

Current Date

Lawyers Professional Liability Application

Please **PRINT** the application to Adobe PDF (do not save as a pdf as data may be lost)
 Email completed application to APNE-Melville@assuredpartners.com or fax to (631) 465-4005

1. Applicant Information

Name: _____ Phone: _____
 Address: _____ Fax: _____
 _____ Email: _____
 _____ Website: _____

Applicant is: Proprietorship Partnership Corporation PLLC LLP LLC Other*

Year Firm Established: _____ *Other _____

Has the applicant merged with or acquired any firms in the last 3 years? YES NO

2. Limits Requested - Per Claim/Aggregate (check all that apply)

\$100,000/\$300,000 \$250,000/\$750,000 \$1 million/\$2 million \$2 million/\$2million
 \$200,000/\$500,000 \$500,000/\$1,000,000 \$1 million/\$1 million Other _____

3. Deductible Requested

\$1,000 \$2,500 \$5,000 \$10,000

4. Personnel- List all Lawyers to be covered
 (Note: do not list "of counsels", independent contractor lawyers or per diem lawyers.)

NAME	STATUS DESIGNATION CODE*	STATE(S) ADMITTED TO PRACTICE	YEAR FIIRST ADMITTED TO BAR	YR. LAWYER JOINED APPLICANT FIRM

* S - Sole Proprietor P - Partner/Member E - Employed Lawyer
 Hours of service provided to the applicant per year by "of counsel", independent contractor lawyers and per diem lawyers. _____
 Total number of lawyers who left the firm in past year _____ Current total number of non-lawyer employees _____



5. Area of Practice

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

Admiralty/Marine _____%	Environmental _____%	Real Estate-Condo Office _____%
Anti-Trust Trade _____%	ERISA _____%	Securities - Federal* _____%
Arbitration/Mediation _____%	Es.Plan/Probate/Trust/Will _____%	Securities - State* _____%
Banking _____%	Immigration _____%	Securities - Private Placement* _____%
Bankruptcy _____%	International Law _____%	Securities - Bonds* _____%
Bodily Injury/Defense _____%	Investment Counseling _____%	Social Security Disability _____%
Bodily Injury/Plaintiffs _____%	Labor Relations _____%	Tax Preparation _____%
Collection Repossession _____%	Public Utilities _____%	Tax Opinions _____%
Copyright/Patent/TM _____%	Real Estate - Residential _____%	Workers Comp/Defense _____%
Corporate _____%	Real Estate - Commercial _____%	Workers Comp/Plaintiff _____%
Criminal _____%	Real Estate - Synd. Devel. _____%	Other*(describe if over 5%) _____%
Domestic Relations _____%	Real Estate - Title Work _____%	TOTAL (Must equal 100) <u>100</u> %
Entertainment _____%	Other*(describe) _____%	

B. Does the applicant have any high-profile clients who are entertainers, sports figures or public officials? If "Yes", please explain by attachment YES NO

C. Does the applicant have discretionary investment authority of any clients? If "Yes", please list total number of clients. YES NO

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 institution or subsidiary of 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", complete the **Outside Interests Supplemental Application.**

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

G. Does the applicant have ownership in a title agency. YES NO
 If "Yes", complete the **Title Agency supplemental Application.**



6. Firm Policies and Procedures

- Use engagement letters on all new matters? Yes No
- Require clients to sign engagements/agreements? Yes No
- Use nonengagement and disengagement letters? Yes No
- Use any of the following conflict avoidance methods:
 - Oral/Memory? Yes No
 - Computer? Yes No
 - Conflict Committee? Yes No
 - Index File? Yes No
- Update its conflict avoidance system at least weekly? Yes No
- Cross-check conflicts by predecessor, merged or acquired firms? Yes No
- Insist on obtaining a written waiver from its clients in order to perform on-going services when an actual/potential conflict exists? Yes No
- Allow attorneys to enter into business with firm clients? Yes No
- Require disclosure if such relationships are permitted? Yes No
- Maintain a calendar system using these methods:
 - Single Calendar Yes No
 - Dual Calendar Yes No
 - Computer Yes No
 - Master Listing Yes No
- Use two individuals to maintain its calendar system? Yes No
- Update its calendar system at least weekly? Yes No
- 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 from an extended period of time? YES NO

- C. What is the total number of hours of continuing legal education within the last year for all lawyers? _____

- D. How many times has the Applicant sued a client from unpaid fees in the last years? _____

- E. Does any single client account for more than twenty-five percent % of the Applicant's gross annual billings? YES NO
 If "Yes", please identify client, nature of client's business, and percentage of billings by attachment.

