

Lawyers Professional Liability Renewal Application

NOTICE: THIS IS AN APPLICATION FOR A CLAIMS-MADE POLICY, WHICH SUBJECT TO ITS PROVISIONS APPLIES ONLY TO CLAIMS WHICH ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR DISCOVERY PERIOD, IF APPLICABLE. CLAIM EXPENSES ARE INCLUDED WITHIN THE LIMIT OF LIABILITY. THE INFORMATION CONTAINED AND STATEMENTS MADE WITHIN THIS APPLICATION ARE INCORPORATED INTO, AND WILL FORM THE BASIS OF, ANY POLICY OF INSURANCE ISSUED BY THE INSURER. THE APPLICANT AND ALL SIGNORS OF THIS APPLICATION REPRESENTS THAT THE INFORMATION CONVEYED IS TRUE AND CORRECT.

Please fully answer all questions and submit requested information. Bold-faced terms are defined in the Policy and have the same meaning in this **Application**. Any information provided, whether physically attached or available on the Applicant's web site, shall be deemed incorporated into this **Application**. Supplemental applications are available at www.lawyerguard.com.

A. General Information

1. **Named Insured:** _____
 Address: _____
 City: _____ County _____ State: _____ Zip Code: _____
 Mailing: _____
 Website: _____ Telephone No. _____
 Date of Formation: ____/____/____ **Please attach a copy of your firm's letterhead.**

2. a. Limits Requested: \$100,000/\$300,000 \$250,000/\$250,000 \$250,000/\$500,000
 \$500,000/\$500,000 \$500,000/\$1,000,000 \$1,000,000/\$1,000,000 \$2,000,000/\$2,000,000
 \$3,000,000/\$3,000,000 \$4,000,000/\$4,000,000 \$5,000,000/\$5,000,000 Other: _____

***Minimum allowable limits for defense within limits is \$500,000/\$500,000**

b. Deductible Requested: \$1,000 \$2,000 \$2,500 \$3,000 \$4,000 \$5,000
 \$10,000 \$15,000 \$20,000 \$25,000 \$35,000 \$50,000 Other _____

Annual Aggregate Deductible: Currently have Interested in quotation

Deductible Applies to Damages Only: Currently have Interested in quotation

3. Effective Date desired: _____

4. Total number of attorneys this year: _____ *If more than 7, attach additional sheets as necessary.*

Attorney Name	Position (see key)	Admitted to Bar M / Y	Joined Named Insured M / D / Y	Annual Hours Worked (OC, IC or PT only)	Attended Ethics/ Loss Prevention CLE in past 12 months
1					
2					
3					
4					
5					
6					
7					

Partner/Owner/Member (P), Employed Attorney (E), Of Counsel (OC), Independent Contractor (IC), Part-Time Attorney (PT)

5. a. Number of attorneys who joined or left the Named Insured with the past 12 months: _____ Joined _____ Left
 b. Number of non-attorney Staff currently employed by the Firm: _____
6. In the past 12 months, has the Named Insured changed its name, or merged with, been acquired by or acquired any other entity? Yes No
If yes, please provide details on the last page of this Application.
7. Does any one client account for 10% or more of the **Named Insured's** annual billings? Yes No
If yes, please provide details on the last page of this Application, including the name of each such client and the % of total firm billings.
8. In the past 12 months, has the **Named Insured** started practicing from any Additional Locations? Yes No
If yes, please provide details on the last page of this Application, including the address of such locations, the name of the Partner in charge, the % of the Named Insured's total gross revenues from such location, the # of attorneys and staff at each location and how such offices are controlled..

