

LAWYERS PROFESSIONAL LIABILITY APPLICATION

* **Designation Options:** **P** = Partner/Officer/Shareholder, **E** = Employed Associate/Lawyer, **O** = Of Counsel, **I** = Independent Contractor, **S** = Sole Proprietor

- a. List the number of attorneys that the Applicant had insured each of the past five (5) years.
 i. Current Yr: #____, ii. 1 Yr Ago: #____, iii. 2 Yrs Ago: #____, iv. 3 Yrs Ago: #____, 4 Yrs Ago: #____, 5 Yrs Ago: #____
- b. If the Applicant is a Sole Practitioner, please provide the name of the lawyer who will be responsible for your affairs if you are absent for an extended period of time (i.e. vacation, illness, disability, etc.):
 Name: _____ Telephone No.: _____
 Address: _____
- i. Does this lawyer have current E&O coverage..... Yes No

5. Staff Information:

	Paralegals	Clerical	Administrators	Law Clerks	Investigators	Hearing Reps	Professionals
Current Fiscal Yr:	#	#	#	#	#	#	#
Past Fiscal Yr:	#	#	#	#	#	#	#

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C. PROFESSIONAL SERVICE ACTIVITIES AND SPECIALTY

1. a. Indicate percentage of gross billable dollars/contingency fees by area of practice for the past fiscal year.

S= Indicates completion of a Supplemental Area of Practice Application is required.

Admiralty/Maritime _____%	Financial Institutions (S-8013) _____%
Antitrust: _____%	Governmental Lobbying _____%
- Non-class action mass tort _____%	Governmental: _____%
Arbitration/Mediation _____%	- Administrative/Local _____%
Bankruptcy: _____%	- Federal/State _____%
- Commercial _____%	Insurance Coverage (S-8015) : _____%
- Individual _____%	- Defense _____%
Bodily Injury/Property Damage (S-8021) : _____%	- Opinions _____%
- Defense, Average Case <\$.5M _____%	- Plaintiff _____%
- Defense, Average Case >\$.5M _____%	Labor: _____%
- Limited Partnerships, Non-Securities _____%	- ERISA/Employee Benefits _____%
- Plaintiff < \$.5M _____%	- Management _____%
- Plaintiff, Avg. Case >\$.5M _____%	- Union _____%
Civil Rights/Employment Law: _____%	Medical Malpractice & Product Liability (S-8021) : _____%
- Plaintiff _____%	- Plaintiff _____%
Class Action / Mass Tort _____%	Natural Resources & Energy (S-8009) _____%
- Defense _____%	Patent/Trademark, Including Intellectual
Commercial/Civil Litigation: _____%	Property: (S-8020) _____%
- Appellate/Plaintiff _____%	- Filings _____%
- Defense _____%	- Searches _____%
Construction Law _____%	- Litigation _____%
Corporate Transactions: _____%	Real Estate (S-8017) : _____%
- General Corporate/Business _____%	- Development/Land Use _____%
- Formation/Alteration, Non-Public _____%	- Foreclosure/Loan Workout _____%
- Formation/Alteration, Public _____%	- Filings/Searches _____%
- International Trade Law, Non-Public _____%	- General/Transactional _____%
(S-8008)	- Landlord/Tenant _____%
- International/Trade Law, Public _____%	- Syndication _____%
(S-8008)	- Title – Commercial _____%
- Mergers/Acquisitions, Non-Public _____%	- Title – Residential _____%
- Mergers/Acquisitions, Public _____%	Securities (S-8018) : _____%
Criminal: _____%	- Initial Public Offering _____%
- Defense _____%	- Limited Partnerships _____%
Entertainment & Sports, (S-8010) _____%	- Municipal Bonds (S-8014) _____%
Non-Investment Counseling _____%	- Public/Private Placement _____%
Environmental (S-8011) _____%	- All Other _____%
Estate Law (S-8012) : _____%	Taxation (S-8019) : _____%
- Planning _____%	- Opinions, Public/IPO _____%
- Trust/Wills/Probate _____%	- Preparation/Individual _____%
- Elder Law _____%	- Preparation/Business _____%
Family Law: _____%	- All Other _____%
- Adoption, Domestic _____%	Trademark/Copyright, Non-Patent/Intellectual
- Adoption, Foreign _____%	Property (S-8020) : _____%
- Guardianships, Juvenile & Elder _____%	- Litigation _____%
- Immigration/Naturalization _____%	Workers Compensation: _____%
- Pre-Nuptial/Divorce (Assets<\$1M) _____%	- Defense _____%
- Pre-Nuptial/Divorce (Assets \$1-5M) _____%	- Plaintiff _____%
- Pre-Nuptial/Divorce (Assets > \$5M) _____%	

