

REQUESTED EFFECTIVE DATE / / 12:01AM
MM DD YYYY

12:01AM

POLICY NUMBER _____
COMPANY USE ONLY

LEGAL PROFESSIONAL RENEWAL APPLICATION



I. GENERAL INFORMATION

**THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY.
PLEASE READ THE POLICY CAREFULLY.**

PLEASE PRINT LEGIBLY AND ANSWER ALL QUESTIONS. IF A QUESTION IS NOT APPLICABLE, STATE "N/A".
IF ADDITIONAL SPACE IS NEEDED, PLEASE USE SUPPLEMENTAL FORM WITH A REFERENCE TO THE QUESTION.

A. _____
APPLICANT/FIRM NAME

B. HAS THE APPLICANT'S PRINCIPAL OFFICE ADDRESS, TELEPHONE/FACSIMILE NUMBER, WEB/EMAIL ADDRESS, OR LETTERHEAD CHANGED, HAS THE APPLICANT ADDED BRANCHES, LOCATIONS, OR STARTED OFFICE SHARING IN THE LAST 12 MONTHS? YES NO
IF YES, PLEASE PROVIDE THE NEW INFORMATION ON A COPY OF THE APPLICANT'S CURRENT LETTERHEAD.

C. DOES THE APPLICANT WISH TO REQUEST ANY CHANGES IN THE POLICY'S CURRENT LIMITS OR DEDUCTIBLES? YES NO
IF YES, PLEASE INDICATE REQUESTED LEVEL BELOW.

LIMITS REQUESTED:

- \$100,000/\$300,000 \$250,000/\$500,000 \$500,000/\$500,000 \$500,000/\$1,000,000 \$1,000,000/\$1,000,000
- \$1,000,000/\$2,000,000 \$2,000,000/\$2,000,000 \$3,000,000/\$3,000,000 \$4,000,000/\$4,000,000 \$5,000,000/\$5,000,000
- OTHER (PLEASE SPECIFY AMOUNT) PER OCCURRENCE \$ _____ / AGGREGATE \$ _____

DEDUCTIBLE REQUESTED:

- \$1,000 \$2,500 \$5,000 \$10,000 \$15,000 \$25,000 OTHER (PLEASE SPECIFY AMOUNT) \$ _____

D. INDICATE THE APPLICANTS GROSS REVENUES FOR: PAST 12 MONTHS \$ _____ ESTIMATED NEXT 12 MONTHS \$ _____

II. PROFESSIONAL STAFF

A. PLEASE LIST THE TOTAL NUMBER OF ALL CURRENT NON-ATTORNEY EMPLOYEES:
1. LAW CLERKS _____ 2. PARALEGALS _____ 3. ABSTRACTORS/TITLE AGENTS _____
4. INVESTIGATORS _____ 5. CLERICAL/OFFICE STAFF _____ 6. OTHER _____

B. PLEASE LIST ALL OF THE APPLICANT'S ATTORNEYS, INCLUDING BUT NOT LIMITED TO ALL OWNERS, PRINCIPALS, PARTNERS, OFFICERS, ASSOCIATES, EMPLOYED ATTORNEYS AND OF COUNSEL, FOR WHOM COVERAGE IS BEING SOUGHT. COVERAGE ONLY APPLIES TO LEGAL SERVICES PERFORMED ON BEHALF OF THE APPLICANT.
ADD ADDITIONAL PAGES IN THE SAME FORMAT AS NECESSARY TO PROVIDE ALL INFORMATION. STATUS CODES ARE: P = PARTNER, OWNER, OFFICER, PRINCIPAL OR SHAREHOLDER; A = ASSOCIATE OR EMPLOYED LAWYER; OC = OF COUNSEL; IC = INDEPENDENT CONTRACTORS FOR WHOM YOU SEEK COVERAGE.

CHECK HERE IF NEW ATTY.	FULL NAME	STATUS	# OF YEARS IN PRACTICE	STATES ADMITTED TO THE BAR	DATE JOINED APPLICANT (MM/YYYY)	HOURS WORKED PER WEEK	CLE HOURS MOST RECENT REPORTING PERIOD

III. AREAS OF PRACTICE

A. IN THE PAST 12 MONTHS, HAVE THERE BEEN ANY CHANGES IN THE APPLICANT'S AREAS OF PRACTICE AS SHOWN ON THE APPLICANT'S MOST RECENT APPLICATION? YES NO
IF YES, PLEASE COMPLETE THE AREAS OF PRACTICE CHART ON THE FOLLOWING PAGE AND ANY OF THE SECTIONS OF THE AREAS OF PRACTICE SUPPLEMENT AS INDICATED.

