



**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
CLIENT INFORMATION SUPPLEMENT**

Firm Name: _____

Policy Number: _____ Effective Date (m/d/yyyy): _____

Name of Client	Nature of Client's Business	Specific Legal Services Rendered for Client *** See NOTE below	Is this a Current Client? Date of First Affiliation	% of Ownership Interest	Name of Attorney(s) rendering legal services, having ownership interest or holding an officer position	Officer Position Held	% of Firm's Total Gross Billings from Client – If over 25%, answer Question 1 below	Is this client Publicly Traded? If Yes, answer Question 2 below
			Yes <input type="checkbox"/> No <input type="checkbox"/> ____/____/____					Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/> ____/____/____					Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/> ____/____/____					Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/> ____/____/____					Yes <input type="checkbox"/> No <input type="checkbox"/>

*** NOTE: When documenting legal services rendered, refer to the practice areas on the application as a guide. Noting "legal" as the services rendered is unacceptable.

1. Provide full details of the firm's conflict of interest system. Outline the impact the loss of this client would have on the firm. Explain if the gross billings were the result of one large case handled. Detail if the firm anticipates additional new clients over the next year or two thereby reducing the gross billings generated from any one client.

2. Do any services rendered by the Firm for publicly traded clients involve Sarbanes-Oxley Act (SOX) compliance requirements including but not limited to Securities, Accounting, Financial/Investment Services or Tax Work? Yes No If yes, explain steps taken to insure compliance via attachment.



**APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
CNA RENEWAL SUBMISSION: CLAIM AND POTENTIAL CLAIM SUPPLEMENT**

NOTE: Complete this supplement for the Underwriting File if a claim/potential claim was either reported to CNA during the most current policy term or is being reported during the renewal process.

The word "matter" is used herein to indicate claim, potential claim/incident, or lawsuit.

Named Insured Firm _____ Policy Number _____

1. Involved Parties

- a. Name all Firm lawyers involved in the matter _____
- b. Name claimants/potential claimants _____

2. Date the matter was or is being reported to CNA _____/_____/_____

- 3. a. Was this matter asserted in a cross-claim or counterclaim in an action to collect fees? Yes No
- b. If yes, what was the amount of fees owed the Insured Firm? \$ _____

- 4. a. Was an engagement letter used detailing scope of representation and identifying the client? Yes No
- b. If yes, provide a copy for the underwriting file. If no, explain why.

5. Provide a brief narrative of the matter, including a description of the underlying representation and the legal services rendered. **DO NOT SUBMIT A SUMMONS, COMPLAINT, PLEADING OR MOTIONS**

6. As a result of this matter, describe the procedural or firm policy changes implemented by the Firm to reduce the likelihood of a similar occurrence.

Signature of Firm Principal _____

Print Name of Firm Principal _____

Date _____/_____/_____



**APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
DISCIPLINARY SUPPLEMENT**

This supplement is to be completed by

- CNA renewal firms if a disciplinary matter was reported to CNA during the most current policy term or is being reported during the current renewal process
- New Business applicants who have had a disciplinary matter during their career.

Complete one supplement for each disciplinary matter. Throughout the supplement the words "complaint", "grievance" and "matter" are used to indicate any disciplinary inquiry, complaint or proceeding for any reason including non-payment of dues. If more space is needed to fully answer any question please provide via attachment.

Firm Name: _____

1. Name lawyer(s) involved in the complaint: _____

2. Name of complainant:

	Client <input type="checkbox"/>	3 rd Party <input type="checkbox"/>
	Client <input type="checkbox"/>	3 rd Party <input type="checkbox"/>

3. a. When was notification received from the Disciplinary Commission or governing body of your state? ____/____/____

b. When did you respond to the governing body? ____/____/____

4. a. Did you report this to your insurance carrier? Yes No

b. If reported, please provide the name of the insurance carrier. _____

c. Date reported: ____/____/____

d. Is the carrier involved in representation of you in this matter? Yes No

e. If the matter was not reported to your carrier please explain why. _____

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

b. Was an engagement letter used for the firm's representation in the matter leading to the alleged act or omission? Yes No

c. As a result of this matter, what changes have been made that will reduce the likelihood of similar complaints?

