

Lawyers Professional Liability Insurance Application



AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY

THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY.
IF ISSUED, PLEASE READ YOUR POLICY CAREFULLY.

Please type or print clearly in ink. Answer all questions. If space is insufficient to answer any question fully, attach a separate sheet. Complete all required supplements.

GENERAL INFORMATION

Applicant's (Firm) Name: _____

Street Address: _____
(P.O. Box not acceptable)

City: _____ State: _____ Zip Code: _____

Phone: () _____ Fax: () _____

Applicants Contact E-Mail: _____ Website Address: _____

Please attach a list of all **branch** and **secondary locations** and a copy of the Applicants letterhead.

Form of Business: Sole Practitioner Partnership Professional Assoc.
 Limited Liability Partnership/Corp Professional Corporation Corporation

DESIRED COVERAGE

\$100,000/\$300,000 \$2M/\$4M
 \$200,000/\$600,000 \$3M/\$3M
 \$500,000/\$1M \$3M/\$5M
 \$1M/\$1M \$4M/\$4M
 \$1M/\$2M \$5M/\$5M
 \$2M/\$2M
 Other: _____

DESIRED DEDUCTIBLE

\$0 \$10,000
 \$1,000 \$15,000
 \$2,500 \$20,000
 \$5,000 \$25,000
 Other: _____

ATTORNEY/FIRM INFORMATION

- Total Number of Attorneys: _____
- Please list all Attorneys working for Applicant (include yourself if you are a sole practitioner), in the chart below. If necessary, please continue on a separate sheet.

Attorney Name	D.C.*	Social Security Number	Date of Birth (mm/dd/yy)	Years in Practice	Date of Hire (mm/dd/yy)	# of Hours Worked/Week	Attorney Bar #

*Designation Codes

- O** - Officers, Directors, Shareholders of the corporation who are licensed attorneys
- P** - Partner, if a Partnership
- C** - Of Counsel Attorney
- PT** - Part-Time Attorney (must practice law fewer than twenty-six (26) hours per week solely for applicant firm)

- S** - Sole Practitioner
- E** - Employed Attorney
- IC** - Independent Contractor

- Have all of the Attorneys listed in Question 2 taken Continuing Legal Education (CLE) course(s) in the past twelve (12) months? Yes No

- If the Applicant is a sole practitioner, who is the Attorney that will handle the Applicants cases in the Applicants absence?

Name: _____ Does he/she maintain professional liability coverage? Yes No
 Address: _____ City/State/Zip: _____

ATTORNEY/FIRM INFORMATION cont'd...

5. Does the Applicant share an office or suite with attorneys other than those listed in Question 2 above? Yes No
 If yes, does the Applicant share staff or letter head? Yes No
6. What date was the Applicant established? (mm/dd/yyyy) _____
7. How many non-Attorney employees does the Applicant have? _____
8. Provide the date that the Applicant has been continuously insured for lawyers professional liability claims: (mm/dd/yyyy) _____
9. Does the Applicant's current professional liability policy contain a limitation on prior acts coverage (i.e., retroactive date, prior acts exclusion, etc.)? Yes No
 If Yes, please provide the date: (mm/dd/yyyy) _____
10. Does any Attorney in Question 2 above have a limitation on prior acts coverage (i.e., retroactive date, prior acts exclusion, etc.) that is different from that of the Applicant? Yes No
 If YES, please list the name of the Attorney(s) and the prior acts exclusion date on a separate sheet.
11. Is any Attorney in Question 2 above not currently covered by lawyers professional liability insurance? Yes No
 If YES, please list the name of the Attorney(s) and the reason he/she is not covered by insurance on a separate sheet.
12. List the Applicants lawyers' professional liability insurance information for the past five (5) years below
- | Policy Period | Limit of Liability | Deductible | Insurer | Premium |
|---------------|--------------------|------------|---------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
13. Has any Attorney in Question 2 above had his/her lawyers professional liability insurance declined, canceled, non-renewed or reduced by any professional liability insurer during the past five (5) years? Yes No
 If YES, please provide the name of the Attorney and explanation on a separate sheet.

