

Application

Professional Liability Insurance for Law Firms

(Short Form)

Notice: Professional liability insurance coverage is provided on a **Claims Made** basis. Only claims that are first made against the insured and reported to the insurance company during the policy term are covered, subject to the policy provisions. If you want or need additional coverage, a separate application will be required.

Applicant Instructions: Carefully read all statements and questions on this Application. Answer all questions in ink. If a question does not apply, state "N/A". If space is insufficient to answer all questions fully, please use separate sheets of paper. This Application and all attachments must be signed and dated by the named applicant, partner or officer. A copy of your business stationary must be attached.

Effective Date Requested for this Application _____ / _____ / _____

Limits of Liability Requested: \$ _____ Per Claim \$ _____ Total

Desired Deductible: \$ _____

1.
 - Name of Applicant (Firm Name): _____
 - Name of Designated Contact: _____
 - Physical Address: _____

 - Telephone Number: _____ Fax: _____
 - Email: _____
2. Date Firm was Established: _____ / _____ / _____
3. Applicant is: Sole Proprietorship Professional Corporation
 General Partnership LLP
 Other (describe) _____
4. List all predecessor firms of Applicant. If not applicable, state N/A. A predecessor firm is any legal entity, which is engaged in the practice of law whose assets and liabilities were acquired by the Applicant.

Name of Firm	Date Established	Date of Any Merger

5. List below all attorneys of Applicant. Attach a separate sheet if additional space is required.

“O” Owner/Officer/Director “P” Partner “E” Employed Attorney “OC” Of Counsel
 “IC” Independent Contractor

Name of Attorney	Designation	States of Admission	Year Admitted	Date of hire with Applicant or predecessor firm	Number hours CLE in the past 12 months

6. Complete the following for each Of Counsel, Independent Contractor or Per Diem Attorney.

Name of Attorney	Designation	Date of Hire	Hours worked per week for Applicant	Separate Professional Liability Insurance?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Has any attorney proposed for this insurance ever been denied the right to practice, suspended from practice, disbarred, reprimanded or had other disciplinary action taken against him or her by any court or administrative agency? Yes No
If Yes, provide details on the Information Addendum.

8. List all Professional Liability Insurance carried during the past consecutive five (5) years for the Applicant and/or any predecessor firm. If no current coverage is in force, check the box: No Current Coverage

Policy Inception	Policy Expiration	Insurance Company	Policy Limits	Deductible	Annual premium	Number of Attorneys

9. Insurance Details:

- Inception date of the Applicant's first continuous claims made professional liability insurance policy: _____
- Does the current policy have a retroactive/prior acts date applicable to Applicant? Yes No
- Does the current policy have any limiting endorsements or exclusions?
 Yes No
If Yes, provide details: _____
- Has the Applicant, its predecessor firms, or any attorney proposed for this insurance, purchased an Extended Reporting Period (ERP) Endorsement?
 Yes No
If Yes, please complete: Effective from ___/___/___ to ___/___/___

10. Indicate the percentage of the Applicant's income derived from the following types of practice. (**Must** total 100%)

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Abstracting / Title		
Administrative Law		
Admiralty		
Adoptions		
Ad Valorem Tax – Commercial		
Ad Valorem Tax – Residential		
Antitrust Trade Regulations		
Arbitrations / Mediations		
Banking / Financial Institutions		
Bankruptcy		
Bonds		
Civil Rights / Employment		
Class Actions / Mass Tort		
Collections – HOA		
Commercial Litigation		
Construction		
Copyrights		
Corporate General		
Corporation / LLC Formations		
Criminal Defense		
Divorce		
Employment Law		
Entertainment		
Environmental		
ERISA		
Estate Planning		
Family Law (other than Divorce)		
Fiduciary		
Foreclosures		
Health Care		
Homeowner Association Law		
Immigration		
Insurance Company Defense		
International Law		
Investment Counseling / Money Management		
Labor Union Law		
Local Government / Municipal		
Media Law		
Medical Malpractice		
Mergers / Acquisitions		
Oil / Gas		
Patents		
Personal Injury		
Private Placements / Syndications		
Product Liability		
Public Utilities		
Real Estate – Commercial		
Real Estate Development		
Real Estate – Residential		
Securities – Federal		
Securities – State		
Social Security		
Tax – Individual Preparation		
Tax – Business Preparation		
Tax – Opinions		
Trademarks		

Water Law		
Workers' Compensation		
Totals	%	%

Provide additional information on the Information Addendum if needed.

11. Applicants Gross Revenue for the past three (3) years:

Most Recent Twelve (12) Months	One (1) Year Prior	Two (2) Years Prior

12. Docket/Diary Control System:

- Do you maintain a central docket control system? Yes No
- Does the Applicant have at least two (2) methods for docket control? Yes No
- Does the Applicant utilize a computer program for docket control? Yes No
- Does the ultimate responsibility for docket control, including entry, rest with the handling attorney? Yes No
- Does the Applicant crosscheck its docket controls? Yes No
- If Yes, how frequently? _____
If No, provide details on the Information Addendum.

13. How many suits for fees were initiated by the Applicant against clients during the past 24 months? _____

- How many have been resolved? _____
- What percentage of fees are more than 90 days past due? _____
- How frequently are invoices provided to clients? _____

14. Does the Applicant utilize the following for **ALL** clients?

- Engagement letters that include the scope of services and fee arrangements?
 Yes No
 - Non-engagement / declination letters?
 Yes No
 - Disengagement / closing letters?
 Yes No
- If No, provide details on the Information Addendum.

15. Does the Applicant maintain a conflict of interest avoidance system? Yes No
If No, provide details on the Information Addendum.

- Systems used to check conflicts of interest: _____
- How frequently are checks made for conflicts of interest? _____
- How are conflict of interest situations addressed and disclosed to clients/potential clients? Check all that apply.

<input type="checkbox"/> Non-engagement letters	<input type="checkbox"/> Signed Waiver Obtained from all parties
<input type="checkbox"/> Oral Disclosure to all parties	<input type="checkbox"/> Referral to other attorney / law firm

16. Has any Application for Professional Liability Insurance on behalf of the Applicant, its predecessor firms or any attorneys proposed for this insurance been declined, policy canceled or renewal of such insurance been refused? Yes No
If Yes, provide details on the Information Addendum.
17. During the past five (5) years, has any claim or suit been filed against the Applicant, its predecessor firms or any of the attorneys proposed for this insurance? Yes No
If Yes to any of the above, complete the Information Addendum.
18. After inquiry, is the Applicant, its predecessor firms or any attorney proposed for this insurance aware of:
- Any circumstance, act, error, omission or personal injury which could be the basis of a claim or suit? Yes No
 - Any potential malpractice claim or suit reported to a previous insurance carrier?
 Yes No
 - Any adverse judgment that could be the basis of a claim or suit? Yes No
 - Any missed statute of limitations? Yes No
- If Yes to any of the above, complete the Information Addendum.

Signature of Partner, Officer or Owner

Date

Print of Type Name

Title

Firm Name