TOTAL _____%
(100%)

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- b. Does the applicant handle any Sarbanes-Oxley compliance for clients? Yes* No
*If Yes, attach supplemental **8022**.
- c. Does the applicant handle any Collections/Repossessions? Yes No
- d. Does the applicant handle any Plaintiff's Class Action/Mass Tort suits? Yes No

2. Areas of Practice (non-international) listed above are primarily provided on a:

Local, State-Wide, Multi-State, or National basis

- a. If 25% or more of gross billable dollars/contingency fees are derived from business Multi-State or National basis above, list such states and corresponding area of practice/percentage of gross billable dollars/contingency fees that apply:

- b. Has the Applicant engaged in any other Area of Practice during the past five (5) years other than those currently listed in question C.1.a above? Yes No
* **If Yes**, please list those previously engaged in Areas of Practice(s) and what percentage of your overall practice they amounted to at that time: _____

3. List Applicant's TOTAL GROSS BILLABLE DOLLAR/CONTINGENCY FEES, whether collected or not for:

- a. Current (or Projected) Fiscal Year: \$ _____
- b. Past Fiscal Year: \$ _____
- c. What is the approximate outstanding amount of your accounts receivable, as a percentage of the Applicant's annual gross billable hours, for each of the following periods:
i. 30 Days: \$ _____, ii. 60 Days: \$ _____, iii. 90 Days: \$ _____, iv. 120 Days: \$ _____

4. Licensing & Grievances/Complaints:

- a. Is the Applicant, if required, properly licensed and in good standing for the state(s) in which it operates? Yes No *
* **If No**, explain details: _____
- b. Has the Applicant, including the firm and any attorney of the firm (regardless of what firm they were practicing at the time) been the subject of a grievance or complaint to a local or state bar association, licensing board or peer review committees, or been subject to any disciplinary proceedings, refused admission to practice, disbarred, suspended or formally reprimanded, or are there any such proceedings currently in progress, for any reason other than non-payment of dues? Yes No
* **If Yes**, explain details: _____

D. RISK MANAGEMENT, INTERNAL PROCEDURES & OUTSIDE INTERESTS

1. Firm Management/Oversight:

- a. Does the Applicant employ a full-time non-attorney administrator? Yes No
- b. Does the Applicant have written office policies or procedures concerning the following:
 - i. Employment Yes * No
 - ii. Benefits Yes * No
 - iii. E-mail, Internet Security and e-Discovery Yes * No
 - iv. Sarbanes Oxley Act Yes * No
- c. Does the Applicant's client intake, screening or file opening procedures:
 - i. Require final approval of a Management Committee or Firm Manager before a matter can be opened? Yes * No
 - ii. Require a review of the proposed client's:
 - (1) Legal representation history? Yes * No
 - (2) Number of previous attorneys interviewed/employed? Yes * No
 - (3) Previous litigation history? Yes * No
 - iii. Examine the match between the proposed representation and the current skill sets of the attorneys who will be working on the matter? Yes * No
- d. Does the Applicant maintain a system to avoid Conflicts of Interest? Yes * No
 - i. Is the Conflict of Interest avoidance system automated? Yes * No

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- ii. Do the Conflict of Interest avoidance procedures include a review of:
 - (a) Current and former clients? Yes * No
 - (b) Matters or clients that have been declined? Yes * No
 - (c) Require written consent from all parties to a potential conflict prior to performing legal services? Yes * No

If No applies to any part of Questions 1.c or 1.d above, attach an explanation of the Applicant's Conflict of Interest Avoidance Procedures.