AREAS OF PRACTICE

14. Instructions for completing this section
- a. Based upon the last fiscal year, please provide the percentage of time devoted (number of hours actually worked) to each area of practice listed in the chart below.
 - b. If the Applicant notes work for any areas of practice in CAPS, please complete the applicable supplemental application forms included with the application.
 - c. Does the Applicant's practice involve any Attorney acting in the capacity of a mediator or arbitrator? Yes No
 If YES, indicate the percentage of time devoted to acting as a mediator or arbitrator _____ %

AREAS OF PRACTICE continued...

Area of Practice	%	Area of Practice	%
Admiralty/Maritime	%	Government (Federal/State/Local/Lobbying)	%
Antitrust/Trade Regulation	%	Healthcare	%
Aviation	%	Immigration	%
Bankruptcy	%	Insurance Defense Litigation	%
Business Transactions / Commercial Law	%	Insurance Other (Coverage, Regulatory, Subrogation)	%
Civil Rights	%	International Law	%
Collections	%	Investment Counseling/ Money Management	%
Commercial Practice – Business Litigation	%	Labor – Union Related Work	%
Communications / Media	%	Medical Malpractice – Defendant	%
Construction Law	%	Medical Malpractice – Plaintiff	%
Consumer Claims	%	Oil / Gas	%
COPYRIGHT/TRADEMARK	%	PATENT	%
Corporate – Business Formation/Alteration	%	Personal Injury – Defendant	%
Corporate – Business Transactions/Advice	%	Personal Injury – Plaintiff	%
Criminal Law	%	Public Utilities	%
Disability / Social Security	%	Real Estate – Commercial	%
Elder Law	%	Real Estate – Residential	%
Employment	%	SECURITIES LAW (except corporate formation)	%
ENTERTAINMENT	%	Secured Transaction (UCC – Commercial Paper)	%
ENVIRONMENTAL	%	Taxation	%
Estates / Wills / Trust / Probate	%	Tax Shelters	%
Family Law	%	Workers' Compensation – Defendant	%
Financial Institutions–Reg. Compliance	%	Workers' Compensation – Plaintiff	%
		TOTAL (must equal 100%)	%

15. If the Applicant has stated any percentage of Medical Malpractice - Plaintiff work in the area of practice chart above, please indicate in percentages the amount of work allocated to the following areas:

Nursing Homes	%	OB/GYN	%	Oncology	%	Pediatrics	%
Permanent Disability	%	Wrongful Death	%	Other*	%		

*If the Applicant stated a percentage of work for "Other," please explain the type of work performed on a separate sheet.

16. Does the Applicant engage in any Class Action / Mass Tort work? Yes No
If YES, please complete the applicable Supplemental Application.
17. Does the Applicant expect any changes to its areas of practice in the next twelve (12) months? Yes No
If YES, please explain on a separate sheet and specifically indicate the new areas of practice to be handled by the Applicant.

DOCKET/CALENDAR CONTROL

18. a. Does the Applicant's docket/calendar control system include the following? (Please check all that apply)
 Single Calendar Dual Calendar Tickler Cards Master Listing Computer
 Other (please describe):
- b. Indicate how frequently the time deadlines are cross-checked: Daily Weekly Monthly Never

RISK MANAGEMENT

19. Does the Applicant require the use of engagement letters including fee agreements on all new matters undertaken by the firm? Yes No
20. Does the Applicant issue declination letters or non-engagement letters for all matters it declines? Yes No
21. Does the Applicant outline and reduce to writing its billing policy and procedures when agreeing to represent a new client? Yes No
22. Does the Applicant have a procedure for evaluating prospective clients, including such factors as the prospective clients' financial strength, management expertise, reputation or history of changing attorneys? Yes No
23. Does the Applicant reduce to writing the scope of its services when taking on new matters for existing clients? Yes No
24. Does the Applicant have formal written procedures regarding the maintenance and review of custodial accounts and escrow funds? Yes No
25. Does the Applicant have a computer back-up system or some other form of emergency back-up system in the event of a disruption or interruption of business? Yes No

RISK MANAGEMENT continued...

