



LAWYERS PROFESSIONAL LIABILITY LF NEW BUSINESS APPLICATION
FOR LAW FIRMS WITH 10 OR MORE 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

General Information

Effective Date Requested (mm/dd/yyyy):	
Full Legal Name of the Firm:	
Trade Name or D/B/A:	
Principal Address: (Principal office location MUST be in IL)	
City, State, Zip Code:	
County:	
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		Abstractor	
Clerical		Patent Agent	
Title Agent		Other (specify):	

Additional Firm Information

1. Does the Firm anticipate any material changes within the next twenty-four (24) months, such as dissolution, merger, acquisition, increase/decrease in number of Lawyers or adding additional office locations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes , provide complete details on Firm letterhead, signed and dated.	
2. Does the Firm provide any unique services or products to clients not generally available from a law firm?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes , provide details on Firm letterhead, signed and dated, and include a description of the services or products offered, whether it is provided by the Firm or an outside entity, confirmation of % ownership of the outside entity by the Firm or Firm members, if any.	

3. Does the Firm have any other office locations? If Yes , please complete the Additional Office Location Supplemental Application .				<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Does the Firm practice in states other than Illinois (including contingency fee referrals)? If Yes , please complete the Out of State Supplemental Application .				<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Does the Firm share letterhead with other Lawyers or law firms not associated with the Firm?				<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes , please provide reason for shared letterhead on the Firm's letterhead, signed and dated, and include a copy of the shared letterhead.				
6. Does the Firm utilize co-counsel (CC), local counsel (LC), or refer cases (RC)? If Yes , please provide the information requested below:				<input type="checkbox"/> YES <input type="checkbox"/> NO
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"/> YES <input type="checkbox"/> NO
If Yes , does the client sign the letter confirming receipt and acceptance of the letter?				<input type="checkbox"/> YES <input type="checkbox"/> NO
7. During the past five (5) years: a. Has any Lawyer of the Firm served as an officer, director, partner, shareholder or employee of any entity other than the Firm or any Predecessor Firm*; b. Has any Lawyer of the Firm provided legal services or advice to any entity other than the Firm or any Predecessor Firm: (i) which is, was, or will be owned by a Lawyer of the Firm or any member of the Lawyer's Immediate Family ; (ii) which is, was, or will be in any way controlled, managed or operated by the Firm, a Lawyer of the Firm or any member of the Lawyer's immediate family including the ownership, maintenance, or use of any property in connection therewith; or (iii) in which the Lawyer was, is or will be a partner or employee? Immediate Family member means spouse, party to a civil union, sibling, parent, child or grandparent. If Yes , please complete the Outside Interest Supplemental Application .				<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Does the Firm have a policy governing the trading and/or investing by a Lawyer of the Firm in securities of a client and the disclosure of same to the Firm?				<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Does the Firm have a policy governing transactions for clients when a Lawyer serves as an officer, director, partner, shareholder, employee, or exercise any fiduciary or management control over such client?				<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Does the Firm require approval by a Committee of the Firm, or at least two Partners or Officers of the Firm, for a Lawyer of the Firm to serve on the Board of Directors of a client?				<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Does the Firm accept securities of a client or other forms or compensation in lieu of fees?				<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

If there are more than ten (10) Lawyers, please provide additional Lawyer information on Firm Letterhead.

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.**

Additional Background Information

1. In the past five (5) years, has the Firm, Predecessor Firm, or any current or former Lawyer(s) with the Firm, or Predecessor Firm, provided legal services in any way related to the following (please provide this information even if the services were provided prior to joining the Firm):

a. Securities transactions? If **Yes**, please complete the **Securities Supplemental Application**. **YES** **NO**

b. Served as a trustee or fiduciary such as an administrator, conservator, executor receiver, guardian or escrow agent of any client or have any discretionary investment authority over client funds? If **Yes**, please complete the **Estate/Trust Supplemental Application**. **YES** **NO**

2. Do any of the Firm’s Lawyers or non-Lawyer employees provide any other professional services such as, but not limited to, an accountant, insurance agent or broker, consultant, investment advisor, real estate agent or broker, securities agent or broker? **YES** **NO**

If **Yes**, please provide on Firm letterhead, signed and dated, the name of the Lawyer or non-Lawyer employee, their professional designation, the services they provide, the name of the entity on whose behalf they perform the services, the number of hours worked in that capacity and provide a copy of the Declarations Page evidencing professional liability carried for such professional services.

