



Lawyers' Professional Liability Application

NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSUREDS AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

IMPORTANT NOTICE REGARDING RISK PURCHASING GROUPS

Disclosure Pursuant to Federal Law Regarding Purchasing Groups [15 U.S.C. SEC. 3901, et seq] USI Affinity Lawyers Liability Risk Purchasing Group Inc. is a "Purchasing Group", as defined under Federal law, formed to purchase liability insurance on a group basis for its Members to cover the similar or related liability exposure(s) to which the Members of the Purchasing Group are exposed by virtue of their related, similar, or common businesses or services. Members do not share limits and each member is provided with its own policy and/or evidence of insurance.

I. APPLICATION INSTRUCTIONS

- Whenever used in this Application, the term **Firm** shall mean the **Named Insured** proposed for insurance, and **You** or **Your(s)** shall mean the persons and entities proposed for insurance unless otherwise stated.
- All questions must be answered. If additional space is needed, attach a separate sheet with **Your** response and indicate the question number.

II. GENERAL INFORMATION

1. Full Legal Name of Firm (include all names and DBAs under which the Applicant Firm practices): _____

**Please explain if name differs from the Named Insured's letterhead. Include d/b/a if applicable.*

Date Business Commenced: _____ (mm/dd/yyyy) Desired Effective Date: _____ (mm/dd/yyyy)

2. Firm is a: Individual Partnership PC PLLC PLLP Other _____

3. Firm's Physical Address: _____

City: _____ County: _____ State: _____ Zip Code: _____ Telephone: _____

Contact Name & Title: _____

Email Address: _____ Website Address: _____

4. Does the firm have other office locations or a different billing address? Yes No
**If "Yes", attach a listing of each location and the staffing for each.*

5. Total Gross Billings or Revenue for: Most Recent Fiscal Year: _____ Previous Fiscal Year: _____

III. ATTORNEYS AND PREDECESSOR FIRMS

a. Number of lawyers of the firm to be covered under this policy: _____

1. b. Number of non-lawyers: _____

2. Attached Roster of Lawyers **must be** completed.

3. Is coverage requested for a Predecessor Firm(s)? Yes No
**If "Yes", complete the following grid:*



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Predecessor Firm means any law firm or legal entity that was engaged in **Professional Services**, is dissolved or inactive, and to whose financial assets and liabilities the Applicant Firm is the majority (more than 50%) successor in interest.

Name(s) of Predecessor Firm(s)	Date(s) Established	Date(s) Terminated	Number of Lawyers	Percentage of Ownership Retained

IV. AREAS OF PRACTICE

1. Estimate the percentage of hours the firm devoted to each area of practice during the previous year.

NOTE: Round to the Nearest Whole Number. MUST TOTAL 100%. If denoted with an asterisk (*), please complete the corresponding Questionnaire.

Admiralty / Marine	Local Government/Municipal
Appellate	Mediation, Arbitration (other than Securities/FINRA)
Banking/Financial Institutions*	Mergers & Acquisitions*
Bankruptcy*	Oil & Gas, Mineral Rights*
Civil / Commercial Litigation - Defense	Plaintiff Litigation – Class Action/Mass Tort*
Civil / Commercial Litigation - Plaintiff	Social Security/Disability/Medicare
Civil Rights/Discrimination	Personal Injury Defense
Collections*	Plaintiff Personal Injury >\$500,000*
Commercial Law/Business Transactions >\$1M*	Plaintiff Personal Injury ≤\$500,000*
Commercial Law/Business Transactions ≤\$1M*	Real Estate >\$1M*
Construction Law	Real Estate ≤\$1M*
Corporate Formation	Schools & Education (not finance)
Criminal Defense	Securities*
Employee Benefit Plans, ERISA	Taxation - Individual
Entertainment Law*	Taxation -Corporate
Environmental Regulatory*	Tax Opinions
Family Law >\$2M*	Tribal Law
Family ≤\$2M*	Water Rights*
Immigration	Wills/Estate/Trust/Probate >\$5M*
Insurance Defense*	Wills/Estate/Trust/Probate \$2M - \$5M*
Intellectual Property – Copyright/Trademark*	Wills/Estate/Trust/Probate <\$2M*
Intellectual Property –Patent*	Workers Compensation (Defense)
International/Foreign Law*	Workers Compensation (Plaintiff)
Labor – Management Representation*	Other (Describe): _____
Labor – Union Representation*	GRAND TOTAL (MUST TOTAL 100%)