Firm Management/Oversight continued:

- e. Does the Applicant require an engagement letter before each new matter is accepted? Yes * No
- f. Does the Applicant require a non-engagement letter for each new matter that is declined? Yes * No
- g. Does the Applicant notify clients in writing of services when services are completed, or when the attorney-client relationship is terminated? Yes * No

2. Docket Control Practices

- a. Is the Docket/Calendar system automated? Yes * No
- b. Does the Docket/Calendar system track litigated items? Yes * No
- c. Is the Docket/Calendar system track non-litigated items, even where no critical deadline is involved? Yes * No
- d. Does the Docket/Calendar system include a procedure for the verification of the completion of calendared items or the re-scheduling of events? Yes * No
- e. Has the Applicant designated a specific individual to manage the Docket/Calendar system? Yes * No
 * **If Yes**, list the title of this person: _____
- f. Are all incoming mail checked centrally for critical dates by the person(s) responsible for docket control before being distributed to the attorney(s) handling the matter? Yes * No

3. Outside Interests

- a. Does the Applicant have a written policy (or, if a Sole Practitioner, a practice) prohibiting an attorney's investment in client business? Yes * No
- b. Within the past five (5) years has any:
 - i. Attorney of the firm, while affiliated with the firm, served as director, officer or partner or in a fiduciary capacity for any current or former client? Yes * No
 - ii. Attorney of the firm (including members of such attorney's immediate family) had any ownership interest in any current or former client? Yes * No
 - iii. Does any single client represent ten percent (10%) or more of the firm's total gross billable dollars? Yes * No
- c. Does any attorney of the firm also engage in any business enterprise, profession or occupation outside their current practice of law (e.g., title agent, investment counselor, accountant, real estate agent, insurance agent, financial planner, etc.) Yes * No
 * **If Yes**, please describe: _____

4. Suits for Fees

- a. Does the Applicant refer all collection matters concerning outstanding fees to a Collection Agency? Yes * No
- b. Does the Applicant have a policy against suing a client for fees? Yes * No
 * **If No**, in the past five (5) years has the Applicant sued any client for fees? Yes * No
- i. List the number of suits for fees filed during the past five (5) years: # _____

5. General Practices/Procedures

- a. Does the Applicant periodically review random case files by an associate not assigned to the case? Yes * No
- b. Has the Applicant had a risk management seminar or audit conducted within the past two (2) years by a risk management specialist outside of the firm? Yes * No
- c. Does the Applicant require a second partner review of opinion letters and audit responses prior to issuance (Skip question if Sole Practitioner)? Yes * No
- d. Does the Applicant refer legal work to attorneys outside of the firm, retaining a portion of the fees? Yes * No
- e. Does the Applicant advertise its legal services on the television or radio? Yes * No
 * **If Yes**, explain in detail: _____
- f. Does the Applicant maintain a website? Yes * No
- g. Does the Applicant maintain a formal training program for new attorneys as to firm procedures, local practice rules, and rules of professional conduct? Yes * No

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- h Does the Applicant ever exercise discretion/control over any of its clients funds other than as custodian under the Applicant's client trust accounts?..... Yes * No

E. PRIOR INSURANCE

1. Has the Applicant, or any attorney of the firm (regardless of what firm they were practicing with at the time), ever had any professional liability insurance refused, cancelled or non-renewed within the past five (5) years, other than the insurance carrier's withdrawal from the market (not applicable in Missouri)?..... Yes * No
 * **If Yes**, explain why: _____

2. List all professional liability insurance carried for each of the past five (5) years. None Applies

INSURANCE CO.	LIMIT	DEDUCTIBLE	PREMIUM	POLICY PERIOD
\$ _____	\$ _____	\$ _____	\$ _____	_____
\$ _____	\$ _____	\$ _____	\$ _____	_____
\$ _____	\$ _____	\$ _____	\$ _____	_____
\$ _____	\$ _____	\$ _____	\$ _____	_____
\$ _____	\$ _____	\$ _____	\$ _____	_____

List Retroactive date on the Applicant's current Policy: _____ or Not Applicable

3. a. Does the Applicant's current policy have any endorsements that limit or exclude coverage other than an office sharing or prior acts exclusion endorsement?..... Yes * No
 * **If Yes**, attach a copy of the endorsement. If unavailable, provide description: _____

4. a. Has the Applicant ever purchased an Extended Reporting Period (tail) coverage?..... Yes * No
 * **If Yes**, state the number of years the Extended Reporting Period coverage applies(ed): _____
 i. Attach a copy of the endorsement.

