



ABOUT THE FIRM

1. The precise registered name of the applicant firm to be insured, as reflected on the firm’s letterhead:

Name: _____
Attach a sample of the firm’s letterhead to this application. Inconsistencies between it and the application, including attorneys named, address, and other offices, etc. should be explained on a separate sheet of paper

2. Policy Number: _____ Renewal Effective Date: _____

RENEWAL INFORMATION

3. Does the firm practice in multiple states? Yes No

If yes, complete the Out of State Supplemental Application.

4. Are there any attorneys who, during the policy period: a) joined the firm; b) left the firm; or c) had a change in status (for example, been made partner or of counsel)? Yes No

If “yes” complete the EZ Renewal Supplemental Application.

5. Have there been any percentage changes in the firm’s Areas of Practice during the policy period? Yes No

6. a. Does the firm regularly confirm representations in writing via use of formal engagement letters? Yes No
Please attach a sample engagement letter on firm letterhead.

- b. Does the engagement letter include the following:
- Identity of the Client? Yes No
 - Scope of Representation that includes key terms of legal representation? Yes No
 - Fee structures and billing agreements? Yes No
 - Termination agreement that includes file retention and destruction terms? Yes No

c. Does the firm ensure that a countersigned engagement letter is received from the client before work begins on a new matter? Yes No

If “no”, to a., b. or c, please explain via attachment.

7. During the policy period, has the firm initiated lawsuits or arbitration procedures to enforce the collection of unpaid fees for the firm? Yes No

If “yes”, complete the Fee Suit Supplemental Application

8. Has the Firm or any lawyer in the Firm represented publicly traded clients with services rendered involving Sarbanes-Oxley Act (SOX) compliance including but not limited to Securities, Accounting, Financial/Investment Services or Tax work? Yes No

If “yes”, please complete the Client Information supplement.

9. During the policy period, has the firm become involved in any mass tort / class action cases? Yes No

If “yes” complete the Mass Tort / Class Action Supplemental Application.

10. Provide the firms estimated gross revenues for the current fiscal year:

Year	Year End Date	Gross Revenues
Current fiscal		\$



NEW YORK EZ RENEWAL APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

- 11. After inquiry, is any attorney in the firm aware of:
a. any claims that have not yet been reported to the Company?
b. any actual or alleged act, omission, circumstance, or breach of duty that has not yet been reported to the Company...

If "yes" to a or b above, please notify CNA Claims Department - refer to the Declarations page for contact information; and complete the Claims Supplemental Application.

- 12. a. Within the past five years, has any attorney been subject to any disciplinary inquiry, complaint or proceeding for any reason including non-payment of dues?
b. Has any attorney ever been refused admission to practice, disbarred, suspended, formally reprimanded, or sanctioned in any other way?

If "yes" to a or b above complete the Disciplinary Supplemental unless the matter was reported under a prior CNA policy term and supplement was completed. The Disciplinary - Status Update Supplement should be completed for renewal policies where the matter was previously reported but was still open at the last renewal.

- 13. a. Please indicate the number of Full Time Attorneys in your firm
b. Please indicate the number of Full Time Non Attorney staff

Areas of Practice

Guidelines for completing this section:

- a. Express percentages of time devoted (billable hours) in each during the previous year.
b. Indicate percentages in whole numbers next to the type of law you practice, not the business of the client you represent.
c. Please be as accurate as possible, as casual estimates may cause inappropriate evaluation of your practice.
d. All litigation should be coded as "Civil Litigation" with the exception of "Criminal", "Personal Injury" and "Intellectual Property" which should be coded to their respective Area of Practice.

Table with 3 columns and 15 rows listing legal practice areas such as Admiralty/Marine-Defense, Criminal, Personal Injury/Property Damage-Defense, etc., with percentage input fields.

Total (Must equal 100%) %

Other Description Area

** If any percentage, complete the Intellectual Property and/or Securities (SEC) Supplemental Applications

REMINDER - PLEASE ATTACH A SAMPLE OF YOUR LETTERHEAD TO THIS APPLICATION



SIGNATURE AND REPRESENTATION

Applicant hereby represents, after inquiry, that the information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations: this application, and any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof.
2. This application will be the basis of the contract and will be incorporated by reference into and made part of such policy; and
3. Applicant's failure to report to its current insurance company, during the current policy period, either any claim made against any insured, or any act or omission known to any insured that may reasonably be expected to be the basis of a claim against any insured may create a lack of coverage.
4. Any attorney currently or formerly affiliated with the firm or any predecessor firm, has disclosed in this Application any actual or alleged, act, omission, circumstance or breach of duty that a reasonable attorney would recognize might reasonably be expected to result in a claim being made against the firm, any predecessor firm, or any attorney currently or formerly affiliated with the firm or any predecessor firm, regardless of whether any such claim would be meritorious.

Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant.

FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

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 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 be subject to civil fines and criminal penalties (for New York residents only: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For Pennsylvania Residents only: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.) (For Tennessee Residents only: Penalties include imprisonment, fines and denial of insurance benefits.)

Applicant:

By _____

SIGNATURE OF OFFICER OR PARTNER OF THE FIRM	PRINT NAME OF OFFICER OR PARTNER	DATE
EMAIL ADDRESS		

Broker _____

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