



ZURICH®

Application For Professional Liability Insurance Policy – Moonlighting Lawyers

AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY
THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY.
IF ISSUED, PLEASE READ YOUR POLICY CAREFULLY.

ELIGIBILITY INFORMATION AND INSTRUCTIONS

This application should only be completed by an individual who has a full time job (at least 35 hours per week) that does not involve the practice of law and who practices law in a moonlighting capacity less than 26% of his/her average total work time.

Please type or print clearly in ink. Answer all questions. If space is insufficient to answer any question fully, attach a separate sheet. This application must be signed and dated by the Applicant.

Calculate Your Eligibility

1. a. Average hours worked per week for your employer: _____
 b. Average percentage of time per week you engage in private practice: _____ %

NOTE: If a. is less than 35 hours and/or b. is 26% or more, you must request and complete our standard application.

GENERAL INFORMATION

2. Proposed Effective Date: _____
3. Full Name of Attorney: _____
4. Attorney Bar #: _____
5. Street Address: _____ City: _____ State: _____ Zip: _____
6. a. Tel. Number: _____ b. Fax Number: _____
7. E-Mail: _____
8. Employer & Type of Business: _____
9. Website Address: _____

PRACTICE INFORMATION

10. When was the last day on which 26% or more of your average total work time was spent in private practice? _____
11. Have you ever had an insurance company or Lloyd's decline, cancel, refuse to renew or accept only on special terms any professional liability insurance for any reason other than loss of market? Yes No
 If Yes, please explain. _____
12. Does your private moonlighting practice include any of the following areas of practice?
- | | | | |
|------------------------|--|--|--|
| Class Action/Mass Tort | <input type="checkbox"/> Yes <input type="checkbox"/> No | Investment Counseling/Money | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Collections | <input type="checkbox"/> Yes <input type="checkbox"/> No | Medical Malpractice (Plaintiff or Defendant) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Copyright/Trademark | <input type="checkbox"/> Yes <input type="checkbox"/> No | Patent | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Entertainment | <input type="checkbox"/> Yes <input type="checkbox"/> No | Securities Law | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Environmental Law | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tax Shelters | <input type="checkbox"/> Yes <input type="checkbox"/> No |

PRACTICE INFORMATION (continued)

13. Please list the lawyers' professional liability insurance carried by you, your current employer or previous firms for the past 4 years. If NONE, please state NONE.

Policy Period	Limit of Liability	Deductible	Insurer	Premium

14. a. Does your firm's Docket/Calendar Control system include the following? (Please check all applicable options.)
 Single Calendar Dual Calendar Tickler Cards Master Listing Computer Calendar
 Other: _____

b. Indicate how frequently the time deadlines are cross-checked. Daily Weekly Monthly Never

15. Has your firm filed for bankruptcy or had any liens or suits pending against it during the past 5 years? Yes No

16. Does the Firm or any attorney currently own or rent its primary office location? Own Rent

LOSS HISTORY

If the answer is Yes to questions 17, 18 and/or 19, please request and complete a notice of circumstance/claim reporting form and attach additional sheets as necessary.

17. During the past 10 years has the attorney in Question 3 been the subject of a criminal action, a reprimand, disciplinary action, Bar complaint, investigation, or other ethics proceeding?
 If Yes, please provide a copy of the dismissal or action documents or letter from the Bar. Yes No

18. During the past 5 years has any claim or suit arising out of the rendition of legal services been made against the attorney in Question 3? If Yes, please attach an explanation of the claim or suit. Yes No

19. Is the attorney in Question 3 aware of any circumstances, incidents, acts, errors or omissions that could result in a claim or suit arising out of the rendition of legal services against the applicant? Yes No

20. Has the applicant initiated lawsuits or arbitration procedures during the past 3 years to enforce collection of unpaid fees? Yes No

a. If Yes, how many?

b. How many of them have been resolved successfully?

c. How many of them are still unresolved?

21. Has the applicant had 3 years or more continuous full-time coverage with Zurich? Yes No

22. Does 25% or more of your revenue come from any form of fee sharing, subcontracting, or referral work? Yes No

If Yes, please explain on a separate sheet and provide the exact percentage of revenue.

By signing this application the undersigned agrees that he/she is not 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 undersigned 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 undersigned. It is further agreed by the undersigned 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, the undersigned 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 undersigned or the insurer.

If the applicant has concealed or misrepresented any material fact, circumstance or fraud concerning this insurance resulting in deception to us which existed at the time of damage and contributed to such damage, this policy will be rendered void as long as the deception was material; was made knowingly with the intent to deceive; was relied and acted upon by the Insurer; and deceived the Insurer to the Insurer's injury.

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.

Notice to Nebraska Applicant: **No misrepresentations or warranty made by the insured or on his behalf in the negotiation or application of this policy or contract of insurance shall defeat or void the policy or contract or effect the company's obligation under the policy or contract unless such misrepresentation or warranty was material, was made knowingly with the intent to deceive, was relied and acted upon by the company and deceived the company to its injury. The breach of a warranty or condition in any contract or policy of insurance shall not void the policy or allow the company to avoid liability unless such breach exists at the time of the loss and contributes to the loss.**

Fraud Notice to Applicants: 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 false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions.

FRAUD NOTICES - FOR APPLICANTS OF THE FOLLOWING STATES

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: Warning - It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant. 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.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement or claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kansas: Any person who commits a "fraudulent insurance act" may be guilty of a criminal offense and subject to penalties under state law. A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for commercial insurance or personal insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial insurance or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing 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.

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

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Massachusetts and Nebraska: Any person who knowingly and with intent to defraud any insurance company or another 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 may subject the person to criminal and civil penalties.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: 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.

Ohio: Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania: 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 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 subjects such person to criminal and civil penalties.

Rhode Island: 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.

Tennessee: 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.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: 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.

Washington: 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. The undersigned'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: _____

Signature: _____ Date: _____
Agent

Agent License # _____
Required in the State of Florida

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

Disclosure Statement



DISCLOSURE OF COMPENSATION

Daniels-Head Insurance Agency, Inc. is a licensed insurance agency representing Zurich. This notice is provided to advise you about the compensation we receive for our services. We are compensated by Zurich for placing policies with Zurich and for providing service to customers on those policies.

We hope this information is helpful. Thank you.