B. Firm Practice Profile

9. Indicate the percentages of overall billings generated by the following areas of practice:

- | | |
|---|--|
| <p>_____ Administrative</p> <p>_____ Admiralty - Defense</p> <p>_____ Admiralty - Plaintiff</p> <p>_____ Anti-trust/Trade Regulation</p> <p>_____ Appellate</p> <p>_____ Arbitration/Mediation</p> <p>_____ Aviation</p> <p>_____ Banking/Financial Institutions* (<i>Fin. Institutions Supp</i>)</p> <p>_____ Bankruptcy</p> <p>_____ BI/PI Defendant General Liability</p> <p>_____ BI/PI Defendant Medical Malpractice</p> <p>_____ BI/PI Defendant Other</p> <p>_____ BI/PI Defendant Products Liability</p> <p>_____ BI/PI Plaintiffs General Liability* (<i>Plaintiff Supplement</i>)</p> <p>_____ BI/PI Plaintiffs Medical Malpractice* (<i>Plaintiff Supp</i>)</p> <p>_____ BI/PI Plaintiffs Other* (<i>Plaintiff Supplement</i>)</p> <p>_____ BI/PI Plaintiffs Product Liability* (<i>Plaintiff Supplement</i>)</p> <p>_____ Civil Rights/Discrimination</p> <p>_____ Class Action/Mass Tort-Defense* (<i>Class Action Supplement</i>)</p> <p>_____ Class Action/Mass Tort-Plaintiff* (<i>Class Action Supplement</i>)</p> <p>_____ Collection/Repossession* (<i>Collections Supplement</i>)</p> <p>_____ Commercial Law</p> <p>_____ Communication/FCC</p> <p>_____ Construction/Building Contracts</p> <p>_____ Consumer Claims</p> <p>_____ Copyright/Trademark* (<i>Intellectual Property Supplement</i>)</p> <p>_____ Corporate-General</p> <p>_____ Corporate Formation</p> <p>_____ Criminal</p> <p>_____ Domestic Relations</p> <p>_____ Eminent Domain</p> <p>_____ Employee Benefits/ERISA</p> <p>_____ Entertainment/Sports* (<i>Entertainment Supplement</i>)</p> <p>_____ Environmental* (<i>Environmental Supplement</i>)</p> <p>_____ Environmental Lit-Defense</p> <p>_____ Environmental Lit-Plaintiff* (<i>Plaintiff Supplement</i>)</p> | <p>_____ Foreign</p> <p>_____ Health Care</p> <p>_____ Immigration/Naturalization</p> <p>_____ Insurance Coverage</p> <p>_____ Insurance Defense</p> <p>_____ Investment Counseling/Money Management</p> <p>_____ Labor Law - Management</p> <p>_____ Labor Law - Union</p> <p>_____ Labor Litigation - Defense</p> <p>_____ Labor Litigation - Plaintiff</p> <p>_____ Litigation - General - Defense</p> <p>_____ Litigation - General - Plaintiff* (<i>Plaintiff Supplement</i>)</p> <p>_____ Mergers & Acquisitions</p> <p>_____ Municipal/Governmental - Other</p> <p>_____ Municipal/Governmental - Zoning</p> <p>_____ Oil/Gas/Minerals* (<i>Oil/Gas/Minerals Supplement</i>)</p> <p>_____ Patent* (<i>Intellectual Property Supplement</i>)</p> <p>_____ Probate/Wills/Estates* - Assets <1M</p> <p>_____ Probate/Wills/Estates* - Assets 1M-5M
 <i>*(Probate/Wills/Estates Supplement)</i></p> <p>_____ Probate/Wills/Estates - Assets >5M
 <i>*(Probate/Wills/Estates Supplement)</i></p> <p>_____ Public Utilities</p> <p>_____ Real Estate - Commercial* (<i>Real Estate Supplement</i>)</p> <p>_____ Real Estate - Escrow Agent* (<i>Real Estate Supplement</i>)</p> <p>_____ Real Estate - Foreclosure* (<i>Real Estate Supplement</i>)</p> <p>_____ Real Estate - Residential* (<i>Real Estate Supplement</i>)</p> <p>_____ Real Estate - Synd./Development* (<i>Real Estate Supp</i>)</p> <p>_____ Real Estate - Title Work* (<i>Real Estate Supplement</i>)</p> <p>_____ School Law</p> <p>_____ Securities/Bonds/Loans* (<i>Securities Supplement</i>)</p> <p>_____ Social Security Law</p> <p>_____ Taxation - Corporate - Opinions* (<i>Tax Supplement</i>)</p> <p>_____ Taxation - Corporate - Preparation* (<i>Tax Supp</i>)</p> <p>_____ Taxation - Individual* (<i>Tax Supplement</i>)</p> <p>_____ Water Rights Law</p> <p>_____ Workers Comp - Defense</p> <p>_____ Workers Comp - Plaintiff</p> <p>_____ Other (<i>Please describe on last page of Application</i>)</p> |
|---|--|

