



**APPLICATION FOR LAWYERS  
PROFESSIONAL LIABILITY INSURANCE**

**NEW YORK**  
G-130953-A31 (08/2007)  
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**IMPORTANT NOTICE**

THE POLICY FOR WHICH YOU ARE APPLYING IS WRITTEN ON A CLAIMS\_MADE BASIS. IT PROVIDES NO COVERAGE FOR CLAIMS ARISING OUT OF INCIDENTS, SITUATIONS OR ACTS OR OMISSIONS WHICH TOOK PLACE PRIOR TO THE PRIOR ACTS DATE, IF ANY, STATED IN THE POLICY.

IT COVERS ONLY CLAIMS ACTUALLY MADE AGAINST AN INSURED UNDER THE POLICY WHILE THE POLICY REMAINS IN EFFECT OR WHILE THE AUTOMATIC EXTENDED REPORTING PERIOD, OR ANY ADDITIONAL REPORTING PERIOD THE NAME INSURED MAY PURCHASE, IS IN EFFECT.

DURING THE FIRST SEVERAL YEARS OF THE CLAIMS-MADE RELATIONSHIP, CLAIMS-MADE RATES ARE COMPARATIVELY LOWER THAN OCCURRENCE RATES. SUBSTANTIAL ANNUAL PREMIUM INCREASES CAN BE EXPECTED, INDEPENDENT OF OVERALL RATE LEVEL INCREASES, UNTIL THE CLAIMS-MADE RELATIONSHIP REACHES MATURITY.

UPON TERMINATION OF COVERAGE FOR ANY REASON, A 60-DAY AUTOMATIC EXTENDED REPORTING PERIOD WILL BE GRANTED AT NO ADDITIONAL CHARGE. THE NAMED INSURED WILL BE ABLE TO PURCHASE AN ADDITIONAL EXTENDED REPORTING PERIOD UNLESS, DURING THE FIRST YEAR OF COVERAGE, THIS POLICY IS TERMINATED FOR NON-PAYMENT OF PREMIUM OR FRAUD. WITHIN 30 DAYS AFTER THE TERMINATION OF COVERAGE, THE COMPANY WILL GIVE WRITTEN NOTIFICATION TO THE NAMED INSURED THAT THE AUTOMATIC EXTENDED REPORTING PERIOD APPLIES, WHICH NOTICE SHALL STATE THE IMPORTANCE OF PURCHASING AN ADDITIONAL EXTENDED REPORTING PERIOD AND THE PREMIUM FOR SUCH COVERAGE. NO NOTICE SHALL BE SENT IF THIS POLICY HAS BEEN IN EFFECT FOR ONE YEAR OR MORE AND HAS BEEN TERMINATED FOR NONPAYMENT OR FRAUD.

THE NAMED INSURED SHALL HAVE THE GREATER OF SIXTY DAYS FROM THE EFFECTIVE DATE OF TERMINATION OF COVERAGE OR THIRTY DAYS FROM THE DATE OF MAILING OR DELIVERY OF THE NOTICE MENTIONED ABOVE TO SUBMIT WRITTEN ACCEPTANCE OF THE EXTENDED REPORTING PERIOD.



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## About the Firm

1. 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

2. Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Web site Address: \_\_\_\_\_

## Firm Coverage Information

3. Coverage is requested to be effective on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
4. What year was the firm established? \_\_\_\_\_
5. Type of Entity?  solo practitioner  individual attorney with employee attorney(s)  
 partnership  PC  PA  LLC  LLP  other \_\_\_\_\_
6. Is the firm office or suites shared with attorneys other than firm members?  Yes  No
7. Does the firm have offices (other than conference room only facilities) at locations other than the primary location?  Yes  No
8. a. Does the firm practice in states other than the primary location?  Yes  No  
 b. If "yes", provide the following information for the additional states in which you practice:

State:						
Revenue:	\$	\$	\$	\$	\$	\$
# Attorneys:						

If the firm practices in more than six states please contact your agent.