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2. In the past 5 years, has the firm, or any attorney with the firm, provided legal services in any way related to the following areas of practice?
- | | | | |
|---|--|--|--|
| a. Class Action / Mass Tort* | <input type="checkbox"/> Yes <input type="checkbox"/> No | d. Patent* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Entertainment / Entertainment Clientele* | <input type="checkbox"/> Yes <input type="checkbox"/> No | e. Securities (Public and/or Private)* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Marijuana (Medical and/or Recreational) | <input type="checkbox"/> Yes <input type="checkbox"/> No | f. Water Rights* | <input type="checkbox"/> Yes <input type="checkbox"/> No |

***If "Yes", complete the applicable Questionnaire.**

3. Do any of you provide professional services as an accountant, insurance agent or broker, investment advisor, real estate agent or broker, securities agent or broker, or any other professional service outside the practice of law? Yes No

***If "Yes", provide details:**

4. Is coverage sought for a Title Agency? Yes No

***If "Yes", complete the Title Agency Supplement for coverage consideration.**

V. REQUESTED COVERAGE

Indicate below which limits and deductibles are being requested. Limits of Liability are Per Claim / Aggregate. Check more than one if requesting multiple options.

Professional Services Limits of Liability (Each Claim / Aggregate)

- | | | |
|--|--|--|
| <input type="checkbox"/> \$100,000 / \$300,000 | <input type="checkbox"/> \$500,000 / \$1,500,000 | <input type="checkbox"/> \$3,000,000 / \$3,000,000 |
| <input type="checkbox"/> \$250,000 / \$500,000 | <input type="checkbox"/> \$1,000,000 / \$1,000,000 | <input type="checkbox"/> \$4,000,000 / \$4,000,000 |
| <input type="checkbox"/> \$500,000 / \$500,000 | <input type="checkbox"/> \$1,000,000 / \$2,000,000 | <input type="checkbox"/> \$5,000,000 / \$5,000,000 |
| <input type="checkbox"/> \$500,000 / \$1,000,000 | <input type="checkbox"/> \$2,000,000 / \$2,000,000 | <input type="checkbox"/> Other: _____ |

Professional Services Deductible (Each Claim)

- | | | |
|---|--|--|
| <input type="checkbox"/> \$1,000 Each Claim | <input type="checkbox"/> \$5,000 Each Claim | <input type="checkbox"/> \$15,000 Each Claim |
| <input type="checkbox"/> \$2,500 Each Claim | <input type="checkbox"/> \$10,000 Each Claim | <input type="checkbox"/> \$ Each Claim (Other) |

VI. CURRENT INSURANCE INFORMATION

Provide the following information regarding the firm's insurance history for the previous four years (beginning with the most recent coverage). N/A No Current Coverage

	Carrier	Policy Period	Limits	Deductible	Premium	# of Attorneys	Retroactive Date(s) (mm/dd/yyyy)
Current Year							
Prior Year 1							
Prior Year 2							
Prior Year 3							



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- 1. Has any professional liability insurance for the firm been declined, cancelled, or non-renewed? Yes No
**If "Yes", provide details:* _____
- 2. Has the firm purchased an Extended Reporting Period ("ERP") endorsement? Yes No
**If "Yes", provide details:* _____