**** ATTACH A SUPPLEMENT FOR ANY AREA OF PRACTICE IN BOLD/MARKED WITH ASTERISK****

C. Internal Procedures & Firm Billing

10. In the past 12 months, has there been any change in the Named Insured's procedures in any of the following:
- a. Conflicts checks? Yes No
 - b. Docket Control? Yes No
 - c. Engagement Letter Usage? Yes No

*If yes, please provide details on the last page of this **Application**.*

11. What percentage of Firm receivables are currently over 90 days old? _____ 180 days old? _____
12. In the past 12 months, how many times has the **Named Insured** sued, entered into arbitration, or sent outstanding client bills to a collection agency in order to collect fees? _____

D. Attorney Profiles

NOTE: Answer the following questions only after making a reasonable and thorough inquiry of all attorneys in the Firm:

13. In the past 12 months, has any current or former attorney of the **Named Insured**:
- a. been refused admission to practice, or the subject of a bar complaint or disciplinary action? Yes No
 - b. provided professional services other than legal services? Yes No
 - c. suffered from an impairment that might hinder their ability to provide competent, courteous and timely **Professional Services**? Yes No

*If yes to any of the above, provide an explanation for each such attorney at the end of this **Application**.*

14. Does any attorney in the **Named Insured** (including any such attorney's spouse):
- a. serve as an officer, director, partner, committee-member or employee of any outside entity? Yes No
 - b. hold any ownership or equity interest in any clients of the **Named Insured**? Yes No

*If yes to any of the above, complete the **Outside Interests** chart on page 4 of this **Application**.*

E. Claims Experience

15. Since the submission date of the last **Application** submitted to the **Insurer**, has there been any change in the status of any **Claim**, suit, circumstance, allegation, or contention previously reported under a lawyers professional liability insurance policy issued by the **Insurer** or any other lawyers professional liability insurance policy? Yes No
16. After inquiry, has the **Named Insured** or any attorneys to be insured under this policy been the subject of a professional liability claim or suit in the past 12 months, or have knowledge or information of any fact, circumstance or actual or alleged act, error or omission which may reasonably be expected to give rise to a professional liability claim(s) under the proposed policy that has not already been noticed under this policy? Yes No

*If yes to either 15. or 16. above, complete the **Claim Supplement**.*

It is understood and agreed that, without limiting any rights of the underwriter, if such knowledge or information exists, any claim arising therefrom is excluded from this proposed insurance.

F. Representations

The undersigned authorized owner, partner, director, or officer represents on behalf of the Named Insured and all persons/entities for whom insurance is being sought that to the best of his/her knowledge and belief after diligent inquiry, the statements set forth herein and attached hereto are true. It is understood that the statements in this Application, including material submitted to or obtained by the underwriter, are material to the acceptance of the risk, and relied upon by the underwriter. The Insureds further agree that in the event of any material misrepresentation or omission in the Application, including materials submitted to or obtained by the underwriter, this Policy shall be void. No misrepresentation shall be deemed material unless knowledge by the Insurer of facts misrepresented would have led to a refusal by the Insurer to make such contract. The undersigned authorized owner, partner, director or officer of the applicant declares that the statements set forth herein are true. The undersigned agrees that if the information supplied on this Application changes between the date of this Application and the effective date of the insurance, that he/she will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance.

Signing this **Application** does not bind the applicant or the **Insurer** to complete the insurance, but it is agreed that this **Application** shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the Policy.

New York-Fraud Prevention – General Warning

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 IS NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION

SIGNED: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____

Outside Interests (please attach additional sheets as necessary)

Attorney	Name of Entity	% Ownership	Type of Business	Position Held by Attorney	Firm Client (Y/N)?	If Yes, % of Firm's Gross Billings	Separate D&O Insurance (Y/N)?

Supplemental Information

Instructions: Use this form to provide additional information or request descriptions or explanations necessary to provide a true and complete response to all questions, statements or requests for information contained in the **Application**. Please identify the number of each question or statement on the **Application** to which your responses relate. If necessary, make additional copies of this form. Please sign all forms in the **Application**.

SIGNED: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____