="checkbox"/> YES <input type="checkbox"/> NO
Individual Lawyer Diary (separate from Master Calendar)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Tickler System	<input type="checkbox"/> YES <input type="checkbox"/> NO
Day-Timer	<input type="checkbox"/> YES <input type="checkbox"/> NO	Other (describe):	<input type="checkbox"/> YES <input type="checkbox"/> NO

3. Which of the following Conflict of Interest methods are used by the Firm?  N/A

Conflict Check Method		Conflict Check Method	
Computer	<input type="checkbox"/> YES <input type="checkbox"/> NO	Index File	<input type="checkbox"/> YES <input type="checkbox"/> NO
Client lists	<input type="checkbox"/> YES <input type="checkbox"/> NO	Conflict committee	<input type="checkbox"/> YES <input type="checkbox"/> NO
Memo/E-mail to other Lawyers in the Firm	<input type="checkbox"/> YES <input type="checkbox"/> NO	Other (describe):	<input type="checkbox"/> YES <input type="checkbox"/> NO

4. Does the Firm review client files every thirty (30) to sixty (60) days?  YES  NO

5. Does the Firm outline and reduce to writing its billing policy and procedures when agreeing to represent a new client?  YES  NO

If **Yes**, what percentage of the time? %

6. Does the Firm use client engagement letters and/or contingency fee agreements which outline the scope of services to be provided when accepting all **NEW MATTERS** to the Firm?  YES  NO

If **Yes**, what percentage of the time? %

7. In order to prevent being a victim of a fraudulent check scam, does the Firm confirm that all check, cashier's check and/or money order funds have been paid by the payor's bank and the money actually deposited into the Firm's account (final settlement of check funds) prior to releasing any funds to another party?  YES  NO

8. How many lawsuits or arbitration proceedings has the Firm initiated to collect unpaid fees due and owing to the Firm in the past two (2) years that did not include family law?

If more than three (3) fee dispute proceedings, please provide on Firm letterhead, signed and dated, the date of suit(s), nature of client representation, the total dollar amount in dispute, current status of the matter and if still a Firm client.

9. When evaluating whether a case should be sent for collection, is a complete review of the underlying work product completed to determine the likelihood of a counter-claim alleging malpractice?  YES  NO

10. Does the Firm wait until the applicable statute of limitation of a potential malpractice counter-claim has expired before filing a suit (or instituting arbitration) for fees?  YES  NO

**FIRM GROSS REVENUES**

1. Please complete the following chart based upon all gross revenue generated by the Firm by dollar.  
**Note:** If the Firm is a start-up, please provide estimate for next 12 months only.

Past 12 months	Estimate for next 12 months
\$	\$

2. Does any one (1) client (including its subsidiaries and/or affiliates) of the Firm represent over 40% of the Firm's revenue?  YES  NO

If **Yes**, please provide the following information for each client of the Firm who represent over 40% of the Firm's revenue:

Name of Client/State Client located	% of Firm Revenue	Industry of Client	Number of Years as a Client of the Firm	Legal Services Provided
	%			
	%			

**PRIOR CLAIMS EXPERIENCE AND/OR KNOWLEDGE OF LOSS**

- After inquiry, during the past five (5) years, has any professional liability **Claim\*** been made against the Firm, any Predecessor Firm, or any present Lawyers of the Firm, or to your knowledge, any former Lawyer with the Firm or Predecessor Firm? If **Yes**, provide number \_\_\_\_\_.  **YES**  **NO**
- After inquiry, is the Firm or any Lawyer in the Firm, aware of any potential **Claim\*** including but not limited to an act, error, omission, fact, circumstance, request for a tolling agreement, a request for deposition, subpoena request for any file, ARDC complaint, situation, legal work, or any allegation of negligence that might result in any professional liability **Claim\*** against the Firm, or any Predecessor Firm, or any past or present Lawyer in the Firm regardless whether such **Claim\*** would be without merit? If **Yes**, provide number \_\_\_\_\_.  **YES**  **NO**

If **Yes**, to questions 1 or 2 above, please complete a **Claim Supplemental Application** for each prior **Claim\*** or potential **Claim\***. This Application must be accompanied by applicable currently valued **Loss Runs for the Past Five (5) Years**.

- Have any of the Firm's Lawyers been the subject of any of the following disciplinary actions, investigations or proceeding by any court, bar association, administrative agency or regulatory body?

Proceeding/Action	Proceeding/Action
Pending Investigation/Proceeding <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	Censured <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
Refused Admittance to Bar or Court <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	Suspended <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
Sanctioned or Fined <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	Disbarred <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
Reprimanded <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	Other (specify): <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>

If **Yes** to any of the above, provide complete details of each on Firm letterhead, signed and dated, including copies of the complaint, current disposition and/or a copy of the final opinion or decision of the court, bar association, administrative agency or regulatory body.

