

Add Attorney – Application for Lawyers Professional Liability Insurance Policy



AMERICAN ZURICH INSURANCE COMPANY

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

Name of Firm: _____

Zurich Policy Number: _____

This document is part of the application for Lawyers Professional Liability Insurance Policy. Answer all questions. If space is insufficient to answer any question fully, attach a separate sheet.

INSTRUCTIONS

- This form is to be completed by the Firm for each new Attorney joining the firm.
- If more than one Attorney has joined the firm, complete a separate application for each new Attorney.
- This form must be signed and dated on the bottom by the new Attorney and a principal, partner or president of the firm.

1. Complete the following for the new Attorney joining the firm:

Attorney Name	Designation Code*	Date of Birth (mm/dd/yyyy)	Social Security Number	Years in Practice	Date of Hire (mm/dd/yyyy)	Prior Acts Exclusion Date

*** Designation Codes:**

- O** - Officers, Directors or Shareholders of the corporation who are licensed as lawyers
- P** - Partners of a Partnership **E** - Employed Attorney **C** - Of Counsel attorneys for whom coverage is desired
- PT** - Part-time Attorney (must work less than 26 hours per week in the private practice of law solely on behalf of the firm)
- IC** - Independent Contractor

2. Provide employment history for the past three (3) years: _____

3. Has the new Attorney or his/her prior firm maintained Lawyers Professional Liability Insurance for the past five years? Yes No

If YES, complete the following chart:

Past Years	Professional Liability Insurance Company	Policy Number	Prior Acts Exclusion Date	Limit of Liability (Per Claim/Aggregate)	Policy Period (mm/dd/yyyy to mm/dd/yyyy)
1					
2					
3					
4					
5					

4. Please indicate prior acts coverage desired for the new Attorney. Note: prior acts coverage must be approved by the Company.

- Full prior acts No prior acts
- Other prior acts exclusion date: _____ (Month/Day/Year).

5. Has the new Attorney or Attorney's previous firm purchased an endorsement to extend the claims reporting period? (e.g. tail, extended reporting endorsement, ERP, etc.) Yes No

If YES, provide the following:
Effective Date of Endorsement: _____ Length of Reporting Period: _____ years/months (circle one).

6. Is the new Attorney aware of any professional liability claim made against him/her in the past five (5) years, or any incident, act, error, or omission which might reasonably be expected to be the basis of a claim or suit arising out of their performance of professional services for others? Yes No

If YES, a Supplemental Claim Information form must be completed for each claim or incident.

7. During the past five (5) years, has the new Attorney had coverage declined, canceled or non-renewed by any professional liability insurer? Yes No
If YES, attach a short narrative explanation.
8. During the past ten (10) years, has the new Attorney been the subject of a reprimand, disciplinary action, or current investigation? Yes No
If YES, please provide a copy of any such action.
9. Since January 1, 1990, has the new Attorney had any equity interest or served as director, officer, partner, general counsel, or member of any committee of any Financial Institution (FI) which is a past or present client? Yes No
If YES, attach a short narrative explanation. (Include names of FI, dates of service, percent of equity, type of activities, etc.)

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. Applicant acknowledges a continuing obligation to report to us as soon as practicable any material changes in the facts or statements above, and in each supplementary application, which applicant becomes aware after signing the application.

I, the undersigned, do understand that the information submitted herein becomes part of the Firms application for Lawyers Professional Liability Insurance and is subject to the representations contained therein. Signing this form and tendering premium does not bind the Firm or the Company to complete the insurance.

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.**

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: _____

Signature: _____ Date: _____
Agent