9. Is the ratio of support staff to attorneys greater than 3 to 1?  Yes  No
10. For how many years has the firm been continuously insured for malpractice claims? \_\_\_\_\_
11. Enter the prior acts exclusion date, if applicable: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 NOTE: If the firm is a spin-off from another firm include the number of years that firm has been continuously insured. \_\_\_\_\_
12. Has the firm ever purchased an Extended Reporting Period option?  Yes  No
13. Has the firm's coverage ever been non-renewed, cancelled, rescinded or declined by another carrier?  Yes  No
14. Does the firm desire coverage for previously-dissolved predecessor firms and those attorneys affiliated therewith?  Yes  No
15. Is there an attorney listed on the letterhead not covered by the firm's insurance?  Yes  No
16. Enter the firm's insurance history for the last five years:

Eff Date mm/dd/yy	Insurance Company	Limits (per claim/aggregate)	Deductible (per claim/agg)	Covered # of attorneys	Annual Premium



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**Attorney Information**

17. **Total number of attorneys:** List all of the firm's attorneys. Differences between the date attorney began practicing law for other than a corporate or governmental entity and the date the attorney was admitted to the Bar must be explained on a separate sheet of paper following the same format. List additional attorneys on a separate sheet in the same format.

Attorney Name	Attorney Desig.	Average # of hours per week			States licensed to practice law	Number of Years		Prior acts date	CNA Risk Mgmt Seminar Date	Bar Member?		
		0	1-10	11-25		26 +	In practice			with this firm	continuous malpractice coverage	Y
1											<input type="checkbox"/>	<input type="checkbox"/>
2											<input type="checkbox"/>	<input type="checkbox"/>
3											<input type="checkbox"/>	<input type="checkbox"/>
4											<input type="checkbox"/>	<input type="checkbox"/>
5											<input type="checkbox"/>	<input type="checkbox"/>
6											<input type="checkbox"/>	<input type="checkbox"/>
7											<input type="checkbox"/>	<input type="checkbox"/>
8											<input type="checkbox"/>	<input type="checkbox"/>
9											<input type="checkbox"/>	<input type="checkbox"/>
10											<input type="checkbox"/>	<input type="checkbox"/>

**Attorney Designations:**

- A Associate
- CC Co-counsel
- D Director
- E Employee
- IC Independent Contractor

**Partner Designations:**

- MEM Member of Firm
- MGR Manager
- O Owner
- OC Of Counsel
- OF Officer
- SP Solo Practitioner
- SPC Special Counsel
- STC Staff Counsel
- SHH Shareholder
- STH Stockholder
- EP Equity Partner
- NP Non-equity Partner
- P Partner
- LLP Limited Liability Partner
- RP Retired Partner



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## Areas of Practice

18. 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 client you represent.
- c. 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.

<input type="text"/> % Admiralty / Marine – Defense	<input type="text"/> % Criminal	<input type="text"/> % Natural Resources / Oil & Gas
<input type="text"/> % Admiralty / Marine – Plaintiff	<input type="text"/> % Environmental	<input type="text"/> % Pers Inj / Prop Dam - Defense
<input type="text"/> % Anti-Trust / Trade Regulation	<input type="text"/> % Family Law	<input type="text"/> % Pers Inj / Prop Dam - Plaintiff
<input type="text"/> % Banking / Financial Institutions	<input type="text"/> % Government Contracts / Claims	<input type="text"/> % Real Estate/Title - Commercial
<input type="text"/> % Business Transaction – Comm'l Law	<input type="text"/> % Immigration / Naturalization	<input type="text"/> % Real Estate/Title- Residential
<input type="text"/> % Civil/Comm'l Litigation – Defense	* <input type="text"/> % Intellectual Prop –	* <input type="text"/> % Securities (S.E.C.)
<input type="text"/> % Civil/Comm'l Litigation – Plaintiff	(Copyright/Trademark/Patent)	<input type="text"/> % Taxation
<input type="text"/> % Civil Rights / Discrimination	<input type="text"/> % International Law	<input type="text"/> % Wills, Estate, Trust & Probate
<input type="text"/> % Collection / Bankruptcy	<input type="text"/> % Labor Management Rep	<input type="text"/> % Workers Comp - Defense
<input type="text"/> % Construction (Building Contracts)	<input type="text"/> % Labor Union Rep	<input type="text"/> % Workers Comp - Plaintiff
<input type="text"/> % Consumer Claims	<input type="text"/> % Local Government	<input type="text"/> % Other (describe below)
<input type="text"/> % Corporate Business Organization		

TOTAL:  must equal 100%

\* If any percentage, complete the Intellectual Property and/or Securities Supplemental Applications.

