

NOTICE: THIS IS A CLAIMS MADE POLICY. THIS POLICY COVERS ONLY CLAIMS FIRST MADE DURING THE POLICY PERIOD SUBSEQUENT RENEWAL OR EXTENDED REPORTING PERIOD, IF APPLICABLE.

PLEASE ATTACH A SAMPLE OF YOUR LETTERHEAD TO THIS APPLICATION

Lawyers Professional Liability Insurance Application

1. Applicant Information

Name: _____ Phone: _____
 Address: _____ Fax: _____
 _____ Website: _____
 _____ E-mail: _____
 City County State Zip

Applicant is: Proprietorship Partnership Corporation Association LLP LLC Other

Year Firm Established: _____

Has the applicant merged with or acquired any firms in the last 3 years? _____(If yes, please provide details)

Do you have more than one office location? (If yes, please complete the Additional locations supplement)

2. Limits Requested – Per Claim/Aggregate (Check all that apply)

<input type="checkbox"/> \$100,000/\$300,000	<input type="checkbox"/> \$500,000/\$1 million	<input type="checkbox"/> \$1 million/\$2 million
<input type="checkbox"/> \$250,000/\$500,000	<input type="checkbox"/> \$750,000/\$750,000	<input type="checkbox"/> \$2 million/\$2 million
<input type="checkbox"/> \$500,000/\$500,000	<input type="checkbox"/> \$1 million/\$1 million	<input type="checkbox"/> \$2 million/\$4 million

3. Per Claim Deductible Requested _____ \$5,000 minimum –

4. Personnel-List all Lawyers to be covered including; yourself; of counsel; IC; and per diem - working on behalf of your firm

NAME	STATUS DESIGNATION CODES *	STATE(S) ADMITTED TO PRACTICE	YEAR FIRST ADMITTED TO BAR	YR. LAWYER JOINED APPLICANT FIRM	AVERAGE HOURS WORKED PER WEEK	"CLE" HOURS IN THE LAST YEAR
1.						
2.						
3.						
4.						
5.						
6.						

* S-Sole proprietor P-Partner/Member E-Employed lawyer OC-Of Counsel IC-Independent Contractors

_____ Total number of lawyers who left firm in past year.

_____ Current total number of non-lawyer employees.

Attach separate sheet if necessary.

5. Area of Practice

Annual receipts: last 12 months: \$ _____; previous year: \$ _____ next previous year: \$ _____

A. Indicate the percentage of gross billable dollars by area of practice for the last fiscal year.

Admiralty/Marine	____%	Entertainment*	____%	Securities/state & Federal(SEC)*	____%
Administrative	____%	Environmental	____%	Securities – Private Placement*	____%
Anti-Trust Trade Regulation	____%	ERISA	____%	Securities – Bonds*	____%
Arbitration/Mediation	____%	Est. Plan/Probate/Trusts/Wills	____%	Social Security Disability	____%
Banking*	____%	Government/Municipalities	____%	Tax Preparation	____%
Bankruptcy &/or Collection	____%	Immigration	____%	Tax Opinions	____%
Bodily Injury/Defense	____%	International Law	____%	Workers Comp/Defense	____%
Bodily Injury/Plaintiffs*	____%	Investment Counseling	____%	Workers Comp./Plaintiff*	____%
Copyright/Patent/TM*	____%	Labor Relations	____%	OTHER (Describe if over 5%)	____%
Corporate	____%	Real Estate – Residential	____%		____%
Criminal	____%	Real Estate – Commercial	____%		____%
Domestic Relations – Divorce	____%	Real Estate – Synd. Devel.	____%	TOTAL (Must equal 100%)	____%
Family Law – Not divorce	____%	Real Estate – Title Work	____%		____%

***Please complete appropriate area of practice supplement.**

B. Does the Applicant have any high-profile clients who are entertainers, Sports figures or public officials? Yes No
 If "Yes", please explain by attachment.

