



Lawyers Professional Liability Insurance New Business Application - New York

Instructions for completing this Application:

This is a fillable PDF document.

Please answer all questions fully. If necessary, as noted in the questions below, please provide additional responses to this Application using the applicable supplements.

Upon completion, this Application must be signed and dated by an authorized representative of the Applicant.

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 BEFORE 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.

ABOUT THE FIRM

1. Registered name of the law firm:

The law firm is a:

sole practitioner general partnership PC PA* LLC LLP PLLC

Other

*If "PA," are all members/attorneys/law firm(s) included in this Application for coverage?

Yes No

DBA used by Applicant law firm (if any):



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2. a. Primary location of the law firm:	Street address:					
City:	County:	State:	Zip code:			
Telephone:	Primary contact email address:					
Website address:						
b. Does the law firm have additional office locations and / or practice in states other than the primary location listed in 2.a. above? <i>If "Yes," please complete the Out of State and / or Additional Practice Location Supplement.</i>					Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Coverage is requested to be effective on:						
4. a. What year was the law firm established?						
b. For how many years has the law firm been continuously insured for malpractice claims?						
c. If the law firm currently has malpractice insurance, what is the firm's prior acts exclusion date?						
5. Has the law firm ever purchased an Extended Reporting Period option?					Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If "Yes," please provide a copy of the Extended Reporting Period Endorsement.</i>						
6. Has the law firm's coverage ever been non-renewed, cancelled, rescinded, or declined by any insurance carrier?					Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If "Yes," please provide a copy of the non-renewal, cancellation, rescission, or declination letter the law firm received from the carrier.</i>						
7. Does the law firm share office space with attorneys who are not members of the firm?					Yes <input type="checkbox"/> No <input type="checkbox"/>	
8. Does the law firm have any one client that represents more than 50% of the firm's annual billings? <i>If "Yes," please complete the Client Information Supplement.</i>					Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. How many total non-attorney staff members work at the firm?						
<u>LAW FIRM MANAGEMENT</u>						
10. Does the law firm have procedures for identifying and resolving potential or actual conflicts of interest, including the cross-checking of former, existing, or potential clients?					Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. Does the law firm have at least two independently maintained calendar controls?					Yes <input type="checkbox"/> No <input type="checkbox"/>	
12. a. Does the law firm regularly confirm representations in writing via use of formal engagement letters?					Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>Please attach a sample engagement letter on law firm letterhead to this Application.</i>						
b. Does the engagement letter include the following:						
• identity of the client?				Yes <input type="checkbox"/> No <input type="checkbox"/>		
• scope of representation that includes key terms of legal representation?				Yes <input type="checkbox"/> No <input type="checkbox"/>		
• fee structures and billing agreements?				Yes <input type="checkbox"/> No <input type="checkbox"/>		
• termination agreement that includes file retention and destruction terms?				Yes <input type="checkbox"/> No <input type="checkbox"/>		



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c. Does the law firm ensure that a countersigned engagement letter is received from the client before work begins on a new matter?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Does the law firm regularly acknowledge in writing the declination or termination of representations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If "No" to a, b, c, or d, please speak with your agent regarding policy benefits that may apply in the event of a claim with the use of an engagement letter. Policyholders of the CNA program will be provided with access to the CNA Lawyers' Toolkit: A Guideline to Managing the Attorney-Client Relationship.</i>	
13. How many lawsuits or arbitration procedures has the law firm initiated during the last two years to enforce the collection of its unpaid fees? <i>If greater than zero, please complete the Fee Suit Supplement.</i>	
14. What percentage of accounts receivable is outstanding more than 90 days?	%
15. Law Firm Gross Revenues:	
Year	Gross Revenues
Current Year Annual Projected	\$
Prior Year Actual	\$
Prior 2 Year Actual	\$
<u>CLAIM / INCIDENT / DISCIPLINARY INFORMATION</u>	
16. After inquiry, is any attorney in the law firm aware of:	
a. a professional liability claim made in the past five years against them, the law firm, any predecessor law firm, or any current or former attorney of the law firm while affiliated with the law firm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. an actual or alleged act, omission, circumstance, or breach of duty that a reasonable attorney would recognize might reasonably be expected to result in a claim being made against the law firm, any predecessor law firm, or any attorney currently or formerly affiliated with the law firm or any predecessor law firm, regardless of whether any such claim would be meritorious?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. within the past five years, any attorney that has been subject to any disciplinary inquiry, complaint, or proceeding for any reason, <i>including</i> non-payment of dues?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. any attorney ever being refused admission to practice, disbarred, suspended, formally reprimanded, or sanctioned in any other way?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If "Yes" to a, b, c, or d above, please complete the Claim / Disciplinary Supplement for each matter.</i>	