**\*Claim** means a demand received for money or services, or the service of a suit or the initiation of an arbitration proceeding against the Applicant Firm that seeks damages arising out of an act, error or omission in rendering professional legal services including an act, error or omission of which the Applicant Firm, or anyone associated with the Applicant Firm is aware and which they know, or ought reasonably to have known, might give rise to a demand for money or services, or the service of suit or arbitration proceeding against them.

**IT IS UNDERSTOOD AND AGREED THAT THE COMPANY SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR DAMAGES OR CLAIM EXPENSES IN CONNECTION WITH ANY CLAIM OR DISCIPLINARY ACTION, INVESTIGATION OR PROCEEDING MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM, IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY PROFESSIONAL LIABILITY CLAIM\*, POTENTIAL CLAIM\*, DISCIPLINARY ACTION, INVESTIGATION OR PROCEEDING, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH, OR THAT SHOULD HAVE BEEN SET FORTH, IN CONNECTION WITH THE ABOVE QUESTIONS.**

**PRIOR INSURANCE COVERAGE**

- Identify the Professional Liability Insurance Coverage carried by the Firm during the past five (5) years. **Note:** Please attach the Firm's current Declarations Page and all Endorsements of the policy.

Effective Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)	Insurance Carrier	Limits of Liability	Deductible	Annual Premium	# of Insured Lawyers

2. Does the Firm's current Lawyers Professional Liability insurance policy have a retroactive date/prior acts date set forth either on the Declarations Page or in a prior acts exclusion endorsement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If <b>Yes</b> , what is the retroactive date?	
3. Has the Firm, or any Predecessor Firm, purchased an Extended Reporting Period (ERP)/Tail Coverage under any current or past Lawyers Professional Liability insurance policy?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If <b>Yes</b> , provide details on Firm letterhead, signed and dated, including reason for purchasing an ERP/Tail Coverage, length of ERP/Tail Coverage purchased, and date ERP/Tail Coverage commenced.	
4. During the past five (5) years, has any insurance carrier canceled or refused to renew the Firm's Lawyers Professional Liability insurance for any reason other than carrier's withdrawal from the market?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. During the past five (5) years, has any insurance carrier decreased the Firm's coverage at renewal?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If <b>Yes</b> to either question 4 or 5 above, please provide a copy of the Non-Renewal Notice or Notice of Decrease in Coverage received by the Firm, including reason for such action.	

### AREA OF PRACTICE

Identify the Firm's Area of Practice based upon percentage of time (actual hours worked). **Total must equal 100%.**

**Note:** If the Firm is a start-up, please provide estimate for next 12 months.

Area of Practice	% of Time past 12 months	Area of Practice	% of Time past 12 months
Administrative	%	Employment Law – Union	%
Admiralty/Maritime Litigation	%	Entertainment/Sports Law	%
Anti-Trust/Trade Regulation	%	Environmental Law	%
Appellate	%	Estate/Trust/Probate/Wills	%
Arbitration/Mediation	%	Family Law - Adoptions/Guardianships	%
Banking/Financial Institutions	%	Family Law – Divorce	%
Bankruptcy/Foreclosure – Court Appointed Trustee	%	Immigration & Naturalization	%
Bankruptcy/Foreclosure – Creditor	%	Insurance Defense	%
Bankruptcy/Foreclosure – Debtor	%	Intellectual Property – Copyright/Trademark	%
BI/PI Defense	%	Intellectual Property – Patent	%
BI/PI Plaintiff	%	Lobbying	%
Business & Commercial Litigation - Defense	%	Municipal Law – no Bonds	%
Business & Commercial Litigation - Plaintiff	%	Oil/Gas/Mining	%
Business Formation and Alteration – Formation & Dissolution	%	Oil/Gas/Mining – Title	%
Business Formation and Alteration – Mergers & Acquisitions	%	Real Estate - Commercial	%
Business Transactions – International	%	Real Estate – Residential	%
Business Transactions – Private Corporation/Individuals	%	Real Estate – Syndication/Development	%
Business Transactions – Public Corporations	%	Securities – Corporate/Municipal Bonds	%
Civil Rights/Discrimination	%	Securities – Private Placements	%
Class Action/Mass Tort - Defense	%	Securities – Public Offerings	%
Class Action/Mass Tort - Plaintiff	%	Social Security	%
Collections	%	Tax – Commercial Ad Valorem	%
Commercial Law/Corporate *	%	Tax – Residential Ad Valorem	%
Criminal/Traffic Law	%	Tax Prep/Tax Opinions - Corporate	%
Employment Law – Benefits/ERISA	%	Tax Prep/Tax Opinions – Personal	%
Employment Law – Employee	%	Workers' Compensation - Defense	%
Employment Law – Employer	%	Workers' Compensation - Plaintiff	%
		<b>TOTAL (from both columns)</b>	%