C. Does the Applicant have discretionary investment authority for any clients? Yes No
 If "Yes", please list total number of clients.
 Number of Clients: _____
 Is any one client account for more than \$500,000? Yes No
 Is the authority limited and in writing? Yes No

D. In the last five (5) years, has any attorney with the Applicant firm, represented any financial institution? **Financial institution means any savings and loan association, bank, credit union, savings bank, banking and loan association, commercial banking institution lending institution, mortgage bank, or any subsidiary or lending affiliate thereof.** Yes No
 If "Yes", complete the **Financial Institutions Supplemental Application.**

E. Does any firm attorney serve as a director, officer, trustee (other than estate trusts), partner or employee of any client? Yes No
 If "Yes", please complete the **Outside Interests Supplemental Application.**

F. Does any firm member exercise fiduciary control or possess any ownership interest in any client or any business venture with a client? Yes No
 If "Yes", please complete the **Outside Interests Supplemental Application.**

6. Firm Policies and Procedures

- A.
- 1- Use engagement letters on all new matters? Yes No
- 2- Require clients to sign engagement letters/agreements? Yes No
- 3- Use nonengagement and disengagement letters? Yes No
- 4- Use any of the following conflict avoidance methods:
- Oral/Memory? Yes No
- Computer? Yes No
- Conflict Committee? Yes No
- Index File? Yes No
- 5- Update its conflict avoidance system at least weekly? Yes No
- 6- Cross-check conflicts created by new attorneys to the firm? Yes No
- 7- Insist on obtaining a written waiver from its clients in order to perform on-going services when an actual/potential conflict exists? Yes No
- 8- Allow attorneys to enter into business with firm clients? Yes No
- 9- Require disclosure if such relationships are permitted? Yes No
- 10- Maintain a calendar system using these methods:
- Single Calendar Yes No
- Dual Calendar Yes No
- Tickler Cards Yes No
- Computer Yes No
- Master Listing Yes No
- 11- Use two individuals to maintain its calendar system? Yes No
- 12- Update its calendar system at least weekly? Yes No
- 13- Place ultimate responsibility for calendar system with a firm lawyer? Yes No
- B. If you are a sole practitioner, have you designated a lawyer(s) who will be responsible for your affairs if you are absent for an extended period of time (i.e., vacation, etc.) Yes No
- C. How many times has the Applicant sued a client for unpaid fees in the last 2 years? _____
- D. Does any single client account for more than twenty-five percent (25%) of the Applicant's gross annual billings? Yes No
- If "Yes", please identify client, nature of client's business, and the percentage of billings, by attachment.

7. Claims, Incidents & Disciplinary Actions

After inquiry, has any lawyer to be insured under this policy:

- A. ever had professional liability insurance cancelled or nonrenewed? Yes No
If "Yes", please explain by attachment.
- B. ever been disbarred or been the subject of reprimand, censure, sanction or other disciplinary action, or been refused admission to the Bar? Yes No
If "Yes", please explain by attachment.
- C. been the subject of a professional liability claim or suit in the last five (5) years? Yes No
- D. knowledge of any circumstance, act, error, or omission that could result in a professional liability claim? Yes No
- If "Yes", to C. or D. above, please complete a **Claims Supplemental Application** for each instance.

8. Prior Insurance

Current Prior Acts Exclusion date and/or retroactive date _____.

Current Individual Attorney Prior Acts date? (Y or N) _____ Please attach a schedule with the name and dates

Please list professional liability insurance carried by the Applicant and predecessor firms over the last three (3) years:

Inception From (Mo-Day-Yr)	Expiration To (Mo-Day-Yr)	Insurance Company	Policy Number	Limits of Liability	Deductible (if any)

Is the applicant being covered by an Extended Reporting Period Endorsement? Yes No

If "Yes", please attach details.

9. Signature

Please Read carefully and Sign Below where indicated.

The undersigned proprietor, partner, member or officer, acting on behalf of the applicant and all others to be insured, hereby,

- (A) declares after diligent inquiry that the above statements and particulars are true and that no material facts have been suppressed or misstated:
- (B) acknowledges that it is understood and agreed that (1) the completion of this application does not bind Amtrust International Insurance Underwriters, LTD. to issue nor the Applicant to purchase the insurance; (2) however, this application will be the basis of the contract if a policy is issued; and (3) all written statements and material furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made part hereof; and
- (C) acknowledges that, in the event the Company issues a policy, (1) the Company in providing coverage will have relied upon, as representations, the declarations and statements which are contained in or attached to or incorporated into the policy; and (2) in the event of a claim for which coverage would otherwise be available under this policy, the Applicant will be required to be defended by lawyers appointed by the Company and if the Insured elects to handle any claim without such lawyers or otherwise without the Company's involvement, then no coverage for such claim will be afforded the Applicant under the policy.

NOTICE : 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 violation.

Sign & Date in ink.

Signed by: _____

Title: _____

Print Name: _____

Date: _____