F. CLAIMS EXPERIENCE

1. Have any claims or suits to which this insurance applies been made during the past five (5) years against the Applicant, its predecessors in business, any of the past or present partners, directors, officers, or employees of the Applicant?..... Yes * No
 * **If Yes, complete the Claim/Incident Supplemental Application.**
2. Is the Applicant (after proper inquiry of each attorney and employees of the firm, including all Of Counsel and Independent Contractor attorneys), or any other proposed insured, aware of any fact, circumstance, situation, act, error or omission which may result in claim being made against the Applicant, its predecessors in business or any of the present or past partners, officers, directors or employees to which this insurance applies?..... Yes * No
 * **If Yes**, give full details. _____

3. Has the Applicant (or any other proposed insured) been involved during the past five (5) years in any disputes with respect to fees or other compensation which may be due for professional services rendered?..... Yes * No
 * **If Yes**, give full details. _____

4. **It is agreed that any claim or lawsuit against the Applicant or any other proposed Insured arising from any fact, circumstance, situation, act, error or omission disclosed or required to be disclosed in response to question 2, 3, and 4 above is hereby expressly excluded from coverage under the proposed insurance policy.**

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G. ATTACHMENTS

INFORMATION

ATTACH COPY

- 1. Copy of all styles of letterhead used (and previous letterhead if changed in past year)
- 2. Copy of current Lawyers Professional Liability policy Declarations Page or endorsement (if prior acts coverage is desired).....

NOTICE TO APPLICANT – PLEASE READ CAREFULLY WARRANTY

It is hereby Understood and Agreed that this application and its representation and warranties shall be deemed to be submitted by and on behalf of and be binding upon the Applicant and each and every proposed insured under the policy. It is further agreed that any misrepresentation, non-disclosure, concealment, or breach of warranty in this application shall be binding upon the Applicant and each and every proposed insured under the policy whether or not the proposed insured knew of, committed, or was responsible for such misrepresentation, non-disclosure, concealment, or breach of warranty.

I/We hereby authorize the release of claim information from any prior insurer to the Insurer.

I/We understand and accept that the policy applied for provides coverage on a claims made and reported basis for only those claims that are first made against the Applicant and reported in writing to the Insurer during the policy, that the limits of liability of the policy will include both Damages and Defense Expenses, and that the Insurer will rely upon the truth of the information and statements in this application in deciding whether to issue a policy to the Applicant. It is further understood and agreed that the application is part of the policy if a policy is issued and that all information contained in this application will be relied on in reviewing and interpreting all provisions, exclusions, terms and conditions of the policy.

The Applicant agrees that if the information supplied on or attached to this application changes between the time this application is executed and the time that the proposed insurance policy is bound or coverage commenced, the Applicant will immediately notify the Insurer in writing of such changes; and the Insurer fully reserves its rights with respect to the underwriting acceptance or denial of such changes. The applicant further agrees that if a policy is issued, any change in any of the information supplied on or attached to the application that occurs subsequent to the issuance of the policy and prior to any renewal will immediately be reported in writing to the Insurer, and the Insurer fully reserves its rights with respect to the underwriting acceptance or denial of such changes.

Please read the following statement carefully and sign below where indicated. If a policy is issued, this signed statement will be attached to the policy.

Signing this form does not bind the Applicant or the Insurer to complete the insurance, but this application shall be the basis of the insurance should a policy be bound and issued, and shall become part of the policy. The application must be signed to be considered for quotation.

MUST BE SIGNED AND DATED BY THE FIRM'S SENIOR OR MANAGING PARTNER.

(Applicant Signature)

(Date: Mo/Day/Yr)

(Print or Type Name & Title)