VII. RISK MANAGEMENT (11+ Attorney Firms Must Also Complete the Risk Management Questionnaire.)

- 1. Does the firm or any lawyer in the firm share letterhead with any other attorney (other than the attorneys listed in the attached Roster of Lawyers) or firm?; or does firm's name appear on the letterhead of any other attorney or firm? Yes No
**If "Yes", provide a copy of the letterhead(s).*
- 2. How many suits for collection of delinquent fees have been filed by the firm in the past two years? # _____
**If more than four (4) complete the Fee Suit Questionnaire.*
- 3. Does the firm maintain a Conflict-of-Interest System? Yes No
 - a. If "Yes", is it computerized? Yes No
 - b. If "No", explain how conflict of interest checks are performed and monitored:

- 4. Does the firm:
 - a. Maintain a docket control system and/or calendar with at least two independent date controls? Yes No
**If "No", describe your docket and/or calendar system:* _____
 - b. Is the docket control system and/or calendar computerized? Yes No
 - c. Does the docket control system and/or calendar have redundancies in input, review and oversight? Yes No
 - d. How often is the docket control system and/or calendar updated?
 Daily Weekly Monthly Annually Other _____
 - e. Does the docket control system and/or calendar:
 Track Litigated Items Track Non-Litigated Items, even where no critical deadline is involved
- 5. Client Communications - Indicate percentage of use for each. **All** questions must be answered:
 - a. Engagement Letters _____%
 - Do they include scope of services to be performed? Yes No
 - Do they outline the firm's billing policy and procedures? Yes No
 - b. Non-Engagement Letters _____%
 - c. Disengagement Letters _____%**If not 100% for a, b and/or c above, provide details:*

- 6. If you are a sole practitioner, please identify the attorney who handles your cases in your absence.
Note: A Back-Up Attorney is required for all solo firms. Select NA for multiple attorney firms. NA
 Back Up Attorney: _____
 Provide states where the back-up attorney is licensed: _____



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7. Does the firm receive more than 25% of its gross billings from a single client? Yes No

***If yes, please provide details: ("Largest Case Value" refers to size/value of transaction, not amount billed by the Applicant Firm.)**

Client Name*	Client's Industry	Areas of Practice	Percentage of Firm's Annual Billings	Largest Case Value

***Where a client's name may not be disclosed, please insert a number from 1-5 (as applicable) in the Client Name field.**

VIII. OUTSIDE INTERESTS

1. Do any members of the firm have more than 15% ownership in any company as a partner, member, principal or stockholder of any business enterprise or any entity not named on this application? Yes No

2. Do any members of the firm serve as directors, officers, trustees, consultants, or in any other capacity for any firm clients? Yes No

***If "Yes" to #1 and/or #2 above, complete an Outside Interest Questionnaire.**

IX. LOSS INFORMATION

1. During the past five years has any member of the firm been subject to any disciplinary inquiry, complaint, grievance, or proceeding, for any reason including non-payment of dues? Yes No

2. Has any member of the firm ever been refused admission to practice, disbarred, suspended, formally reprimanded, or sanctioned in any other way? Yes No

***If "Yes" to question #1 or #2 above, please complete the Disciplinary Questionnaire.**

3. In the past five (5) years, has any professional liability claim been made or suit brought against the firm, any predecessor firm or any of the firm's or any Predecessor Firm's current or former professional staff? Yes No

4. Is the firm or any attorney in the firm aware of any incident, negligent act, error or omission, or other circumstance that could result in a claim or suit against the firm or any Predecessor Firm or any of the firm's or any Predecessor Firm's current or former professional staff? Yes No

***If yes to question #3 and/or #4 above complete a Claim Supplement and provide current 5-year Loss Runs.**

IMPORTANT: Without prejudice to any of our other rights and remedies, all of you understand and agree that if any such fact, circumstance or situation exists, which is not disclosed in response to the questions above, any claim or action arising from such fact, circumstance or situation is excluded from coverage under the proposed policy.



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X. DECLARATIONS AND NOTICE

The undersigned, acting on behalf of the **Firm**, represents that the statements set forth in this Application are true and correct and that thorough efforts were made to obtain requested information from all of **You** to facilitate the proper and accurate completion of this Application.

