



**SUPPLEMENTAL APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE  
FOR LAWYERS NEW TO THE NAMED INSURED FIRM**

**Directions:** All lawyers new to the Named Insured Firm must complete this supplement. It must be currently signed and dated by both the lawyer new to the Firm and a principal of the Named Insured Firm  
**Section I** is to be completed by the lawyer new to the Named Insured Firm.  
**Section II** is to be completed by a principal of the Named Insured Firm.  
**Section III (page 3) need only be completed if Extension of Prior Acts Coverage is requested for acts prior to the date of hire.**

Named Insured Firm (also referred to as Firm): \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Effective Date: \_\_\_\_\_

Name of Lawyer new to the Firm: \_\_\_\_\_

**Section I. To be completed by the lawyer new to the Named Insured Firm**

1. Date you joined/were hired/rejoined the Firm: \_\_\_\_\_

2. Your Designation at this Firm: Associate/Employee  Independent Contractor  Member/Manager/Stockholder   
Of Counsel  Partner/Officer/Director

3. Were you previously affiliated with this Firm? Yes  No  If yes, provide dates of prior affiliation:  
 Dates of prior affiliation from \_\_\_\_\_ to \_\_\_\_\_

4. What are your anticipated weekly hours to be working at this Firm 1-10  11-25  26+

5. List all states in which you are licensed, active and in good standing to practice law and corresponding date of admittance (mm/yy)

State: \_\_\_\_\_

Admitted: \_\_\_/\_\_\_ \_\_\_/\_\_\_ \_\_\_/\_\_\_ \_\_\_/\_\_\_ \_\_\_/\_\_\_

6. Are you licensed to practice law in federal court? Yes  No  If so, what type of law do you practice? \_\_\_\_\_

7. If you are not currently licensed in this Firm's state of domicile or in a state the Firm has an active branch office, explain your plans and timeframe for admittance. If you are seeking admittance by reciprocity, provide reciprocity rules in the Firm's state, expected timeframe for approval and current status.

8. Provide the date you entered Private Practice: \_\_\_\_\_

9. List Bar Association Affiliations and Bar Member Numbers: \_\_\_\_\_

10. Will you be bringing to the Firm any clients and/or pending matters from your current practice? Yes  No  NA  (newly admitted)

Provide an overview of your areas of practice: \_\_\_\_\_

11. Are you aware of any professional liability claim made against you or naming you in the past five years, or any incident, act, or omission which might reasonably be expected to be the basis of a claim or suit, arising out of the performance of professional services for others? Yes  No  If yes, a Claim Supplement must be completed for each claim/incident.

12. Have you ever been disbarred, suspended, formally reprimanded or subject to any disciplinary inquiry, complaint or proceeding for any reason? Yes  No  If yes, or if such is currently pending/in process, complete a Disciplinary Supplement.

13. Are you employed in any capacity or otherwise affiliated with another entity, including a solo practice, other than this Firm? Yes  No  If "Yes", answer the following:

Entity: \_\_\_\_\_ Role: \_\_\_\_\_ Weekly Hours Worked: \_\_\_\_\_



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**SECTION II. To be completed by Firm Principal of the Named Insured Firm**

**A. Coverage:** Carefully review the three coverage options below and check the option the Firm desires to extend to this new lawyer: Note that extension of prior acts is subject to Company Underwriting approval, *completion of Section III* and proof of continuous professional liability insurance.

**Named Insured Coverage—Limited to Services Rendered on behalf of the Named Insured Firm:** The Named Insured Firm desires to limit coverage to services rendered on behalf of the Named Insured Firm and understands that services performed prior to the date of hire with the Firm are not eligible for coverage under the policy. A Specific Lateral Hire Exclusion will attach to the policy for this new lawyer that will limit coverage to services rendered on behalf of the Named Insured Firm with an effective date equal to the date of hire with the Named Insured Firm.

**Exclusion of Prior Acts—Inclusion of Moonlighting Coverage:** The Named Insured Firm desires to exclude from coverage all services performed by this new lawyer prior to the date of hire with the Named Insured Firm and understands that coverage may extend to this lawyer for services rendered outside of the Named Insured Firm and for which the Firm may not receive remuneration. The date of hire will be the Named Individual Retroactive Date for this lawyer.

**Extension of Prior Acts:** The Named Insured Firm desires to extend coverage for all services rendered by this new lawyer back to the date of first continuous insurance coverage. The Named Insured Firm understands that such coverage exposes the Firm to claims for which the Named Insured Firm received no remuneration. The Named Insured Firm accepts that such claims could result in deductible obligations and may impact future underwriting and insurability of the Named Insured Firm. Additional premium may be required to extend this coverage if approved by the Company.

**B. Firm Practice and Procedures**

1. With the addition of this lawyer, will the Firm's practice areas change by any significant percentage or will the Firm take on an area of practice not previously represented to the Company? Yes  No  *If yes, please explain the anticipated changes.*

2. If this lawyer is bringing any clients to the Firm, detail the conflicts checks the Firm will perform and actions to be taken if a conflict is identified:

3. If this lawyer is not yet licensed in the Firm's state of domicile or in a state a Firm branch office is located, what functions will this lawyer be performing and do you have expectations on state licensure? Provide an explanation and timeframe of licensure.

