

### Lawyers' Professional Liability Insurance

#### CLAIMS MADE WARNING FOR APPLICATION

**THIS PROPOSAL FORM IS FOR A CLAIMS-MADE POLICY, RELATING TO CLAIMS MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE.**

Whenever printed in this Proposal Form, the boldface type terms shall have the same meanings as indicated in the Policy. This Proposal Form is to be completed with respect to the entire Applicant Firm.

Name of Applicant Firm \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

List the person designated to receive notices from the **Insurer**, if a Policy is issued:

Name \_\_\_\_\_ Title \_\_\_\_\_

#### Insured Information

- Check the box that describes the above Applicant Firm.  
 Partnership     Individual     Professional Corporation     Limited Liability Corporation     Limited Liability Partnership
- Federal Tax I.D. No.: \_\_\_\_\_
- Date Commenced Business: \_\_\_\_\_
- List the names of all predecessor firms to whose assets and liabilities the applicant is the majority successor in interest. Include the date the predecessor firms were established and the dates of merger.

Name of Predecessor Firm	Date Established	Date of Merger

- List the address of all branch offices and the date the branch offices were established.

Address of Branch Offices	Date Established

If the Applicant Firm conducts business from more than one location, please answer questions (a) and (b).

(a) Is there a senior partner or officer principally located in each office?  Yes  No

(b) How are the docket and conflict-avoidance systems coordinated between the offices?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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6. Indicate the total number of personnel by location (match branch office personnel with the branch office in question 5.).

	Principal Office	Branch Office (a)	Branch Office (b)	Branch Office (c)
Partners or officers				
Employed lawyers				
Lawyers "of counsel"				
Paralegals or law clerks				
Other clerical staff				

7. How many lawyers have joined the Applicant Firm during the past 12 months? \_\_\_\_\_

How many lawyers have left the Applicant Firm during the past 12 months? \_\_\_\_\_

8. Has the Applicant Firm ever closed a branch office or had a single group departure of 5 or more lawyers during the past three years?  Yes  No

If "Yes", please provide full details.

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\_\_\_\_\_

\_\_\_\_\_

9. Does any lawyer in the Applicant Firm serve as a director, officer, trustee or partner of, or exercise any fiduciary control over, any organization other than the Applicant Firm?  Yes  No

If "Yes", list the lawyer's name, organization, nature of organization or business, position held and whether or not the organization is a client of the Applicant Firm.

Name of Lawyer	Name of Organization	Nature of Business	Position Held	Client of Firm?
_____	_____	_____	_____	<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

10. Except as listed in Question 9., is the Applicant Firm or any lawyer of the Applicant Firm engaged in any occupation, business enterprise, or profession outside the practice of law?  Yes  No

If "Yes", please provide full details.

\_\_\_\_\_

\_\_\_\_\_

## Nature of Practice

11. Indicate the gross income for the applicable fiscal year (gross income means all sums billed to clients for services rendered, or if your Applicant Firm deals primarily with contingency fee cases, your average annual gross revenue):

(a) Actual for immediate past fiscal year: \$ \_\_\_\_\_

(b) Estimate for current fiscal year: \$ \_\_\_\_\_

(c) Explain any variance of 25% or more in the Applicant Firm's annual gross income from the last fiscal year to the current fiscal year.

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\_\_\_\_\_

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12. Indicate the percentage of gross income for the past fiscal year derived from the following areas of practice:

Area of Practice	%	Area of Practice	%
Administrative Law -		Labor Relations -	
Banks/Savings and Loan	_____ %	Labor Representation	_____ %
Oil and Gas	_____ %	Management Representation	_____ %
Public Utilities	_____ %	Litigation (Civil)	_____ %
Other	_____ %	Local Government Law	_____ %
Admiralty/Maritime	_____ %	Mergers and Acquisitions	_____ %
Antitrust/Trade Regulation	_____ %	Pension and Employee Benefits	_____ %
Arbitration/Mediation	_____ %	Personal Injury and Negligence -	
Bankruptcy	_____ %	Defendant Representation	_____ %
Commercial Law	_____ %	Plaintiff Representation	_____ %
Civil Rights and Discrimination	_____ %	Public Contract Law	_____ %
Collection/Repossession	_____ %	Real Property -	
Communications (FCC)	_____ %	Conveyance	_____ %
Construction Law	_____ %	Development	_____ %
Copyright/Patent/Trademark	_____ %	Title Examination	_____ %
General Corporate/Business	_____ %	Securities Law	_____ %
Corporate Organization/Formation	_____ %	Taxation -	
Criminal Law	_____ %	Opinions	_____ %
Entertainment/Sports	_____ %	Preparation	_____ %
Environmental Law	_____ %	Workers' Compensation -	
Estate, Trust and Probate	_____ %	Plaintiff	_____ %
Family Law	_____ %	Defense	_____ %
Healthcare	_____ %	Other (list):	
Immigration and Naturalization	_____ %	_____	_____ %
International Law	_____ %	_____	_____ %
		<b>TOTAL</b>	<b>100%</b>

13. Does the Applicant Firm foresee any major changes in the percentages shown in Question 12., for the current fiscal year?  Yes  No  
 If "Yes", please provide full details.