III. AREAS OF PRACTICE (CONTINUED)

B. USING THE CHART BELOW, PLEASE IDENTIFY THE APPLICANT'S AREAS OF PRACTICE BASED ON THE APPLICANT'S GROSS BILLINGS IN THE MOST RECENT COMPLETE FISCAL YEAR.

AREAS OF PRACTICE	LAST YEAR	THIS YEAR	CURRENT BREAKDOWN WITHIN PARTICULAR AREAS OF LAW: (SHOULD TOTAL 100%)		
ADMIRALTY/MARITIME	%	%	% PLAINTIFF	% DEFENSE	% OTHER
ANTITRUST/TRADE REGULATION	%	%	% PLAINTIFF	% DEFENSE	% OTHER
APPELLATE	%	%			
BANKRUPTCY	%	%	% CREDITOR	% DEBTOR	COURT APPOINTED % TRUSTEE
BUSINESS & COMMERCIAL LITIGATION	%	%	% PLAINTIFF		% DEFENSE
BUSINESS FORMATION & ALTERATION	%	%	FORMATION/ % DISSOLUTION	MERGER & % ACQUISITIONS	% OTHER
BUSINESS TRANSACTIONS/ COMMERCIAL LAW	%	%	PUBLIC % CORPORATIONS	PRIVATE CORPORATIONS/ % INDIVIDUALS	% OTHER
CIVIL RIGHTS & DISCRIMINATION	%	%	% PLAINTIFF	% DEFENSE	% OTHER
COLLECTIONS	%	%	% CREDITOR	% DEBTOR	% OTHER
CONSTRUCTION LAW/ BUILDING CONTRACTS	%	%	% PLAINTIFF	% DEFENSE	% TRANSACTIONAL
CONSUMER CLAIMS (NOT CLASS ACTIONS)	%	%			
CRIMINAL LAW	%	%			
ELDER LAW (NOT TAX OR ETP)	%	%			
* ENTERTAINMENT LAW	%	%	% INCL. MONEY MANAGEMENT		% EXCL. MONEY MANAGEMENT
ENVIRONMENTAL LAW	%	%	% PLAINTIFF	% DEFENSE	% OTHER
ESTATES/ TRUST/ PROBATES	%	%	ESTATE % PLANNING	TRUST % ADMINISTRATION	% OTHER
FAMILY LAW	%	%	% DIVORCE	% ADOPTION	% OTHER
FEDERAL, STATE GOVERNMENT / LOBBYING	%	%	GENERAL OR % FINANCIAL ADVISE	% DEFENSE	% OTHER
* FINANCIAL INSTITUTIONS	%	%			
IMMIGRATION & NATURALIZATION	%	%			
* INTELLECTUAL PROPERTY	%	%	% PATENT	TRADEMARK % COPYRIGHT	% LITIGATION
INTERNATIONAL LAW	%	%			
LABOR/EMPLOYMENT	%	%	% MANAGEMENT	% UNION/LABOR	% OTHER
NATURAL RESOURCES/ OIL & GAS	%	%	% PLAINTIFF	% DEFENSE	% OTHER
* PERSONAL INJURY/ PROPERTY DAMAGE	%	%	% CLASS ACTION/ % MASS TORT PLAINTIFF		CLASS ACTION/ % MASS TORT DEFENSE
			% * MEDICAL % MALPRACTICE PLAINTIFF		MEDICAL % MALPRACTICE DEFENSE
			% * % OTHER PI/BI PLAINTIFF		% OTHER PI/BI DEFENSE
* REAL ESTATE	%	%	% COMMERCIAL		% RESIDENTIAL
* SECURITIES/ CORPORATE BONDS	%	%	% CORPORATE BONDS		% OTHER
TAXATION/TAX OPINIONS/TAX SHELTERS	%	%	% TAX SHELTERS	% CORPORATE	% OTHER
WORKERS' COMPENSATION	%	%	% EMPLOYER		% EMPLOYEE
OTHER	%	%	PLEASE DESCRIBE:		
	=100%	=100%			

*PLEASE COMPLETE THE APPROPRIATE AREAS IN THE AREAS OF PRACTICE SUPPLEMENT IF THE APPLICANT PROVIDES SERVICES IN ANY OF THE FOLLOWING AREAS: ENTERTAINMENT, FINANCIAL INSTITUTIONS, INTELLECTUAL PROPERTY, PERSONAL INJURY/PROPERTY DAMAGE - PLAINTIFF, REAL ESTATE, OR SECURITIES.