4. Check all measures taken by the firm **before** extending an offer to this new lawyer:

- disclosure of past and potential claims       require the purchase of an extended reporting period endorsement
- investigation of possible/actual conflicts       warranty regarding no known claims/potential claims       verification of bar admission(s)
- disclosure of any disciplinary complaints       investigation of outside interests       other (describe separately)

5. Check measures the Firm will take **after** an offer is accepted by this lawyer and he/she joins the Firm:

training in office procedures     integration into the firm culture     periodic review of clients, matters and performance     other: detail \_\_\_\_\_

6. Will this lawyer be listed on Firm's letterhead?      Yes  No  N/A (no lawyers are listed on Firm's letterhead)

7. Will this lawyer be listed on Firm's website?      Yes  No  N/A (Firm has no website or does not list lawyers)

8. Will this lawyer expand the Firm's territory or create an additional office location for the Firm? Yes  No  If yes, describe.

**Warranty and Signature—to be read, signed and currently dated by the lawyer new to the Firm and a principal of the Named Insured Firm.**

We agree to the following: i) the Company will use the information contained in this supplemental application in underwriting; ii) the Company will rely upon the truth and accuracy of the representations contained herein; iii) the statements and information contained herein are true and accurate to the best of your present knowledge; and iv) said supplemental application will be deemed attached to and incorporated into any policy or endorsement the Company may issue pursuant to it.

**Signature of Lawyer New to the Firm** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Named Insured Principal** \_\_\_\_\_ **Date** \_\_\_\_\_



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**Section III. To be completed by the lawyer new to the Named Insured Firm ONLY IF the coverage desired is the Extension of Prior Acts Coverage as noted in Section II.A.3 on page 2 of this supplement. Note, this coverage is subject to Company Underwriting review and, if approved, additional premium may be required.**

1. How long have you continuously carried lawyer's professional liability coverage? \_\_\_\_\_ years
2. Have you been continuously insured with no gaps in coverage? Yes  No
3. Does your current policy contain a prior acts exclusion date? Yes  No   
Provide specific date & a copy of the endorsement if available \_\_\_\_\_

4. Provide the following details relative to your insurance history by completing the chart and attach a copy of your current Declarations and any endorsements.

Prior Insurance History	Insurance Company	Limits of Liability Per Claim/Aggregate	Policy Term From/To mm/dd/yy	Firm Name Policy was issued to	Your Position in the Firm	Date you left this Firm
Current Year						
Previous Year 1						
Previous Year 2						
Previous Year 3						
Previous Year 4						

5. During the past five years, has any insurance company cancelled or refused to renew your professional liability policy or any policy for a firm you were previously affiliated with? Yes  No  NA  *If yes, please provide details on a separate sheet.*
- 6a. Are you a director, officer or employee of, or do you hold an equity interest in a business, firm or entity which is or was a client of yours? Yes  No
- 6b. Are you a director, officer or employee of, or do you hold an equity interest in a business, firm or entity including another law firm? Yes  No  *If yes to either question, complete the Client Information Supplement.*
7. Over the past five years, what areas of practice have you been involved in?  
\_\_\_\_\_  
\_\_\_\_\_

**Warranty and Signature—to be read, signed and currently dated by the lawyer new to the Firm and a principal of the Named Insured Firm.**

We agree to the following: i) the Company will use the information contained in this supplemental application in underwriting; ii) the Company will rely upon the truth and accuracy of the representations contained herein; iii) the statements and information contained herein are true and accurate to the best of your present knowledge; and iv) said supplemental application will be deemed attached to and incorporated into any policy or endorsement the Company may issue pursuant to it.

**Signature of Lawyer New to the Firm** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Named Insured Principal** \_\_\_\_\_ **Date** \_\_\_\_\_



APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

FEE SUITS SUPPLEMENT

Table with 2 columns: Label (Firm Name, Policy Number, Effective Date) and Input field.

1. How many clients has the firm handled in the past two years? \_\_\_\_\_

2. A. How many fee suits have you filed in the past five years? \_\_\_\_\_

B. How many of the clients that the firm has sued paid the balances due after the suit? \_\_\_\_\_

C. How many suits are still open? \_\_\_\_\_

3. Does the firm's engagement and retainer letters clearly show payment schedules? [ ] Yes [ ] No

4. A. Does the firm handle the collection of unpaid fees? [ ] Yes [ ] No

B. If no, does the firm refer the collection of unpaid fees to a collection attorney? [ ] Yes [ ] No

5. Please indicate low, high, and average dollar values of unpaid fees? Low: \$ \_\_\_\_\_

Average: \$ \_\_\_\_\_

High: \$ \_\_\_\_\_

6. A. Have steps been taken to avoid a possible counter suit? [ ] Yes [ ] No

B. Please provide details: \_\_\_\_\_

7. A. Have steps been taken to prevent fee suits in the future? [ ] Yes [ ] No

B. Please provide details: \_\_\_\_\_

8. For which of the following areas of practice has the firm filed fee suits?

- List of 25 legal practice areas with checkboxes for selection.





