

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

POLICY NUMBER \_\_\_\_\_  
COMPANY USE ONLY

# LEGAL PROFESSIONAL RENEWAL APPLICATION

ISSUING COMPANY: ATTPRO RRG RECIPROCAL RISK RETENTION GROUP



## 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.

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

\_\_\_\_\_ / \_\_\_\_\_  
MM / YYYY

**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.**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 HAWAII applicants MUST read and initial the following fraud warning:  
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.**

**INITIAL HERE**

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

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