INTERNAL PROCEDURES

Risk Management

1. Is the Firm managed by a Management/Executive Committee?
If **Yes**:
a. How many Partners or Officers comprise of the Committee?
b. How often does the Management/Executive Committee formally meet per month? **YES** **NO**

2. Does the Firm employ an Administrator? If Yes :	<input type="checkbox"/> YES <input type="checkbox"/> NO
a. Is the Administrator a non-Lawyer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Does the Administrator work full-time for the Firm?	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Is the Administrator a member of the Association of Legal Administrators?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Does the Firm have a Risk Manager?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Does the Firm have a written Risk Management Program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Does the Firm (or departments within the Firm) conduct periodic meetings involving all Lawyers (or departments) of the Firm?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Does the Firm's Oversight, Peer Review or Internal Communications procedures require:	
a. Firm management to regularly review the status and direction of all Firm matters?	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. all Lawyers to attend regular Firm meetings (in person or virtually) whereby matters of common importance are communicated?	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. all significant/critical opinions or significant/critical decisions to be peer reviewed by at least two other Lawyers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Does the Firm use a Peer Review system to evaluate the performance of:	
a. all practicing Lawyers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Partners and Officers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Does the Firm maintain a training program for all new Lawyers with regard to office and court procedures?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Are all departing Lawyers' files reviewed by a Partner or Officer of the Firm?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Does the Firm have a system requiring that any complaints about a Lawyer of the Firm be reviewed by a Partner or Officer other than the Lawyer about whom the complaint is made?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Does the Firm require independent review of high exposure work product, such as third party opinion letters, securities issuances and settlement advice?	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Does the Firm have a written Partnership/Shareholder Agreement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. Does the Firm maintain a fidelity bond covering all employees?	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. Are custodial accounts (money, securities and other property held on behalf of clients) audited by an independent outside auditor?	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. Does the Firm have a computer back-up system or some other form of emergency back-up system in the event of a disruption or interruption of business?	<input type="checkbox"/> YES <input type="checkbox"/> NO

New Client/New Matter Acceptance Protocol

Does the Firm adhere to any of the following **NEW CLIENT/NEW MATTER** intake procedures?

Intake Procedure		Intake Procedure	
Conflicts of Interest Check	<input type="checkbox"/> YES <input type="checkbox"/> NO	Evaluation of the merits of the client's case	<input type="checkbox"/> YES <input type="checkbox"/> NO
Review for fit with Firm's Areas of Practice	<input type="checkbox"/> YES <input type="checkbox"/> NO	Consideration given to determine if client appears to be difficult to deal with or exhibit irrational behavior	<input type="checkbox"/> YES <input type="checkbox"/> NO
Review to confirm the Firm has the time and financial resources to handle the matter	<input type="checkbox"/> YES <input type="checkbox"/> NO	Consideration given to determine if the client appears to be of questionable moral character	<input type="checkbox"/> YES <input type="checkbox"/> NO
Consideration given to client expectations	<input type="checkbox"/> YES <input type="checkbox"/> NO	Consideration given to determine if the client is financially unstable or overly concerned about legal fees	<input type="checkbox"/> YES <input type="checkbox"/> NO
Review for prior representation/declination by other Law Firm(s)	<input type="checkbox"/> YES <input type="checkbox"/> NO	New client/new matter intake form	<input type="checkbox"/> YES <input type="checkbox"/> NO
Prohibit the disclosure of confidential information before a conflict of interest check is completed	<input type="checkbox"/> YES <input type="checkbox"/> NO	Other (describe):	<input type="checkbox"/> YES <input type="checkbox"/> NO
Subject to approval of a Committee or designated Partner or Officer other than the Lawyer generating the business	<input type="checkbox"/> YES <input type="checkbox"/> NO	Other (describe):	<input type="checkbox"/> YES <input type="checkbox"/> NO

Conflict of Interest

1. Which of the following Conflict of Interest methods are used by the Firm?

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

2. Which of the following lists does the Firm maintain as part of its Conflict Check procedures?

List of Conflicts		List of Conflicts	
Current and former clients	<input type="checkbox"/> YES <input type="checkbox"/> NO	Opposing parties	<input type="checkbox"/> YES <input type="checkbox"/> NO
Names of spouses of current and former clients (including maiden names)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Description of matter/nature of legal work	<input type="checkbox"/> YES <input type="checkbox"/> NO
Opposing counsel	<input type="checkbox"/> YES <input type="checkbox"/> NO	Clients or matters of a Predecessor Firm	<input type="checkbox"/> YES <input type="checkbox"/> NO
Declined clients/matters	<input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Lawyer representing the client/matter	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of adverse parties of declined clients/matters	<input type="checkbox"/> YES <input type="checkbox"/> NO	Other (describe):	<input type="checkbox"/> YES <input type="checkbox"/> NO

3. Does the Firm check for potential conflicts when hiring a new lawyer?

YES NO

4. Does the Firm check for potential conflicts when hiring a new paralegal?

YES NO

5. Does the Firm's conflict of interest procedure include disclosing all actual or potential conflicts of interest in writing to clients?

YES NO

6. Does the Firm's conflict of interest procedure include securing written consent from the client(s) to perform legal services or decline further representation in writing to clients?

