



## APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

THE POLICY YOU ARE APPLYING FOR IS A CLAIMS-MADE AND REPORTED POLICY, AND SUBJECT TO ITS PROVISIONS, APPLIES ONLY TO ANY CLAIM BOTH FIRST MADE AGAINST AN INSURED AND REPORTED IN WRITING TO THE COMPANY DURING THE POLICY PERIOD, NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT, THE EXTENDED REPORTING PERIOD APPLIES. DEFENSE COSTS, AS WELL AS ANY LOSSES REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

### ABOUT THE FIRM

1. The precise registered name of the applicant firm to be insured, as reflected on the firm's letterhead:  
Name: \_\_\_\_\_  
Attach a sample of the firm's letterhead to this application. Inconsistencies between it and the application, including attorneys named, address, and other offices, etc. should be explained on a separate sheet of paper
2. a. Primary Location of the firm:  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Web site Address: \_\_\_\_\_
- b. Is this location a work-at-home or Virtual Office Arrangement (i.e. mailing address only, reserved office space on a shared basis)?  Yes  No
- c. Is this location where the firm meets with clients? If no, please explain via Question 7 below.  Yes  No

### FIRM COVERAGE INFORMATION

3. Coverage is requested to be effective on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
4. What year was the firm established? \_\_\_\_\_
5. Type of Entity?  solo practitioner  individual attorney with employee attorney(s)  
 partnership  PC  PA  LLC  LLP  other \_\_\_\_\_
6. Is the firm office or suites shared with attorneys other than firm members?  Yes  No
7. Does the firm have offices at locations other than the primary location listed above?  Yes  No
8. Does the firm practice in states other than the primary location?  Yes  No  
*If "yes", complete the Out of State Supplemental Application.*
9. Is the ratio of support staff to attorneys greater than 3 to 1?  Yes  No
10. For how many years has the firm been continuously insured for malpractice claims? \_\_\_\_\_
11. a. Enter the prior acts exclusion date, if applicable: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- b. If the firm is a spin-off from another firm include the number of years that firm has been continuously insured. \_\_\_\_\_
12. Has the firm ever purchased an Extended Reporting Period option?  Yes  No
13. Has the firm's coverage ever been non-renewed, cancelled, rescinded or declined by another carrier?  Yes  No
14. Does the firm desire coverage for any previously-dissolved predecessor firms and those attorneys affiliated therewith?  Yes  No
15. Is there an attorney listed on the letterhead not covered by the firm's insurance?  Yes  No
16. Enter the firm's insurance history for the last five years:

Eff Date mm/dd/yy	Insurance Company	Limits (per claim / agg)	Deductible (per claim/agg)	Covered # of attys	Annual Premium



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**ATTORNEY INFORMATION**

17. **Total number of attorneys:** List all of the firm's attorneys. Differences between the date attorney began practicing law for other than a corporate or governmental entity and the date the attorney was admitted to the Bar must be explained on a separate sheet of paper following the same format. List additional attorneys on a separate sheet in the same format.

	Attorney Name	Attorney Desig.	Average # of hours per week				States licensed to practice law	Number of Years			Prior acts date	CNA Risk Mgmt * Seminar Date	Bar Member?	
			0	1-10	11-25	26 +		In practice	with this firm	continuous malpractice coverage			Y	N
1													<input type="checkbox"/>	<input type="checkbox"/>
2													<input type="checkbox"/>	<input type="checkbox"/>
3													<input type="checkbox"/>	<input type="checkbox"/>
4													<input type="checkbox"/>	<input type="checkbox"/>
5													<input type="checkbox"/>	<input type="checkbox"/>
6													<input type="checkbox"/>	<input type="checkbox"/>
7													<input type="checkbox"/>	<input type="checkbox"/>
8													<input type="checkbox"/>	<input type="checkbox"/>
9													<input type="checkbox"/>	<input type="checkbox"/>
10													<input type="checkbox"/>	<input type="checkbox"/>

**Attorney Designations:**

- A Associate
- CC Co-counsel
- D Director
- E Employee
- IC Independent Contractor

- MEM Member of Firm
- MGR Manager
- O Owner
- OC Of Counsel
- OF Officer

- SP Solo Practitioner
- SPC Special Counsel
- STC Staff Counsel
- SHH Shareholder
- STH Stockholder

**Partner Designations:**

- EP Equity Partner
- NP Non-equity Partner
- P Partner
- LLP Limited Liability Partner
- RP Retired Partner

\* does not include courses taken on West Legal Ed website



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AREAS OF PRACTICE

18. Guidelines for completing this section:

- a. Express percentages of time devoted (billable hours) in each area during the previous year.
b. Indicate percentages in whole numbers next to the type of law you practice, not the business client you represent.
c. Be as accurate as possible, as casual estimates may cause inappropriate evaluation of your practice.
d. All litigation should be coded as "civil litigation" with the exception of "criminal", "personal injury-plaintiff" and "intellectual property" which should be coded to their respective Area of Practice.

Grid of percentage fields for various legal practice areas such as Admiralty / Marine - Defense, Criminal, Natural Resources / Oil & Gas, etc.

TOTAL: \_\_\_\_\_% must equal 100%

\* If any percentage, complete the Intellectual Property and/or Securities Supplemental Applications.