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14. List the Applicant Firm's five largest clients in terms of sums billed. Include the nature of the client's business and the area(s) of practice in which Applicant Firm renders services (use the categories shown in Question 12., to describe area(s) of practice).

Name of Client	Nature of Business	Area of Practice

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15. Does the Applicant Firm or any lawyer in the firm provide investment advisory services or have discretionary investment authority over the funds of any client?  Yes  No  
If "Yes", please provide full details.

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### General Policy and Procedures

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16. Docket and Calendar
- (a) Does the Applicant Firm maintain a planned docket control system and procedure with at least two independent date controls?  Yes  No
  - (b) Are the docket control system(s) and the procedure computerized?  Yes  No
  - (c) Do the planned docket control system(s) and the procedure produce a weekly calendar?  Yes  No
  - (d) Do the planned docket control system(s) and the procedure cover all aspects of the firm's practice?  Yes  No
  - (e) Do the planned docket control system(s) and the procedure require lawyers to both calendar and remove from the calendar all filing dates?  Yes  No
  - (f) Are open calendar entries on the planned docket control system and procedure circulated to all lawyers, or if the Applicant Firm is divided into formal departments, to all lawyers in the appropriate department?  Yes  No
17. Training
- (a) Does the Applicant Firm maintain a formal training program for new lawyers as to office and court procedure?  Yes  No
  - (b) How many lawyers of the Applicant Firm have participated in formal continuing legal education programs, of at least seven hours, during the last year? \_\_\_\_\_
  - (c) Are associates of the Applicant Firm subject to periodic, formalized review?  Yes  No
18. Supervision
- (a) Is the Applicant Firm divided into formal departments?  Yes  No
  - (b) Do the formal departments have department heads?  Yes  No
  - (c) Do the department heads conduct periodic meetings of their departments?  Yes  No
  - (d) Is a partner of the Applicant Firm responsible for every matter in the office?  Yes  No
  - (e) Is the assignment of matters to specific lawyers in the Applicant Firm subject to approval of the department head for the type of matter involved?  Yes  No
19. Business Procedures
- (a) Does the Applicant Firm outline and reduce to writing its billing policy and procedure at the first meeting with a new client?  Yes  No
  - (b) Does the Applicant Firm use engagement/disengagement/non-engagement letters? (Please attach sample forms.)  Yes  No
  - (c) Does the Applicant Firm maintain a system to avoid conflicts of interest?  Yes  No
  - (d) Is the conflicts system computerized?  Yes  No
  - (e) Is new business subject to the approval of a committee or partner other than the lawyer generating the business?  Yes  No
  - (f) Is a lawyer generating business required to associate with a partner with specific expertise in the matter generated as the responsible partner for the matter?  Yes  No
  - (g) Is information as to all new business made available on at least a weekly basis to all partners?  Yes  No

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## 20. Outside Communications

- (a) Do major opinion letters have to be approved by more than one partner of the Applicant Firm?  Yes  No
- (b) Does the Applicant Firm have a committee or partner responsible for approving letters to auditors?  Yes  No
- (c) Does the Applicant Firm have any formal, written rules on responding to communications from the client?  Yes  No
- (d) Does the Applicant Firm have any formal, written rules on use of the firm's stationery?  Yes  No

## 21. Miscellaneous

- (a) Does the Applicant Firm have a system requiring complaints by either a client or other counsel to be reviewed by a partner other than the lawyer about whom the complaint is made?  Yes  No
- (b) Does the Applicant Firm allow its lawyers to practice law outside the firm?  Yes  No
- (c) Does the Applicant Firm maintain formal, written rules as to lawyer purchases or sales of a client's securities?  Yes  No
- (d) Does service on a Board of Directors have to be approved by a committee or partner?  Yes  No
- (e) What percentage of the Applicant Firm's billings are past due 60 days \_\_\_\_\_%, 90 days \_\_\_\_\_%, 120 days \_\_\_\_\_%?
- (f) Do suits for collection of fees have to be approved by a committee or partner?  Yes  No
- (g) How many suits for collection of fees have been filed by the Applicant Firm during the past 2 years? \_\_\_\_\_
- (h) Does the Applicant Firm share office space, expenses, cases, or letterhead with any other individual, of counsel partnership, firm, or organization?  Yes  No
- (i) Does the Applicant Firm maintain a fidelity bond covering all employees?  Yes  No  
If "Yes", please list carrier, limit and expiration date.