YES NO

7. How often is the Firm's conflict of interest system updated? Daily Weekly Other (describe)

Docket/Calendar Control

1. Does the Firm maintain a docket/calendar control system with at least two independent date controls?

YES NO

2. Does the docket/calendar control system track litigated matters?

YES NO

3. Does the docket/calendar control system track non-litigated matters?

YES NO

4. Does the docket/calendar control system track matters even if there is no critical deadline involved?

YES NO

5. Does the ultimate responsibility for the docket date rest with the Lawyer assigned to the client/matter?

YES NO

If **No** to any of the above questions (1-4), please provide further details on Firm letterhead, signed and dated, as to how the Firm tracks its cases.

6. Does more than one individual enter dates into the docket/calendar control system for the same matter?

YES NO

7. Please indicate how frequently time deadlines are cross-checked. Daily Weekly Other (describe)

8. 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

Client Communication

1. Does the Firm outline and reduce to writing its billing policy and procedures when agreeing to represent a new client?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes , what percentage of the time?	%
2. 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes , what percentage of the time?	%
3. If an engagement letter or contingency fee agreement is not used on all (100%) NEW MATTERS undertaken by the Firm, describe on Firm letterhead, signed and dated, how misunderstandings of the scope of representation and fee agreements are prevented.	
4. Does the Firm require engagement letters and/or contingency fee agreements be signed by the client?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Does the Firm use written declination/non-engagement letters when declining work (including phone calls received from potential clients of the Firm)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes , what percentage of the time?	%
6. If a declination/non-engagement letter is not used, describe on Firm letterhead, signed and dated, how the Firm documents they are not representing the potential client and prevent misunderstandings of representation.	
7. Does the Firm's declination letters include a warning about potential statute of limitations or other critical deadlines for all matters declined by the Firm?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If No , describe on Firm letterhead, signed and dated, how critical deadlines are communicated to the potential client.	
8. Does Firm use termination letters when withdrawing or terminating representation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If No , describe on Firm letterhead, signed and dated, how the Firm documents to the client that the Firm is no longer representing the client.	
9. Does the Firm use written referral agreements when referring a client to another law firm?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If No , describe on Firm letterhead, signed and dated, how the Firm documents the responsibilities of each firm to the client.	
10. Does the client confirm in writing when referral arrangements have been made and acknowledge the fee received by each Lawyer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Does the Firm use written settlement agreements with all clients?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If No , describe on Firm letterhead, signed and dated, how the Firm documents the client's agreement to a settlement offer.	

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?		<input type="checkbox"/> YES <input type="checkbox"/> 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
	%			
	%			

BILLINGS

1. What percentage of the Firm's billings are ninety (90) days past due?	%
If greater than 30%, please explain on Firm letterhead, signed and dated, how the Firm manages accounts receivables and what the Firm is doing to reduce the % of billings over ninety (90) days past due.	<input type="checkbox"/> N/A
2. 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.	
3. 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Do suits for collection of fees have to be approved by a committee or at least one partner or officer of the Firm?	<input type="checkbox"/> YES <input type="checkbox"/> NO

CUSTODIAL ACCOUNTS

1. Are all client funds deposited in one or more separate and identifiable interest bearing or dividend-bearing IOLTA or non-IOLTA client trust account at an eligible financial institution?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Does the Firm have a protocol for the review, maintenance and use of IOLTA or non-IOLTA client trust accounts?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Are two signatures required for all withdrawals of funds from IOLTA or non-IOLTA client trust accounts?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If No , describe on Firm letterhead, signed and dated, who has authority to withdraw funds from custodial accounts, including escrow funds, and provide how Firm prevents the unauthorized withdrawal of client funds?	

PRIOR CLAIMS EXPERIENCE AND/OR KNOWLEDGE OF LOSS

1. 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 _____.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. 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 _____.	<input type="checkbox"/> YES <input type="checkbox"/> 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 .	
3. 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"/> YES <input type="checkbox"/> NO	Censured	<input type="checkbox"/> YES <input type="checkbox"/> NO
Refused Admittance to Bar or Court	<input type="checkbox"/> YES <input type="checkbox"/> NO	Suspended	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sanctioned or Fined	<input type="checkbox"/> YES <input type="checkbox"/> NO	Disbarred	<input type="checkbox"/> YES <input type="checkbox"/> NO
Reprimanded	<input type="checkbox"/> YES <input type="checkbox"/> NO	Other (specify):	<input type="checkbox"/> YES <input type="checkbox"/> NO

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.

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	%
		TOTAL (from both columns)	%

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

PRIOR INSURANCE COVERAGE

1. 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 Yes , what is the retroactive date?	
3. Has the Firm, or any Predecessor Firm, purchased an Extended Reporting Period (Discovery) Period under any current or past Lawyers Professional Liability insurance policy?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes , provide details on Firm letterhead, signed and dated, including reason for purchasing an ERP, length of ERP purchased and date ERP 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 coverage at renewal?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes 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.	

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"/>

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

Name:	Title:	Email Address:
SIGNATURE ▶		DATE ▶