



**APPLICATION FOR LAWYERS
PROFESSIONAL LIABILITY INSURANCE**

NEW YORK
G-130953-A31 (1/2013)
Page 1 of 6

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.



APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

About the Firm

- The precise name of the applicant firm to be insured, as reflected on the firm's letterhead:
Please attach a sample of your letterhead to this application

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

- Street Address: _____
City: _____ County: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____ Web site Address: _____

Firm Coverage Information

(For any yes answers please contact your agent for an additional supplement or provide an explanation on a separate piece of paper)

- Coverage is requested to be effective on: ____ / ____ / ____
- What year was the firm established? _____
- Type of Entity? solo practitioner individual attorney with employee attorney(s)
 partnership PC PA LLC LLP other _____
- Is the firm office or suites shared with attorneys other than firm members? Yes No
- Does the firm have offices (other than conference room only facilities) at locations other than the primary location? Yes No
- 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.

- Is the ratio of support staff to attorneys greater than 3 to 1? Yes No
- For how many years has the firm been continuously insured for malpractice claims? _____
- Enter the firm 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. _____
- Has the firm ever purchased an Extended Reporting Period (Tail) option? Yes No
- Has the firm's coverage ever been non-renewed, cancelled, rescinded or declined by another carrier? Yes No
- Does the firm desire coverage for previously-dissolved predecessor firms and those attorneys affiliated therewith? Yes No
- Is there an attorney listed on the letterhead not covered by the firm's insurance? Yes No
- 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



**APPLICATION FOR LAWYERS
PROFESSIONAL LIABILITY INSURANCE**

NEW YORK
G-130953-A31 (1/2013)
Page 3 of 6

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 total hours per				States licensed to practice law	Number of Years			Prior acts date	CNA Risk Mgmt Seminar Date	NY State Bar Association Member?	
		0	1-10	11-25	26 +		In practice with this firm	continuous malpractice coverage	Y			N	
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
- 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

Partner Designations:

- EP Equity Partner
- NP Non-equity Partner
- P Partner
- LLP Limited Liability Partner
- RP Retired Partner



**APPLICATION FOR LAWYERS
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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, Plaintiff 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



**APPLICATION FOR LAWYERS
PROFESSIONAL LIABILITY INSURANCE**

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? Yes No
If "yes", complete the Fee Suit Supplemental Application.
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.



APPLICATION FOR LAWYERS
PROFESSIONAL LIABILITY INSURANCE

Requested Coverage

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

- Grid of checkboxes for claim/aggregate limits: \$100,000/\$300,000, \$250,000/\$500,000, \$500,000/\$500,000, \$500,000/\$1,500,000, \$750,000/\$750,000, \$1,000,000/\$1,000,000, \$1,000,000/\$2,000,000, \$2,000,000/\$2,000,000, \$2,000,000/\$4,000,000, \$3,000,000/\$3,000,000, \$4,000,000/\$4,000,000, \$5,000,000/\$5,000,000, and Other: \$ / \$.

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

- Grid of checkboxes for aggregate deductibles: \$1,000, \$2,500, \$4,000, \$10,000, \$25,000, \$75,000, \$2,000, \$3,000, \$5,000, \$15,000, \$50,000, \$100,000, and Other: \$.

38. Select the optional coverages the firm desires:

- Grid of checkboxes for optional coverages: 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.

Further, Applicant understands and acknowledges that:

- Numbered list of 3 conditions regarding policy issuance, contract basis, and reporting requirements.

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

FRAUD NOTICE
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 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.

Applicant:
By _____
SIGNATURE OF OFFICER OR PARTNER OF THE FIRM PRINT NAME OF OFFICER OR PARTNER DATE