

## Lawyers Professional Liability Application

### General Information

Name of Applicant firm \_\_\_\_\_

Corporate principal address \_\_\_\_\_

Contact name \_\_\_\_\_

Contact email address \_\_\_\_\_

Date Applicant firm was established \_\_\_\_\_

Does the Applicant firm have a current policy with Attorney Shield? YES                  NO

If YES, please provide Policy # \_\_\_\_\_

Has the Applicant firm maintained prior professional liability coverage? YES                  NO

***If the Applicant does not have coverage currently inforce, the retroactive date will coincide with the inception date of any policy approved and issued.***

If YES:

Single Retroactive Date      Multiple Retroactive dates

Please provide Retroactive date \_\_\_\_\_

**FULL PRIOR ACTS**

The Applicant warrants that the requested Retroactive Date is the Date in which the Applicant has been continuously insured without interruption. The actual Retroactive Date will always be the first date of continuous and uninterrupted coverage.

If the Applicant does not have coverage currently in force, the retroactive date will coincide with the inception date of any policy(ies) approved and issued.

Effective date: \_\_\_\_\_

**Staff**

Provide the following information with respect to your staff:

	<b>All Lawyers (Partners, Officers, Members, Associates, IC &amp; OC)</b>		<b>Non-Lawyers Employees</b>	
	<b>Current</b>	<b>12 months prior</b>	<b>Current</b>	<b>12 months prior</b>
<b>Full time</b>	_____	_____	_____	_____
	-	-	-	-
<b>Part time</b>	_____	_____	_____	_____
	-	-	-	-

Is there a procedure in place regarding provisions of services if the sole practitioner is incapacitated or otherwise unavailable?

**YES                  NO**

## Area of Practice

Provide the percentage of gross billable hours devoted to each Area of Practice for the previous year. Indicate percentages in whole numbers next to the type of law practices not the type of client. Be as accurate as possible as casual estimates may cause inappropriate evaluation of the practice.

Area of practice 1 \_\_\_\_\_

Gross billable hours percentage: \_\_\_\_\_

Add additional areas of practice and gross billable hours percentage as needed

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Have total firm annual revenues increased/decreased by more than 15% in the last year?

**YES                  NO**

If **YES**, is the increase/decrease mainly due to a contingency fee that was received this year or the year prior?

**YES                  NO**

## Internal Controls

Does the Applicant Firm have ALL of these controls and procedures in place: Calendar/Docket Control System, Computerized Conflict of Interest, and Engagement Letters, and have at least 50% of the attorneys attended a risk management seminar in the past three years?

**YES                  NO**

Does Applicant Firm refer or subcontract clients to other firms?

**YES                  NO**

If **YES**, does the Applicant Firm always verify that the other firm carries Professional Liability Insurance?

**YES                  NO**

Does anyone in the Applicant Firm provide dual representation (both sides of the dispute)?

**YES                  NO**

If **YES**, do you require that the conflict of interest be waived prior to undertaking representation?

**YES                  NO**

Does the Applicant Firm accept stocks, deeds, or other property in lieu of fees for services rendered? **YES** **NO**

If **YES**, are there written procedures in place regarding this process? **YES** **NO**

Are more than 25% of accounts receivable outstanding more than 90 days? **YES** **NO**

Has the Applicant Firm brought more than two suits against firm clients for unpaid legal fees over the past 5 years? **YES** **NO**

**Claims & Circumstances**

Within the last 5 years, has the Applicant Firm, or any Predecessor Firm, ever had an insurer decline, cancel, refuse to renew, purchase an Extended Reporting Period (or Discovery Period) or rescind any professional liability insurance policy? **YES** **NO**

If **YES**, please provide details:

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Has any lawyer in the Applicant Firm or any Predecessor Firm, or any past or present lawyers 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 details:

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During the last 5 years, has any professional liability claim or suit been made against the Applicant Firm, or any Predecessor Firm, or any past or present lawyers of the Applicant Firm?

**YES**

**NO**

If **YES**, please provide details of each and every matter. Information should include:

Date of claim: \_\_\_\_\_

Amount paid: \$ \_\_\_\_\_

Amount Outstanding: \$ \_\_\_\_\_

Status:

Claims details (please include steps taken to prevent reoccurrence):

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Is the Applicant Firm or any lawyer in the Applicant Firm aware of any fact, circumstance or situation that might reasonably be expected to result in any professional liability claim or suit against the Applicant Firm, or any Predecessor Firm, or any past or present lawyers in the Applicant Firm?

**YES**

**NO**

If **YES**, please provide details:

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Please select any quoting options the Applicant Firm would like to consider:

Aggregate Deductible	Claims Expense in Addition to the Limit of Liability	Damages only Deductible	Title Agency Coverage
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Please Read Carefully The undersigned, acting on behalf of all proposed Insureds, agrees that: this Application has been completed with respect to the entire Applicant Firm and thorough efforts have been made to obtain sufficient information from each Insured proposed for this insurance to facilitate the proper and accurate completion of this Application; and all of the information and statements set forth herein are true, accurate and complete and shall be deemed to constitute material representations made by all of the Insureds; and any Policy, if issued, will be in reliance upon the Insured's representations; and any material representation or fraud made by the Insured or with the Insured's knowledge in completing the Application or in pursuing a Claim under this Policy, if issued, shall be deemed grounds for denial of coverage or cancellation of the Policy; and if any significant change in the condition of the Applicant Firm is discovered between the date of this Application and the Policy inception date which would render this Application inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately; and the signing of this Application does not bind the undersigned to purchase the insurance.

I understand that the information submitted herein becomes a part of the Applicant Firm's Lawyers Professional Liability Insurance Application and is subject to the same representations and conditions. This Application shall be maintained on file (either electronically or paper) with the Insurer and shall be deemed to be attached hereto as if physically attached.

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Signature of Applicant's Authorized Representative

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Name (Printed)

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Title

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Date