

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

Proposed Effective Date: _____

Applicant's (Firm) Name: _____

Street Address: _____

(P.O. Box not acceptable)

City: _____

State: _____

Zip Code: _____

Phone: _____

Fax: _____

Applicant's Contact E-Mail: _____

Website Address: _____

Please attach a list of all **branch** and **secondary** locations and a copy of the Applicant's letterhead.

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

DESIRED COVERAGE

\$100,000/\$300,000 \$500,000/\$1M \$3M/\$3M
 \$200,000/\$500,000 \$750,000/\$1.5M \$4M/\$4M
 \$200,000/\$600,000 \$1M/\$1M \$5M/\$5M
 \$250,000/\$500,000 \$2M/\$2M
 Other: _____

DESIRED DEDUCTIBLE

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

ATTORNEY/FIRM INFORMATION

1. Total Number of Attorneys: _____

2. 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.*	Date of Birth (mm/dd/yy)	Number of Years in Practice	Date of Hire (mm/dd/yy)	Number of Hours Worked/Week	Attorney Bar Number	Indiv Retro Date

*Designation Codes

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

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

4. If the Applicant is a sole practitioner, who is the Attorney that will handle the Applicant's cases in the Applicant's absence?
 Name: _____ Does he/she maintain professional liability coverage? Yes No
 Address: _____ City/State/Zip: _____

5. Does the Applicant share an office or suite with Attorneys other than those listed in Question 2? Yes No
 If Yes, does the Applicant share staff or letterhead? Yes No

ATTORNEY/FIRM INFORMATION cont'd...

6. What date was the Applicant established? (mm/dd/yyyy) _____
7. How many non-Attorney employees does the Applicant have? _____

If the Applicant is a Current Zurich Insured or is presently uninsured, please skip Questions 8, 9 and 10.

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 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 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 Applicant's lawyers' professional liability insurance information for the past 5 years below.

Policy Period	Limit of Liability	Deductible	Insurer	Premium

13. Has any Attorney in Question 2 had his/her lawyers' professional liability insurance declined, canceled, non-renewed or reduced by any professional liability insurer during the past 5 years? If Yes, please provide the name of the Attorney and explanation on a separate sheet. Yes No

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 indicates work for any areas of practice designated below in capital letters, please request and complete the applicable Supplemental Forms.
 - 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. This percentage must be allocated to an area or areas of practice in the chart below. _____ %

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	%	Secured Transaction (UCC – Commercial Paper)	%
ENTERTAINMENT	%	SECURITIES LAW (except corporate formation)	%
ENVIRONMENTAL	%	Taxation	%
Estates/Wills/Trust/Probate	%	Tax Shelters	%
Family Law	%	Workers' Compensation – Defendant	%
Financial Institutions–Reg. Compliance	%	Workers' Compensation – Plaintiff	%
		TOTAL (must equal 100%)	%

AREAS OF PRACTICE cont'd...

15. If the Applicant has stated any percentage of Medical Malpractice - Plaintiff work in the Areas of Practice chart, 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 request and complete the applicable Supplemental Form.
17. Does the Applicant expect any changes to its areas of practice in the next 12 months? Yes No
If Yes, please explain on a separate sheet and specifically indicate the new areas of practice expected 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? If No, please explain on a separate sheet. 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
26. Does any Attorney in Question 2 have any law partners, associates of counsel or employed attorneys other than those listed in Question 2 or is any Attorney listed in Question 2 employed by or perform legal work for an entity other than the Applicant? If Yes, please explain on a separate sheet. Yes No
27. Does the Applicant or any Attorney in Question 2 serve as a director, officer, employee, or other management capacity for a past or present client? If Yes, please explain on a separate sheet. 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? If Yes, please request and complete the Controlling Interests Supplemental Form. Yes No
29. Does 25% or more of the Applicant's revenue come from any form of fee sharing, sub-contracting or referral work? If Yes, please explain on a separate sheet and provide the exact percentage of revenue. Yes No
30. Does the Applicant have any client that represents 25% or more of the Applicant's billings? If Yes, please provide the exact percentage of billings 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. Yes No
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? If Yes, is the procedure computerized? Yes No
 Yes No
32. Has the Applicant initiated lawsuits or arbitration procedures during the past 5 years to enforce collection of unpaid fees for the Applicant?
a. If Yes, how many? _____
b. How many of them have been resolved successfully? _____
c. How many of them are still unresolved? _____

RISK MANAGEMENT cont'd...

33. Has your firm filed for bankruptcy or had any liens or suits pending against it during the past 5 years? Yes No
34. Does the Firm or any attorney currently own or rent its primary office location? Own Rent

LOSS HISTORY

If the answer is Yes to any of the following questions, please request and complete the Notice of Circumstance/Claim Reporting Form and attach additional sheets as necessary.

35. During the past 10 years has any Attorney in Question 2 or employee of the Applicant been the subject of a criminal action, 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
36. During the past 5 years has any claim or suit arising out of the rendition of legal services been made against any Attorney in Question 2 or employee of the Applicant? Yes No
37. Is any Attorney in Question 2 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 35, 36 AND 37 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 undersigned 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 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 and the prospective insureds. It is further agreed by the undersigned 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 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.

Fraud Notice to Applicants: 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:** _____

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.