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ATTORNEYS AND OWNERSHIP

17. List all attorneys who perform work for the law firm, all provisionally admitted bar members, and all non-attorney shareholder(s), if applicable.

	Attorney Name	Attorney Designation (see list below)	*Attorney Outside Interests (see list below)	Average # of Hours Per Week				All State(s) Where Attorney is Admitted to Practice Law	Experience				CNA Risk Management Attendance Date mm/dd/yy	New York State Bar Association Member?	
				0	1 to 10	11 to 25	26 +		Years in Private Practice of Law	Years with This Firm	Years of Continuous Malpractice Coverage	Prior Acts Date mm/dd/yy		Yes	No
1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
8				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
9				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

Attorney Designations:

A	Associate/Employee	NAS	Non-Attorney Shareholder	P	Partner/Officer/Director
EP	Equity Partner/Member/Shareholder	O	Owner of Non-Incorporated Entity	RP	Retired Partner
IC	Independent Contractor	OC	Of Counsel	SP	Sole Practitioner

Attorney Outside Interests:

EEO	Employed at any entity other than the law firm	D&O C	Director, Officer, Employee, Manager for Client	EIC	Equity interest in client for whom legal services is provided
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**If any present, Client Information Supplement is required.*



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AREAS OF PRACTICE

18. Estimate the percentage of the law firm's time, based on billable hours, devoted to each of the following areas of law during the past 12 months. Please use only whole numbers.

%	Admiralty / Marine – Defense	%	*Corporate Business Organization	%	Natural Resources / Oil & Gas
%	Admiralty / Marine – Plaintiff	%	Criminal	%	Personal Injury/Property Damage - Defense
%	Anti-Trust / Trade Regulation	%	Environmental	%	*Personal Injury/Property Damage - Plaintiff
%	Banking / Financial Institutions	%	Family Law	%	*Real Estate/Title – Commercial
%	Bankruptcy	%	Government Contracts / Claims	%	Real Estate/Title-Residential
%	*Business Transaction / Commercial_Law	%	Immigration / Naturalization	%	*Securities (“SEC”)
%	Civil/Commercial Litigation – Defense	%	*Intellectual Property - Patent	%	Taxation
%	Civil/Commercial Litigation – Plaintiff	%	*Intellectual Property - (Copyright/Trademark)	%	*Wills, Estate, Trust & Probate
%	Civil Rights / Discrimination	%	International Law	%	Workers Comp - Defense
%	Collection	%	Labor Management Representation	%	Workers Comp - Plaintiff
%	Construction (Building Contracts)	%	Labor Union / Employee Representation	%	Other (describe below)
%	Consumer Claims	%	Local Government	%	Total must equal 100%

“Other” Description Area:

Do any of the above areas of practice include the following practices / type of clients?

*Class Action / Mass Tort Yes No

*Entertainment Yes No

* An Area of Practice Supplement may be required.



