

Renewal Application for Lawyers Professional Liability Insurance Policy



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. IF YOU HAVE A CLAIM OR CIRCUMSTANCE THAT COULD RESULT IN A CLAIM IMMEDIATELY REPORT IT TO ZURICH, call 1-800-987-3373.

Current Policy Number: _____

Expiration Date: _____

Applicant's Name: _____

CURRENT COVERAGE		DESIRED COVERAGE	
Limit _____	Per Each Claim/Aggregate	Limit \$ _____	Per Each Claim/Aggregate
Deductible _____		Deductible \$ _____	

- Has the Applicant's name, principal address, telephone number, facsimile number, e-mail address or web site changed? Yes No
If Yes, please provide a copy of the new letterhead and the modified information.
- Has there been a change in the number(s) and/or name(s) of Attorneys since the last application? Yes No
If No, do not complete the chart below.

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 page.

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
P-Partner, if a Partnership
C-Of Counsel Attorney
PT-Part-Time Attorney (must practice law fewer than 26 hours per week solely for applicant firm)
S-Sole Practitioner
E-Employed Attorney
IC-Independent Contractor

AREAS OF PRACTICE

- Have the Applicant's areas of practice or percentages changed since the last application? Yes No
If No, do not complete the chart below.

Instructions for completing this section:

- 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.
- If the Applicant indicates work for any areas of practice designated below in capital letters, please request and complete the applicable Supplemental Forms.
- 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. _____ %

AREAS OF PRACTICE cont'd...

Area of Practice	Expiring %	Projected %	Area of Practice	Expiring %	Projected %
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%)		%

4. 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.

5. Does the Applicant engage in any Class Action/Mass Tort work? Yes No
If Yes, please request and complete the applicable Supplemental Form.
6. 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 of paper and specifically indicate the new areas of practice expected to be handled by the Applicant.

RISK MANAGEMENT

7. Have there been any changes in the Applicant's risk management practices since the last application? Yes No
If Yes, please request and complete the Risk Management Supplemental Form.
8. Has your firm filed for bankruptcy or had any liens or suits pending against it since the last application? Yes No
9. 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.

10. Has any Attorney in Question 2 or employee of the Applicant been the subject of a criminal action, a reprimand, disciplinary action, Bar complaint, investigation, or other ethics proceeding within the past year? If Yes, please provide a copy of the dismissal or action documents or letter from the Bar. Yes No
11. 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 within the past year? Yes No
12. Is any Attorney in Question 2 or employee of the Applicant aware of any circumstance(s), incident(s), act(s), error(s) or omission(s) that could result in a claim or suit against the Applicant or any predecessor or any of the former or current members or employees of the Applicant? Yes No

Please note that if the responses to questions 10, 11 and 12 are in the affirmative, you must immediately report the claim or circumstance that could result in a claim to Zurich at 1-800-987-3373.

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.

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 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 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.