IV. RENEWAL QUESTIONS

A. IN THE LAST 12 MONTHS, HAS THE APPLICANT DONE ANY OF THE FOLLOWING (NOT PREVIOUSLY DISCLOSED TO ATTPRO RRG)?

- SUED OR THREATENED TO SUE A CLIENT FOR FEES
- CHANGED DOCKET CONTROL PROCEDURES
- ACQUIRED AN EQUITY OR DEBT INTEREST IN A CLIENT
- CHANGED ADVERTISING
- STARTED ADVERTISING
- ATTORNEY IN APPLICANT DISBARRED, SUSPENDED, REPRIMANDED OR PLACED ON PROBATION
- SINGLE CLIENT REPRESENTS MORE THAN 20% OF THE APPLICANTS GROSS BILLINGS
- ADDED ACCOUNTANTS, INSURANCE AGENTS, REAL ESTATE AGENTS, INVESTMENT ADVISORS, AND/OR SECURITIES AGENTS OR BROKERS TO THE APPLICANT
- ADDED OR DELETED ADDITIONAL PRACTICE AREAS
- SERVED AS AN OFFICER, DIRECTOR, OR EMPLOYEE OF A CLIENT
- CHANGED CONFLICT OF INTEREST AVOIDANCE SYSTEMS
- RECEIVED ANY UPDATES ON PREVIOUSLY REPORTED PRIOR CARRIER CLAIMS
- ATTORNEY IN APPLICANT SANCTIONED OR FINED

PLEASE ATTACH AN ADDENDUM TO THIS APPLICATION PROVIDING FULL PARTICULARS FOR EACH ITEM CHECKED ABOVE.

B. IN THE LAST 12 MONTHS, HAS THE APPLICANT RECEIVED ANY NOTICES OF NEW CLAIMS REPORTED TO YOUR PRIOR CARRIER? YES NO

IF YES, PLEASE COMPLETED THE CLAIM/SUIT INFORMATION FORM FOR THE NEW CLAIM

V. CLAIM/SUIT INFORMATION FORM (PLEASE MAKE COPIES IF ADDITIONAL FORMS ARE NEEDED)

IF MAKING ADDITIONAL COPIES, PLEASE ENTER THE APPLICANT'S NAME: _____

NOTE: ADDITIONAL DOCUMENTATION MAY BE REQUESTED AT THE UNDERWRITING DEPARTMENT'S DISCRETION. ALL FIELDS MUST BE COMPLETED.

A. CLIENT/CLAIMANT INFORMATION

LAST NAME _____

FIRST NAME (FULL) _____

B. DATE OF ALLEGED ERROR OR OMISSION WHICH LED TO THE ALLEGATIONS AGAINST APPLICANT.

____ / ____
MM YYYY

C. DATE CLAIM/INCIDENT NOTICE RECEIVED.

____ / ____
MM YYYY

D. HAS THIS CLAIM/INCIDENT BEEN REPORTED TO YOUR CURRENT OR FORMER INSURER?

YES NO

IF YES, DATE CLAIM REPORTED TO YOUR CURRENT OR FORMER INSURER.

____ / ____
MM YYYY

IF YES, PLEASE PROVIDE A COPY OF THE REPORT(S).

E. NAME OF OTHER DEFENDANTS, IF ANY, INVOLVED IN THE CLAIM OR SUIT: _____

F. DISPOSITION OR CURRENT STATUS OF CLAIM OR SUIT:

OPEN CLOSED

IF CLOSED, DATE OF CLOSING/SETTLEMENT OR AWARD:

____ / ____
MM YYYY

G. INDICATE CASE VALUE ESTABLISHED BY CARRIER, IF KNOWN (IN \$): _____

H. DEFENDING INSURANCE CARRIER NAME: _____

I. WAS THIS MATTER CLOSED WITH YOUR CONSENT?

YES NO

WAS A CLAIM MADE OR A SUIT FILED?

YES NO

WAS PAYMENT MADE?

YES NO

IF NO, WAS CLAIM OR SUIT WITHDRAWN?