7. Claims, Incidents & Disciplinary Actions

- After inquiry, has any Lawyer or the firm 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", please identify client, nature of client's business, and percentage of billings by attachment.



8. Prior Insurance

Current Prior Acts Exclusion date and/or retroactive date _____

Please list professional liability insurance carried by the Applicant and Predecessor Firms over the last three (3) years

Inception From (MO-DAY-YR)	Inception From (MO-DAY-YR)	Insurance Company	Policy Number	Limit of Liability and Deductible

Is the applicant being covered by an Extended Reporting Period Endorsement? YES NO
If "Yes", please attached details.

Does your current policy INCLUDE predecessor firm coverage? YES NO

Signature (type or sign)

Please Read Carefully

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

- (A) declared 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 the Insurance Carrier 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 Carrier 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 Carrier issues a policy, (1) the Carrier 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,

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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each violations.

Name: _____

Date: _____

Title: _____

**Please PRINT to Adobe PDF (do not save as PDF)
email to APNE-Melville@assuredpartners.com or print and fax to
(631) 465-4005**

PLAINTIFF LITIGATION QUESTIONNAIRE

1. For all attorneys in the firm who perform in plaintiff's practice, what is the average number of years of experience working in this area of law? _____
2. Average number of cases these attorneys handle per year (per attorney)? _____
3. Indicate percentage of cases in the following categories:
- | | | |
|--|-------|---|
| Medical Malpractice | _____ | % |
| Professional Negligence - other than Medical | _____ | % |
| Product Liability | _____ | % |
| Auto/Slip and Fall | _____ | % |
| Workers Compensations | _____ | % |
| Other: | _____ | % |
| (Description) _____ | | |
4. What is the number of cases that are class actions? _____
- (Description) _____
5. What percentage of cases are class action? _____ %
6. Average dollar value of plaintiff cases? \$ _____
7. Maximum dollar amount value of any one plaintiff case? \$ _____
8. Percentage of cases:
- | | | |
|----------------------|-------|---|
| Settled before trial | _____ | % |
| Tried to conclusion | _____ | % |
9. Percentage of cases referred to you? _____ %
10. Do you use a referral agreement in ALL cases? YES NO

Signature (type or sign)

Name: _____

Date: _____

Title: _____

Please **PRINT** to Adobe PDF (do not save as PDF)
email to APNE-Meiville@assuredpartners.com or print and fax
to (631) 465-4005

CLAIMS SUPPLEMENTAL APPLICATIONS

Complete one for *each* claim or incident

- A. Full name of individual(s) or firm involved: _____
- B. Full name of Claimant(s) or potential Claimant(s): _____
- C. This is a : CLAIM SUIT INCIDENT
- D. Data and location of act, error or omission alleged or which may be alleged: _____
- E. Date of claim or suit _____
- F. Additional defendant(s) or potential defendant(s) _____
- G. Present status of claim/incident: OPEN CLOSED

- H. Name(s) of Insurer responding to this claim or incident: _____
- I. Description of alleged act, error or omission upon which claim is or may be based: _____

- J. Description of the type and extent of injury or damage which is or may be alleged to have been sustained:

- I. Explain what action(s) have been taken to prevent recurrence of similar claims: _____

APPLICANT UNDERSTANDS THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF THE APPLICANT'S PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS:

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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each violations.

Signature (type or sign)

Name: _____

Date: _____

Title: _____

Please **PRINT** to Adobe PDF (do not save as PDF)
email to APNE-Melville@assuredpartners.com or print and fax to
(631) 465-4005