6. a. What were the allegations in the complaint? Include a description of the legal services rendered in the underlying matter.

b. What is the current status of the complaint? Open/Pending Dismissed with finding Dismissed without finding

c. If dismissed, what if any, discipline or sanction was administered? _____



**APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
DISCIPLINARY SUPPLEMENT**

- 7. a. Attach copies of the complaint and all correspondence between the governing body, the lawyer and the complainant, including the final disposition papers. Check here to verify attachment

- b. For New Business applicants, if reported to your insurance carrier within the past five years attach a loss run from the carrier handling the matter. Check here to verify attachment

Signature of Firm Principal: _____

Print Name of Firm Principal: _____

Date ___/___/___



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





WILLS, ESTATE, PROBATE, AND TRUST SUPPLEMENT (“WEPT”)

Firm Name: _____ Policy Number _____

Please complete the following for work performed within the last twelve (12) months

- 1. What percentage of the firm’s WEPT practice is devoted to Estate Planning? Please check ‘Yes’ or ‘No’ for type of work performed by firm under Estate Planning:

Table with 2 columns: Description of work type and percentage. Rows include Estate Planning definition, Will Drafting, Trust Drafting and Advice, Private Business Succession and Tax Planning, Medical Directives, Power Of Attorney, and Other (please describe).

- 2. What percentage of the firm’s WEPT practice is devoted to Estate Administration/Probate? Please check ‘Yes’ or ‘No’ for type of work performed by firm under Estate Administration/Probate:

Table with 2 columns: Description of work type and percentage. Rows include Estate Administration/Probate definition, Probate/Estate Administration, Inheritance Tax Compliance, and Trust Administration.

- 3. What percentage of the firm’s WEPT practice is devoted to Estate Litigation? Please check ‘Yes’ or ‘No’ for type of work performed by firm under Estate Litigation:

Table with 2 columns: Description of work type and percentage. Rows include Estate Litigation definition, Will Contests, Probate Litigation, Trustee Liability, Executor Liability, Trust Litigation (construing or reforming terms), and Other (please describe).



WILLS, ESTATE, PROBATE, AND TRUST SUPPLEMENT (“WEPT”)

- 4. Does the firm provide tax and investment advice in connection with estate planning (as defined above)? Yes No
 - a. If yes, does the firm have in-house accountants or consultants to assist with the preparation of tax returns? Yes No
 - b. If yes, does the firm retain outside accountants or advisers concerning tax or investment advice? Yes No
 - c. Does the firm’s engagement letter make clear whether or not tax and investment advice is being provided? Yes No

- 5. Does the firm prepare final income tax returns or estate income tax returns (federal and state)? Yes No
 - a. If yes, does the firm have in-house accountants or consultants to assist with the preparation of tax returns? Yes No
 - b. If yes, does the firm retain outside accountant or consultants to assist with the preparation of tax returns? Yes No

- 6. Does the firm:
 - a. Represent both the Testator/Decedent and Beneficiaries of an estate? Yes No
 - b. Serve as Executors or Personal Representatives of a client’s estate? Yes No
 - c. Serve as Trustee of client trust? Yes No
 - d. Have procedures in place to audit or reconcile trust accounts that the firm serves as Trustee? Yes No
 - e. Have procedures in place to monitor trust activity? Yes No
 - f. Have authority to write checks in connection with any services as an Executor or Trustee? Yes No
 - i. If yes, are dual or countersignatures required? Yes No

7. With regard to firm’s handling of **Estate Planning** and **Estate Administration**, please breakdown values of estates by percentage:

Value of Estate	% of Estate Planning and Administration
< 1M	%
1M – 5M	%
> 5M	%

Signature of Partner/Officer: _____ Date: _____ Print Name: _____