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- (j) Does the fidelity bond extend to provide coverage to all individual members of the Applicant Firm including directors, partners, and employees?  Yes  No
  - (k) During the last 5 years, has the Applicant Firm had any fidelity bond losses?  Yes  No  
If "Yes", please describe, on separate attachment, the type, date, amount, and reimbursement, if any.
  - (l) Are custodial accounts (i.e., money, securities, and other property held on behalf of clients) audited by an independent, outside auditor?  Yes  No  
If "Yes", please specify name.

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- (m) Are two signatures required for all withdrawals of funds from custodial accounts?  Yes  No
  - (n) What is the average and maximum dollar amount of all custodial accounts (not including retainer fees)?  
AVG: \$ \_\_\_\_\_  
MAX: \$ \_\_\_\_\_
  - (o) Does the Applicant Firm have any programs to identify firm members who may have alcohol, drug, gambling or other addictions?  Yes  No

## Claims and Known Incidents

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- 22. Has any lawyer in the Applicant Firm ever been refused admission to practice, disbarred or suspended from practice, reprimanded, sanctioned, or disciplined by any court or administrative agency?  Yes  No  
If "Yes", please provide full details.

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23. Has any professional liability claim been made against the Applicant Firm, or any predecessor in business, or any of the past or present lawyers in the firm, during the past 5 years?  Yes  No

If "Yes", please provide full details on the Claim/Incident Supplemental Form (Form B).

24. After inquiry, does the Applicant Firm or any lawyer in the Applicant Firm know of any circumstances, acts, errors or omissions that could result in a professional liability claim against the Applicant Firm or any predecessor in business, or any of the past or present lawyers in the Applicant Firm?  Yes  No

If "Yes", please provide full details.

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**IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR LOSS IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY LAWSUIT, ADMINISTRATIVE PROCEEDING, WRITTEN DEMAND, WRONGFUL ACT, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH IN THE INSURED'S RESPONSE TO QUESTIONS 23. OR 24.**

**Prior Insurance Information**

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25. Has the Applicant Firm or any predecessor in business ever had an insurer decline, cancel, refuse to renew, or accept only on special terms, any professional liability insurance? **(Not applicable in Missouri)**  Yes  No

If "Yes", please provide full details.

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26. Has the Applicant Firm or any predecessor in business ever purchased an "Extended Reporting Period" or "Discovery Period" under a prior policy which extended the claims reporting period of the policy following cancellation or non-renewal?  Yes  No

If "Yes", please provide full details.

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27. List the professional liability insurance purchased by the Applicant Firm for each of the past 5 years.

Insurer	Limit of Liability	Deductible	Premium	From Mo/Day/Yr	To Mo/Day/Yr

28. Does the Applicant Firm's current or most recently expired policy contain a retroactive date?  Yes  No

If "Yes", please indicate the date. \_\_\_\_\_ (Mo/Day/Yr)

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## Please Read Carefully

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This Proposal Form does not bind the Applicant Firm or the **Insurer** to issue the insurance. However, this Proposal Form will be the basis of the contract if a Policy is issued and it will be attached to and made a part of the Policy.

The undersigned, acting on behalf of the Applicant Firm and all persons proposed for this insurance, represents that all statements on or attached to this Proposal Form are true. The undersigned agrees that if any of the information supplied changes between the date of the Proposal Form and the effective date of the Policy applied for, the undersigned will immediately notify the **Insurer** of such changes. In that event, the **Insurer** shall have the right to withdraw or modify any outstanding quotation and/or authorization or agreement to bind the insurance.

The undersigned, acting on behalf of the Applicant Firm and all persons proposed for this insurance, agrees that fees, costs, and expenses incurred in the defense and settlement of **Claims** shall be included in any Deductible and shall reduce, and may completely exhaust, the Limit of Liability of the Policy.

**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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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 NEW YORK 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 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.**

**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 APPLICANTS OF KENTUCKY: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A CRIME AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.**

**NOTICE TO APPLICANTS OF FLORIDA, MINNESOTA, NEW JERSEY, OHIO, AND OKLAHOMA: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.**

I understand that any information submitted herewith becomes a part of Applicant Firm's Lawyers' Professional Liability Proposal Form and is subject to the same representations and conditions.

	Title
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Signature of Partner, Owner, Officer, or Principal

	Dated
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Print Name

**THIS PROPOSAL FORM WILL NOT BE PROCESSED UNLESS ALL QUESTIONS ON THIS PROPOSAL FORM AND APPLICABLE SUPPLEMENTAL FORMS ARE ANSWERED.**