- 26. Does any Attorney in Question 2 above have any law partners, associates, of counsel or employed attorneys other than those listed in Question 2 above or is any Attorney listed in Question 2 above employed by or perform legal work for an entity other than the Applicant? Yes No
- 27. Does the Applicant or any Attorney in Question 2 above, firm serve as a director, officer, employee, or other management capacity for a past or present client? Yes No
- 28. Does the Applicant or any past or present Attorney of the Applicant own an equity interest in any past or current client of the Applicant? Yes No
- 29. Do twenty-five percent (25%) or more of the Applicant's revenues come from any form of fee sharing, sub-contracting or referral work? Yes No
- 30. Does the Applicant have any one client that represents ten percent (10%) or more of the Applicant's billings? Yes No
If YES, please explain and specify the area of practice and type of work performed for that client on a separate sheet. Provide client name and/or nature of business entity
- 31. Does the Applicant have procedures for identifying and resolving potential or actual conflicts of interest, including cross checking of former, existing or potential clients? Yes No
If YES, is the procedure computerized? Yes No
- 32. Has the Applicant initiated lawsuits or arbitration procedures during the past five (5) years to enforce collection of unpaid fees for the Applicant? Yes No
 - a. If YES, how many matters? _____
 - b. How may of these matters have been resolved successfully? _____
 - c. How many or these matters are still unresolved? _____

LOSS HISTORY

If the answer is YES to any of the following questions, complete the Notice of Circumstance /Claim Reporting Form included with the application and attach additional sheets as necessary.

- 33. During the past ten (10) years has any Attorney in Question 2 above or employee of the Applicant been the subject of a criminal action, reprimand, disciplinary action, bar complaint, investigation, or other ethics proceeding? Yes No
- 34. During the past five (5) years has any claim or suit arising out of the rendition of legal services been made against any Attorney in Question 2 above or employee of the Applicant? Yes No
- 35. Is any Attorney in Question 2 above or employee of the Applicant aware of any circumstance, incident, act, error or omission that could result in a claim or suit against the applicant or any predecessor or any of the former or current Attorneys or employees of the Applicant? Yes No

IT IS AGREED THAT IF THE RESPONSE TO QUESTIONS 33, 34 AND 35 ARE IN THE AFFIRMATIVE, ANY CLAIM OR CIRCUMSTANCE THAT COULD RESULT IN A CLAIM WILL BE EXCLUDED FROM THE PROPOSED COVERAGE.

By signing this application, the applicant agrees that after inquiry of all prospective insureds, no person proposed for coverage is aware of any fact or circumstance which reasonably might give rise to a future claim that would fall within the scope of the proposed coverage.

Receipt and review of this application does not bind the insurer to provide this insurance.

It is agreed by the applicant and the insurer that the particulars and statements made in this application, together with all attachments to this application and any other materials submitted to the insurer (all of which attachments and materials shall be deemed attached to the policy as if physically attached thereto) shall be the representations of the applicant and the prospective insureds. It is further agreed by the applicant and the prospective insureds that this policy, if issued, is issued in reliance upon the truth of such representations that are incorporated into and made part of this policy. After inquiry of all prospective insureds, the undersigned authorized officer of the applicant represents that the statements set forth in this application and its attachments and other materials submitted to us are true and correct. Signing of this application does not bind the applicant or the insurer.

The undersigned further declares that any event taking place between the date this application was signed and the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any information in this application, will immediately be reported in writing to us and we may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

The applicant represents that the above statements are true and correct to the best of his or her knowledge and that no material or relevant facts have been suppressed or misstated and agree that the policy, if issued, will be issued on the reliance of such representations.

Virginia fraud warning: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Completion of this form does not bind coverage. Applicant's acceptance of company's quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance should a policy be issued and it will be attached to the policy.

Signature: _____ **Date:** _____

Principal, Partner or President

Print Name: _____ **Title:** _____

NOTE: THIS APPLICATION MUST BE SIGNED BY A PRINCIPAL, PARTNER OR PRESIDENT OF THE FIRM ACTING AS THE AUTHORIZED AGENT OF THE APPLICANT.