"OTHER" Description Area: \_\_\_\_\_

## Firm Operations and Management

- 19. Does the firm or any attorney of the firm have clients in the Entertainment industry?  Yes  No  
If "yes" complete the Entertainment Supplemental Application.
- 20. At any time in the past five years, has the firm, or any attorney of the firm (regardless of what firm they were with at the time) provided legal services in any way related to a security or securities transaction?  Yes  No  
If "yes" complete the Securities Supplemental Application.
- 21. Does the firm have any one client in which the firm's attorneys have an equity interest greater than 10% combined?  Yes  No  
If "yes" complete the Equity / Outside Interests / Gross Billings Supplemental Application.
- 22. Does the firm have any one client which represents more than 25% or more of the firm's billings?  Yes  No  
If "yes" complete the Equity / Outside Interests / Gross Billings Supplemental Application.
- 23. Does anyone in the firm serve as a director, officer or employee or in any other management capacity for a client?  Yes  No  
If "yes" complete the Equity / Outside Interests / Gross Billings Supplemental Application.
- 24. Does the firm have procedures for identifying and resolving potential or actual conflicts of interest including cross-checking of former, existing or potential clients?  Yes  No



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25. Does the firm have at least two independently maintained docket controls?  Yes  No
26. Does the firm regularly confirm representations in writing via use of formal engagement agreements?  Yes  No
27. Does the firm regularly acknowledge in writing the declination or termination of representations?  Yes  No
28. For firms greater than 5 attorneys: Does the firm require that at least two attorneys in the firm be informed of the initiation of a representation?  Yes  No
29. If you are a solo practitioner, do you have a procedure in place regarding provisions of services if you are incapacitated or otherwise unavailable?  Yes  No
30. Has the firm initiated lawsuits or arbitration procedures during the last two years to enforce the collection of unpaid fees for the firm?  
If "yes", complete the Fee Suit Supplemental Application.  Yes  No
31. a. In the past year 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.
32. Has the firm been involved in any mass tort / class action cases within the past five years?  Yes  No  
If "yes" complete the Mass Tort / Class Action Supplemental Application.
33. Provide the firms gross revenues:

Year	Year End Date	Gross Revenues
Current fiscal		\$
Prior fiscal		\$
2 Years Prior		\$

34. What percentage of accounts receivable are outstanding more than 90 days?: \_\_\_\_\_%

**Claim / Incident / Disciplinary Information**

35. After inquiry, is any attorney in the firm aware of:
- a. a professional liability claim made in the past five years against them, the firm, any predecessor firm, or against any current or former attorney of the firm while affiliated with the firm?  Yes  No
- b. an act or omission that may reasonably be expected to be the basis of a claim against them, the firm, any predecessor firm, or against any current or former attorney of the firm while affiliated with the firm?  Yes  No
- If "yes" to a or b above complete a Claims/Disciplinary Supplemental Application for each claim or incident.
36. a. Within the past five years, 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.



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## Requested Coverage

37. a. Select the Each Claim/Aggregate Limit the firm desires:

- \$ 100,000/\$ 300,000     \$ 500,000/\$ 1,500,000     \$ 1,000,000/\$ 2,000,000     \$3,000,000/\$ 3,000,000  
 \$ 250,000/\$ 500,000     \$ 750,000/\$ 750,000     \$ 2,000,000/\$ 2,000,000     \$4,000,000/\$ 4,000,000  
 \$ 500,000/\$ 500,000     \$ 1,000,000 / \$ 1,000,000     \$ 2,000,000/\$ 4,000,000     \$5,000,000/\$ 5,000,000  
 Other: \$ \_\_\_\_\_ / \$ \_\_\_\_\_

b. Select the Aggregate Deductible the firm desires (all deductibles are not available in all states):

- \$ 1,000     \$ 3,000     \$5,000     \$15,000     \$50,000     \$100,000  
 \$ 2,000     \$ 4,000     \$10,000     \$25,000     \$75,000     Other: \$ \_\_\_\_\_

38. Select the optional coverages the firm desires:

- Per Claim Deductible     Claims Expenses Outside Limit - 50%     Claims Expenses Outside Limit - 100%  
 Title Insurance Agency     First Dollar Defense - 50%     First Dollar Defense - 100%

NOTE: The Title Insurance Agency optional coverage extends coverage to a specific title agency as a separate entity. A Supplemental Application is required.

## 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.

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.)



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**Applicant:**

By \_\_\_\_\_  
SIGNATURE OF OFFICER OR PARTNER OF THE FIRM      PRINT NAME OF OFFICER OR PARTNER      DATE

**REMINDER**

Please attach a sample of your letterhead to this application

**Agent:** \_\_\_\_\_

**Parsons & Associates, Inc.**  
New York State Administrator  
P.O. Box 3890, Syracuse, NY 13220  
(877) 452-9776 (4LAWPRO)  
[www.4lawyersinsurance.com](http://www.4lawyersinsurance.com)