**\*If over 15%, please provide a detailed description on Firm letterhead, signed and dated, of services provided.**

**REQUESTED LIMITS OF LIABILITY AND DEDUCTIBLE(S)**

**NOTE:** The Company pays the first \$5,000 of **CLAIM EXPENSES** that the Company incurs as a result of a Claim that an Insured reports to the Company in writing in accordance with the Conditions Section of the Policy.

Limits of Liability – Each Claim/Annual Aggregate		Deductible – Each Claim	
\$250,000 / \$500,000	<input type="checkbox"/>	\$2,000,000 / \$2,000,000	<input type="checkbox"/>
\$250,000 / \$750,000	<input type="checkbox"/>	\$2,000,000 / \$4,000,000	<input type="checkbox"/>
\$500,000 / \$500,000	<input type="checkbox"/>	\$3,000,000 / \$3,000,000	<input type="checkbox"/>
\$500,000 / \$1,000,000	<input type="checkbox"/>	\$4,000,000 / \$4,000,000	<input type="checkbox"/>
\$1,000,000 / \$1,000,000	<input type="checkbox"/>	\$5,000,000 / \$5,000,000	<input type="checkbox"/>
\$1,000,000 / \$2,000,000	<input type="checkbox"/>	\$5,000,000 / \$10,000,000	<input type="checkbox"/>
\$1,000,000 / \$3,000,000	<input type="checkbox"/>	Other \$_____ / \$_____	<input type="checkbox"/>

\*If a Deductible of \$10,000 or higher is selected, please provide Firm’s Financial Statement or current Bank Statement evidencing Firm’s ability to pay the requested Deductible level.

**REPRESENTATIONS AND WARRANTIES**

The Firm understands and agrees that the following representations and warranties are material and that the Company is relying on the truthfulness of these representations and warranties, which are made the basis of and a condition for the Company’s acceptance of the risks covered by this insurance. The Firm further understands and agrees that if any of the following material representations and warranties are false, or if Firm fails to comply with any of the following representations and warranties at any time during the policy period, the Firm shall be deemed to have breached the insurance policy issued by the Company.

The Firm hereby represents and warrants that the following are true and correct as of the inception date of the policy:

- a. The information contained in this Application, all material and information submitted to the Company in connection with this Application, and all material that is created and submitted to the Company by the Firm in connection with this insurance is a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured.
- b. No **Claim\*** has been made against the Firm or any person(s) proposed for this insurance nor has any person proposed for this insurance received a request for deposition in the past five (5) years and no disciplinary action, investigation or proceeding have been filed against any Lawyer proposed for this insurance other than as disclosed in the Application and/or loss runs submitted to the Company.
- c. The Firm or any Lawyer in the Firm is not aware of any potential **Claim\*** including but not limited to an act, error, omission, fact, circumstance, tolling agreement, request for deposition, a subpoena for any file, disciplinary action, investigation or proceeding, situation, legal work or any allegation of negligence that might result in any professional liability **Claim\*** against the Firm, or any Predecessor Firm, or any past or present Lawyer in the Firm regardless whether such **Claim\*** would be without merit other than as disclosed in the Application.

**ACKNOWLEDGEMENTS**

The undersigned declares that to the best of his or her knowledge, the statements set forth herein are true and accurate and that reasonable efforts have been made to obtain sufficient information from all persons proposed for this insurance to facilitate the proper and accurate completion of this Application. The signing of the Application does not bind the Company to complete the insurance, but it is agreed that this Application, all material and information submitted to the Company in connection with this Application, and all material that is created by the Firm and submitted to the Company in connection with this insurance are the representations of the Firm and are material and shall be the basis of the contract should a policy be issued.

The undersigned further agrees that if any significant adverse change in the condition of the Firm is discovered between the date of completion of this Application and the date that coverage was bound with the Company, and such change renders this Application inaccurate or incomplete, notice of such change will be reported in writing to the Company immediately.

This Application shall be considered attached to and part of the Policy. Any material submitted with the Application shall be maintained on file with the Company and shall be deemed to be attached hereto as if physically attached.

**SIGNATURE**

**Signature of Owner, Officer, Partner, Shareholder, or Member**

<b>Name:</b>	<b>Title:</b>	<b>Email Address:</b>
<b>SIGNATURE ▶</b>		<b>DATE ▶</b>