



**EZ RENEWAL APPLICATION FOR LAWYERS  
PROFESSIONAL LIABILITY INSURANCE**

**NEW YORK**

### About the Firm

The precise 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

Policy Number: \_\_\_\_\_

Renewal Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Renewal Information

1. 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.
2. Have there been any changes in the firm's areas of practice during the expiring policy period?  Yes  No
3. After inquiry, is any attorney in the firm aware of:
  - a. any claims that have not yet been reported to the Company?  Yes  No
  - b. any actual or alleged act, omission, circumstance, or breach of duty that has not yet been reported to the company, and that a reasonable attorney would recognize might reasonably be expected to result in a claim being made against the firm, any predecessor firm, or against any attorney currently or formerly affiliated with the firm or any predecessor firm, regardless of whether any such claim would be meritorious?  Yes  No

If "yes" to a or b above, please notify CNA Claims Department – refer to the Declarations page for contact information; and complete the Claims / Disciplinary Supplemental Application.
4. a. Within the past year, has any attorney been subject to any disciplinary inquiry, complaint or proceeding for any reason other than non-payment of dues?  Yes  No  
b. If "yes" has that attorney been refused admission to practice, disbarred, suspended, formally reprimanded, or sanctioned in any other way?  Yes  No  
If "yes" to a or b above complete the Claims / Disciplinary Supplemental Application.
5. 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
6. a. During the policy period, has the firm represented any publicly traded clients in any practice area?  Yes  No  
b. If "yes" what were the firm's gross billings attributable to such representation? \$ \_\_\_\_\_  
If "yes" to a. above also provide on a separate sheet of paper: name of client, date of first affiliation, services rendered, and whether this is a current client of the firm.
7. 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.

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

Year	Year End Date	Gross Revenues
Current fiscal		\$ _____



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9. a. Please indicate the number of Full Time Attorneys in your firm \_\_\_\_\_ the number of Part Time Attorneys \_\_\_\_\_  
 b. Please indicate the number of Full Time Non Attorney staff \_\_\_\_\_ the number of Part Time Non Attorneys \_\_\_\_\_  
 c. Does the firm have written guidelines addressing:
- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Discrimination?                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sexual Harassment?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Employee Grievances or Complaints?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are they distributed to attorneys and staff? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Areas of Practice**

**Guidelines for completing this section:**

- a. Express percentages of **time devoted** (billable hours) in each area 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 - Plaintiff" and "Intellectual Property" which should be coded to their respective Area of Practice.

- |  |  |  |
|--|--|--|
| _____ % Admiralty / Marine -Defense              | _____ % Environmental Law                              | _____ % Personal Injury / Property<br>Damage – Plaintiff |
| _____ % Admiralty / Marine- Plaintiff            | _____ % Family Law                                     | _____ % Real Estate / Title<br>Commercial                |
| _____ % Anti - Trust Trade<br>Regulation         | _____ % Government Contracts /<br>Claims               | _____ % Real Estate / Title<br>Residential               |
| _____ % Banking / Financial<br>Institutions      | _____ % Immigration /<br>Naturalization                | * _____ % Securities (SEC)                               |
| _____ % Business Transaction /<br>Commercial Law | * _____ % Intellectual Property<br>(Patent, Trademark) | _____ % Taxation   |
| _____ % Civil/Comm'l Litigation - Defense        | _____ % International Law                              | _____ % Wills, Estates, Probate &<br>Planning            |
| _____ % Civil/Comm'l Litigation - Plaintiff      | _____ % Labor Management Rep                           | _____ % Workers' Compensation -<br>Defense               |
| _____ % Civil Rights / Discrimination            | _____ % Labor Union Rep                                | _____ % Worker's Compensation - Plaintiff                |
| _____ % Collection and Bankruptcy                | _____ % Local Government                               | _____ % Other _____                                      |
| _____ % Construction (Building<br>Contracts)     | _____ % Natural Resources / Oil<br>and Gas             | <b>(please describe below)</b>                           |
| _____ % Consumer Claims                          | _____ % Personal Injury / Property<br>Damage – Defense |  |
| _____ % Corporate Business<br>Organization       |  |  |
| _____ % Criminal                                 |  |  |

**Total (Must equal 100% ) \_\_\_\_\_ %**

**Other Description Area**

\_\_\_\_\_

\_\_\_\_\_

\* If any, please request the Intellectual Property and / or Securities Supplemental Application(s) from Parsons & Associates, Inc. by calling (877) 452-9776, Ext. 103 – Fax (315) 472-3222

**REMINDER --- Please attach a sample of your letterhead to this application.**