**APPLICATION FOR LAWYERS PROFESSIONAL  
LIABILITY INSURANCE**

**Claim / Disciplinary Supplement**

8. a. If closed, what were the following amounts paid?

	_____	loss / indemnity
	+	_____ defense costs
	-	_____ deductible paid
	=	<b>_____ total</b>

b. Company reported to: \_\_\_\_\_

c. If closed, provide date closed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

9. Indicate whether payment in question 8 above was:

Judgment  
 arbitration award  
 Settlement

10. If pending:

Insurer's last offer for settlement:	\$ _____	Claimant's last demand:	\$ _____
Deductible or retention amount:	\$ _____	Limits:	\$ _____
Name of defense counsel	_____	Costs incurred to date:	\$ _____
Loss Reserve:	\$ _____	Expense Reserve:	\$ _____
Insurance Carrier:	_____		

11. As a result of this claim, describe procedural or policy changes made that will reduce the possibility of a similar occurrence: \_\_\_\_\_

12. **Disciplinary matters** – complete the following:

a. When was the complaint made? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

b. When were you notified of the complaint? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

c. Was notification received from the Board of Bar Overseers or Disciplinary Commission of your state?  Yes  No

d. When did you respond to the Board? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

e. Did you report this matter to your insurance carrier?  Yes  No

f. If reported, name of insurance carrier: \_\_\_\_\_

Date reported: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

g. What were the allegations? Include a description of the legal services rendered to the complainant: \_\_\_\_\_

h. Was this complaint made after a suit for fees was initiated?  Yes  No

i. Current status: \_\_\_\_\_

j. What if any discipline or sanction was administered? \_\_\_\_\_

k. As a result of this complaint, what changes have been made that will reduce the likelihood of similar complaints? \_\_\_\_\_

Provide a copy of the complaint, correspondence from the Board, your responses & those of the clients and the final disposition papers.



**MASS TORT/CLASS ACTION SUPPLEMENTAL APPLICATION**

<b>Firm Name:</b>	
<b>Policy Number:</b>	
<b>Effective Date:</b>	

**PLEASE ANSWER ALL QUESTIONS OR INDICATE "NOT APPLICABLE"**

If additional space is required for any answer, please use the supplemental form or a separate sheet.  
At your option, you may attach a description of your office's mass tort/class action practice.

1. a. What types of mass tort or class action cases do you handle (details regarding issues, types of products, etc)? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 b. The firm's organizational approach to handling mass tort cases. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. a. Number of years handling mass tort cases. \_\_\_\_\_ b. Number of lawyers handling mass tort cases. \_\_\_\_\_  
 c. Number of paralegals and other support staff assisting in mass tort cases. \_\_\_\_\_  
 d. Number of non-legal professionals (other than paralegals) such as doctors, nurses, engineers, etc. employed by the firm. \_\_  
 Specify profession. \_\_\_\_\_
3. a. How many mass tort or class action cases have you handled in the past 5 years? \_\_\_\_\_  
 b. For these cases are you:            the "lead" attorney?            the "local" attorney?            the "referring" attorney?  
 c. Do you represent clients in other jurisdictions? **YES OR No**    If so, where? \_\_\_\_\_  
 d. What types of mass tort or class action cases are handled in other jurisdictions? \_\_\_\_\_  
 e. If cases are only referred to other firms, are these other firms in other jurisdiction? **YES OR No**    If so, where? \_\_\_\_\_
4. a. Of the number of mass tort cases the firm handles, what are the number of cases in which the firm involves outside, local or co-counsel? \_\_\_\_\_ If outside counsel is involved, provide the firm's procedure to monitor or control such cases.  
 \_\_\_\_\_  
 b. Does the firm assure that any firm they co-counsel, refer or accept as referrals carries Lawyers Professional Liability Insurance with coverage of at least \$500,000 limits? **YES OR No**            Do you continue to work on the case after referral? **YES OR No**  
 c. If you are not the sole attorney, do you send your clients a letter outlining the specific scope of your representation? (i.e., advising them which tasks you are or are NOT performing, etc.) **YES OR No**
5. a. How many clients do you typically represent for each case? \_\_\_\_\_  
 b. Advise the ways or process of communicating with the firm's mass tort clients. \_\_\_\_\_  
 \_\_\_\_\_
6. What is the dollar value of each case (potential damages)? \_\_\_\_\_  
 \_\_\_\_\_



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**MASS TORT/CLASS ACTION SUPPLEMENTAL APPLICATION**

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7. Provide a detailed description of advertising and submit samples. \_\_\_\_\_

\_\_\_\_\_

8. Are there any affiliations with particular organizations to provide legal services? **YES OR No** If so, please specify: \_\_\_\_\_

\_\_\_\_\_

9. The firm's claim history for the past ten (10) years (*attach details on a separate page*). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**10. WARNING — NEW YORK RESIDENTS —**

Any person who knowingly and with intent to defraud any insurance company or other person files and 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the state value of the claim for each such violation.

Signature and Title of Applicant	Date