"OTHER" Description Area: \_\_\_\_\_

FIRM OPERATIONS AND MANAGEMENT

- 19. Does the firm or any attorney of the firm have clients in the Entertainment industry?
20. At any time in the past five years, has the firm, or any attorney of the firm (regardless of what firm they were with at the time) provided legal services in any way related to a security or securities transaction?
21. Does the firm have any one client in which the firm's attorneys have an equity interest greater than 10% combined?
22. Does the firm have any one client which represents more than 25% or more of the firm's billings?
23. Does anyone in the firm serve as a director, officer or employee or in any other management capacity for a client?
24. Does the firm have procedures for identifying and resolving potential or actual conflicts of interest including cross-checking of former, existing or potential clients?
25. Does the firm have at least two independently maintained docket controls?
26. a. Does the firm regularly confirm representations in writing via use of formal engagement letters?
Please attach a sample engagement letter on firm letterhead
b. Does the engagement letter include the following:
- Identity of the Client?
- Scope of Representation that includes key terms of legal representation?
- Fee structures and billing agreements?
- Termination agreement that includes file retention and destruction terms?
c. Does the firm ensure that a countersigned engagement letter is received from the client before work begins on a new matter?
If "no", to a., b. or c, please explain via attachment.



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### FIRM OPERATIONS AND MANAGEMENT (CON'T)

27. Does the firm regularly acknowledge in writing the declination or termination of representations?  Yes  No
28. For firms greater than 5 attorneys: Does the firm require that at least two attorneys in the firm be informed of the initiation of a representation?  Yes  No
29. If you are a solo practitioner, do you have a procedure in place regarding provisions of services if you are incapacitated or otherwise unavailable?  Yes  No
30. Has the firm initiated lawsuits or arbitration procedures during the last two years to enforce the collection of unpaid fees for the firm?  Yes  No

*If "yes", complete the Fee Suit Supplemental Application.*

31. Has the Firm or any lawyer in the Firm represented publicly traded clients with services rendered involving Sarbanes-Oxley Act (SOX) compliance including but not limited to Securities, Accounting, Financial/Investment Services or Tax work?  Yes  No

*If "yes", please complete the Client Information supplement.*

32. Has the firm been involved in any mass tort / class action cases within the past five years?  Yes  No

*If "yes" complete the Mass Tort / Class Action Supplemental Application.*

33. Provide the firms gross revenues:

Year	Year End Date	Gross Revenues
Current fiscal		\$
Prior fiscal		\$
2 Years Prior		\$

34. What percentage of accounts receivable are outstanding more than 90 days? \_\_\_\_\_%

### CLAIM / INCIDENT / DISCIPLINARY INFORMATION

35. After inquiry, is any attorney in the firm aware of:
- a. a professional liability claim made in the past five years against them, the firm, any predecessor firm, or against any current or former attorney of the firm while affiliated with the firm?  Yes  No
- b. an actual or alleged act, omission, circumstance, or breach of duty that a reasonable attorney would recognize might reasonably be expected to result in a claim being made against the firm, any predecessor firm, or against any attorney currently or formerly affiliated with the firm or any predecessor firm, regardless of whether any such claim would be meritorious?  Yes  No

*If "yes" to a, or b above complete the Claims Supplemental Application for each claim or incident*

36. a. Within the past five years, has any attorney been subject to any disciplinary inquiry, complaint or proceeding for any reason *including* non-payment of dues?  Yes  No
- b. Has any attorney *ever* been refused admission to practice, disbarred, suspended, formally reprimanded, or sanctioned in any other way?  Yes  No

*If "yes" to a or b above complete the Disciplinary Supplement unless the matter was reported under a prior CNA policy term and supplement was completed. The Disciplinary – Status Update Supplement should be completed for renewal policies where the matter was previously reported but was still open at the last renewal.*



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### REQUESTED COVERAGE

(Some limits / deductibles / optional coverages may not be available in all states and all are subject to underwriting qualification. Your quote will reflect the coverage and options for which your firm qualifies.):

37. a. Select the Each Claim/Aggregate Limit the firm desires:

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

b. Select the Aggregate Deductible the firm desires:

- |                                   |                                   |                                  |                                   |                                   |                                    |  |
|-----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> \$ 1,000 | <input type="checkbox"/> \$ 2,500 | <input type="checkbox"/> \$4,000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$75,000  |  |
| <input type="checkbox"/> \$ 2,000 | <input type="checkbox"/> \$ 3,000 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$15,000 | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$100,000 | <input type="checkbox"/> Other: \$ _____ |

38. Select the optional coverages the firm desires:

- Per Claim Deductible     Claims Expenses Outside Limit     First Dollar Defense     Title Insurance Agency

*NOTE: The Title Insurance Agency optional coverage extends coverage to a specific title agency as a separate entity. A supplemental application is required.*



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**SIGNATURE AND REPRESENTATION**

Applicant hereby represents, after inquiry, that the information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations: this application, and any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof.
2. This application will be the basis of the contract and will be incorporated by reference into and made part of such policy; and
3. Applicant's failure to report to its current insurance company, during the current policy period, either any claim made against any insured, or any act or omission known to any insured that may reasonably be expected to be the basis of a claim against any insured may create a lack of coverage.
4. Any attorney currently or formerly affiliated with the firm or any predecessor firm, has disclosed in this Application any actual or alleged, act, omission, circumstance or breach of duty that a reasonable attorney would recognize might reasonably be expected to result in a claim being made against the firm, any predecessor firm, or any attorney currently or formerly affiliated with the firm or any predecessor firm, regardless of whether any such claim would be meritorious.

Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant.

**FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE**

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 MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (for New York residents only: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For Pennsylvania Residents only: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.) (For Tennessee Residents only: Penalties include imprisonment, fines and denial of insurance benefits.)

**Applicant:**

By \_\_\_\_\_

SIGNATURE OF OFFICER OR PARTNER OF THE FIRM	PRINT NAME OF OFFICER OR PARTNER	DATE
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**REMINDER**

Please attach a sample of your letterhead to this application