



LAWYERS PROFESSIONAL LIABILITY
EZ-RENEWAL SUPPLEMENT

Firm Name

If **Question 1** is answered YES regarding attorneys in the firm, complete the following for each: For any attorney that left the firm during the past policy year, provide the date of departure next to the name.

**New, Deleted or Changed
Attorney Information**

Attorney Name	New/Deleted	Designation ie. Officer/Partner, Employee, Of Counsel, Independent Contractor	Average Number of Hours per Week Worked	States you are licensed to practice Law
1.				
2				
3				
4				
5				

Attorney Name	Years in Private Practice	Number of Years in This Firm	Number of Years of Continuous Malpractice Coverage	Prior Acts Date	CNA Risk Management Seminar Date MM/ DD/YY	Bar Member
1						<input type="checkbox"/> YES <input type="checkbox"/> NO
2						<input type="checkbox"/> YES <input type="checkbox"/> NO
3						<input type="checkbox"/> YES <input type="checkbox"/> NO
4						<input type="checkbox"/> YES <input type="checkbox"/> NO
5						<input type="checkbox"/> YES <input type="checkbox"/> NO

List the attorneys that work less than 40 hours per week, the number of hours they work for the firm and the services they render:

Attorney Name	# Hours Worked per Week	Services rendered to firm's clients



APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

Claim / Disciplinary Supplement

FIRM NAME: []

Complete one supplement for each claim, incident/potential claim or disciplinary matter. If more space is needed to fully answer any question, provide via attachment.

1. Name of Individuals and Firm involved in this claim, incident or disciplinary matter:

1 []
2 []

2. Name of Additional Defendants:

1 []
2 []

3. Name of Claimant, Potential Claimants, or Individual(s) asserting a disciplinary complaint:

1 []
2 []

4. Indicate nature of this report: Incident Claim Lawsuit Disciplinary matter Status: Open / pending Closed / settled other

If response is a Disciplinary Matter, go to Question 12.

5. Date of alleged act or omission: / /

6. a. Date notice was received of the claim made against the firm: / /

b. Date the claim was reported to the firm's insurer: / /

7. Description of claim: (attach appropriate documentation, not suit papers): If this is a potential claim, include likelihood that a claim will be pursued.

a. Alleged act or omission upon which the claim or incident is based: []

b. Description of underlying representation (including the legal services rendered) & events leading to the claim or incident: []

c. Describe type and extent of injury or damage alleged: []

d. Firm's evaluation of likelihood of liability: []

e. Was this claim asserted in a cross-claim or counterclaim in an action to collect fees? Yes No



**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
	=	_____ total

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.



APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

FEE SUITS SUPPLEMENT

Form with fields for Firm Name, Policy Number, and Effective Date.

- 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?
4. A. Does the firm handle the collection of unpaid fees? B. If no, does the firm refer the collection of unpaid fees to a collection attorney?
5. Please indicate low, high, and average dollar values of unpaid fees?
6. A. Have steps been taken to avoid a possible counter suit? B. Please provide details:
7. A. Have steps been taken to prevent fee suits in the future? B. Please provide details:
8. For which of the following areas of practice has the firm filed fee suits?
List of practice areas including Admiralty, Banking, Civil, Construction, Corporate, Criminal, Environmental, Family Law, Government, Immigration, Intellectual Property, International Law, Labor, Local Government, Natural Resources, Personal Injury, Real Estate, Securities, Taxation, Wills, and Workers Compensation.



MASS TORT/CLASS ACTION SUPPLEMENTAL APPLICATION

Firm Name:	
Policy Number:	
Effective Date:	

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)? _____



MASS TORT/CLASS ACTION SUPPLEMENTAL APPLICATION

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). _____

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

New York State Administrator
Parsons & Associates, Inc.
P.O. Box 3890, Syracuse, New York 13220
(877) 452-9776 – Fax (315) 472-3222
E-mail: info@parsonsinsurance.com
Website: www.parsonsinsurance.com