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FIRM INSURANCE

19. a. Enter the firm's professional liability insurance history for the last five years:

Effective Date mm/dd/yy	Insurance Company	Limits (per claim / aggregate)	Deductible (per claim/ aggregate)	Covered Number of Attorneys	Annual Premium
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$

b. Does the firm currently carry a standalone cyber insurance policy? Yes No

If "Yes," does the current standalone cyber insurance policy include coverage for:

- | | |
|-------------------------------|--|
| i. wire transfer fraud? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ii. denial of service attack? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| iii. extortion / ransomware? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| iv. social engineering? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

REQUESTED COVERAGES

20. Some limits / deductibles / optional coverages will impact premium and are subject to underwriting qualification and availability within the state. Your quote will reflect the coverage and options for which the law firm qualifies.

a. Select the each claim / aggregate limit the law firm desires:

<input type="checkbox"/> \$100,000 / \$300,000	<input type="checkbox"/> \$500,000 / \$1,000,000	<input type="checkbox"/> \$1,000,000 / \$2,000,000	<input type="checkbox"/> \$3,000,000 / \$3,000,000
<input type="checkbox"/> \$250,000 / \$500,000	<input type="checkbox"/> \$750,000 / \$750,000	<input type="checkbox"/> \$2,000,000 / \$2,000,000	<input type="checkbox"/> \$4,000,000 / \$4,000,000
<input type="checkbox"/> \$500,000 / \$500,000	<input type="checkbox"/> \$1,000,000 / \$1,000,000	<input type="checkbox"/> \$2,000,000 / \$4,000,000	<input type="checkbox"/> 5,000,000 / \$5,000,000
<input type="checkbox"/> Other: \$			

b. Select type of deductible: per claim or aggregate

Select the deductible amount the law firm desires:

<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$75,000	
<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,00	<input type="checkbox"/> Other: \$



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21. Select any optional coverages the firm currently has and/or requests:

Law Firm Currently Has Coverage	Law Firm Requests Coverage	** In the event the below optional Claim Expenses Inside the Limits coverage is selected, claim expenses will be applied to, and act as a reduction of, up to 100% of the limits of liability. This could result in the available limits of liability becoming completely exhausted by the payment of claim expenses. The Company is not liable for any claim expenses or damages after the exhaustion of the limits of liability, so coverage should be reviewed carefully with your insurance agent or broker.	
<input type="checkbox"/>	<input type="checkbox"/>	First Dollar Defense – 50%	
<input type="checkbox"/>	<input type="checkbox"/>	First Dollar Defense – 100%	
<input type="checkbox"/>	<input type="checkbox"/>	Claim Expenses Inside the Limits - 50%	
<input type="checkbox"/>	<input type="checkbox"/>	Claim Expenses Inside the Limits - 100%	
<input type="checkbox"/>	<input type="checkbox"/>	*Title Insurance Agency Coverage	
		Does the law firm have majority ownership interest in the Title Insurance Agency / Agencies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Are the majority of the Title Insurance Agency's / Agencies' clients also clients of the law firm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		What percentage of the law firm's gross revenue is derived from the Title Insurance Agency's / Agencies' services?	%

** Coverage is subject to specific underwriting criteria and supported by a Title Insurance Agency Supplement.*

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; and
4. Any attorney currently or formerly affiliated with the law firm or any predecessor law firm has disclosed in this Application any actual or alleged act, omission, circumstance, or breach of duty that a reasonable attorney would recognize might reasonably be expected to result in a claim being made against the law firm, any predecessor law firm, or any attorney currently or formerly affiliated with the law firm or any predecessor law firm, regardless of whether any such claim would be meritorious.



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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 OR INCOMPLETE 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.

APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.)

(FOR NEW YORK RESIDENTS ONLY: 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 OR INCOMPLETE 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 A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

LAW FIRM APPLICANT:

By _____

SIGNATURE OF OFFICER OR PARTNER OF THE LAW FIRM

PRINT NAME OF OFFICER OR PARTNER

DATE

REMINDER

Please attach a sample of your engagement letter on law firm letterhead to this Application.