YES NO

IF YES, INDICATE TOTAL AMOUNT OF SETTLEMENT OR AWARD (IN \$): _____

AMOUNT PAID ON YOUR BEHALF (IN \$): _____

J. NATURE OF ALLEGATIONS IN THE CLAIM OR SUIT:

ALLEGED ERROR OR OMISSION: _____

SERVICES PROVIDED: _____

ALLEGED NEGLIGENCE: _____

ALLEGED DAMAGES: _____

K. PLEASE PROVIDE A NARRATIVE DESCRIPTION OF THE FACTS INCLUDING, BUT NOT LIMITED TO, THE TYPE OF SERVICES PROVIDED.

XI. IMPORTANT NOTICE

THIS INSURANCE IS FOR A CLAIMS-MADE AND REPORTED POLICY. THIS INSURANCE IS LIMITED TO LIABILITY FOR INJURIES FOR WHICH CLAIMS ARE FIRST MADE DURING THE POLICY PERIOD ARISING OUT OF INCIDENTS OR ACTS THAT FIRST OCCURRED ON OR AFTER THE APPLICABLE RETROACTIVE DATE. PLEASE READ AND REVIEW THE POLICY CAREFULLY.

XII. PLEASE READ AND SIGN

THE APPLICANT SHALL IMMEDIATELY INFORM THE COMPANY IF ANY STATEMENTS MADE ON THIS APPLICATION (INCLUDING ATTACHMENTS) WERE INACCURATE OR MISLEADING WHEN SUBMITTED, OR ARE NO LONGER ACCURATE, OR HAVE BECOME MISLEADING. IN THE EVENT THAT THE APPLICANT'S STATEMENTS ARE REASONABLY DETERMINED BY THE COMPANY TO BE UNTRUE OR MISLEADING THEN IT SHALL HAVE THE RIGHT TO VOID THE POLICY AS OF THE DATE OF THE INCORRECT OR MISLEADING STATEMENT. IT SHALL ALSO HAVE THE RIGHT TO INCREASE THE PREMIUM, DEDUCTIBLES OR RETENTIONS CONSISTENT WITH HOW IT MIGHT HAVE RESPONDED IF FULLY ACCURATE AND NON-MISLEADING INFORMATION HAD BEEN SUBMITTED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE OR OBLIGATE THE COMPANY TO OFFER COVERAGE. THE COMPANY'S RECEIPT OF THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE COVERAGE MAY BE BOUND AND A POLICY ISSUED.

THE APPLICANT AGREES TO COOPERATE WITH THE COMPANY IN IMPLEMENTING AN ONGOING PROGRAM OF LOSS CONTROL AND WILL ALLOW THE COMPANY TO REVIEW AND MONITOR SUCH PROGRAMS THAT THE APPLICANT UNDERTAKES IN MANAGING ITS PROFESSIONAL INSURANCE EXPOSURES.

THE APPLICANT HEREBY AUTHORIZES AND DIRECTS ANY PERSON OR ORGANIZATION WHATSOEVER TO RELEASE AND FURNISH TO THE COMPANY, AND ITS AGENTS OR REPRESENTATIVES, ANY AND ALL INFORMATION REQUESTED WHICH MAY RELATE TO INSURABILITY UNDER THE POLICY. THE APPLICANT FURTHERMORE AUTHORIZES THE RELEASE OF ALL SUCH INFORMATION BY THE COMPANY AS REQUIRED BY LAW TO ANY GOVERNMENTAL AGENCY OR PROFESSIONAL SOCIETY OR ASSOCIATION.

THE APPLICANT FURTHERMORE RELEASES AND AGREES TO HOLD HARMLESS THE COMPANY, AND ALL OF ITS AGENTS AND REPRESENTATIVES, ANY PRIOR INSURER, GOVERNMENTAL AGENCY, OR PROFESSIONAL SOCIETY OR ASSOCIATION FROM ANY LIABILITY ARISING OUT OF THE RELEASE OR REVIEW OF ANY AND ALL INFORMATION RELEASED OR FURNISHED PURSUANT TO THIS AUTHORIZATION AND APPLICATION FOR INSURANCE, NOTWITHSTANDING THE FACT THAT THERE MAY BE ERRORS, OMISSIONS, OR MISTAKES CONTAINED IN SUCH RELEASED INFORMATION.

SIGNATURE OF AUTHORIZED INDIVIDUAL

TITLE

DATE

XIII. FRAUD NOTICE

**All FLORIDA applicants MUST read and initial the following fraud warning:
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.**

INITIAL HERE

**All LOUISIANA applicants MUST read and initial the following fraud warning:
ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.**

INITIAL HERE

**All NEW JERSEY applicants MUST read and initial the following fraud warning:
ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.**

INITIAL HERE

**All NEW MEXICO applicants MUST read and initial the following fraud warning:
ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.**

INITIAL HERE

**All NEW YORK applicants MUST read and initial the following fraud warning:
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 SUCH VIOLATION.**

INITIAL HERE

**All WASHINGTON applicants MUST read and initial the following 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.**

INITIAL HERE

SUPPLEMENTAL INFORMATION (Please reference question number when providing supplemental information below.)