The undersigned agree that the information provided in this Application and any material submitted herewith are the representations of all of **You** and that they are material and are the basis for issuance of the insurance **Policy** provided by **Us**. The undersigned further agree that the Application and any material submitted herewith shall be considered attached to and a part of the **Policy**. Any material submitted with the Application shall be maintained on file (either electronically or paper) with **Us**.

It is further agreed that:

- If any of **You** discover or become aware of any material change which would render the Application inaccurate or incomplete between the date of this application and the **Policy** inception date, notice of such change will be reported in writing to **Us** as soon as practicable;
- Any **Policy** issued will be in reliance upon the truthfulness of the information provided in this Application.
- The signing of this Application does not bind the **Firm** to purchase insurance.

The information requested in this Application is for underwriting purposes only and does not constitute notice to **Us** under any policy of a **Claim** or potential **Claim**.

GENERAL FRAUD NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARIZONA AND MISSOURI APPLICANTS: Claim Expenses are Inside the Policy Limits. All claim expenses shall first be subtracted from the limit of liability, with the remainder, if any, being the amount available to pay for damages.

NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO IDAHO AND OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.



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NOTICE TO KANSAS APPLICANTS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to, or by an insurer, purported insurer or insurance agent or broker, any written statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MICHIGAN APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO NEW JERSEY APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy or files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO NEW HAMPSHIRE APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

NOTICE TO NEW MEXICO AND RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud any insurance company: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 subjects such person to criminal and civil penalties.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

This Application must be signed by a representative of the **Firm** acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Date

Signature and Title

(mm/dd/yyyy)

(Chief Executive Officer, President, Chief Financial Officer, Managing Partner or Owner)

(mm/dd/yyyy)

(Print Name and Title)

A POLICY CANNOT BE ISSUED UNLESS THE "APPLICATION" IS PROPERLY SIGNED AND DATED.



Roster of Lawyers

Name of Applicant Firm: _____

INSTRUCTIONS: Whenever used in this Application, the term Firm shall mean the **Named Insured** proposed for insurance, and **You** or **Your(s)** shall mean the persons and entities proposed for insurance unless otherwise stated.

I. ROSTER OF LAWYERS (Use separate sheet if needed)

Lawyer Name	Status*	Date of Hire	Retro Date if other than Date of Hire	Hours Worked per Week	State(s) of Licensure & Date(s) Admitted	Indicate if: DE, NJ Bar or Boston Bar Association Member
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						

*STATUS: O – Owner E – Employee OC – Of Counsel** IC – Independent contractor**

** Coverage limited to work done for the firm.



Roster of Lawyers

II. DECLARATIONS, NOTICE AND SIGNATURES

The undersigned, acting on behalf of the **Firm**, represents that the statements set forth in this Application are true and correct and that thorough efforts were made to obtain requested information from all of **You** to facilitate the proper and accurate completion of this Application.

The undersigned agree that the information provided in this Application and any material submitted herewith are the representations of all of **You** and that they are material and are the basis for issuance of the insurance **Policy** provided by **Us**. The undersigned further agree that the Application and any material submitted herewith shall be considered attached to and a part of the **Policy**. Any material submitted with the Application shall be maintained on file (either electronically or paper) with **Us**.

It is further agreed that:

- If any of **You** discover or become aware of any material change which would render the Application inaccurate or incomplete between the date of this application and the **Policy** inception date, notice of such change will be reported in writing to **Us** as soon as practicable;
- Any **Policy** issued will be in reliance upon the truthfulness of the information provided in this Application.
- The signing of this Application does not bind the **Firm** to purchase insurance.

The information requested in this Supplemental Application is for underwriting purposes only and does not constitute notice to **Us** under any policy of a **Claim** or potential **Claim**.

Note: This Application must be signed by a representative of the firm acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Date

Signature/Title

(mm/dd/yyyy)

(Chief Executive Officer, President, Chief Financial Officer, Managing Partner or Owner)