

LAWYERS PROFESSIONAL LIABILITY NEW BUSINESS INSURANCE APPLICATION (Claims Made and Reported Basis)

Applicant Instructions

- Please read carefully all statements and questions on this application.
- Answer all questions in ink. If answer is none, state "none."
- If space is insufficient to answer all questions fully, use separate sheets of paper.
- Application and all attachments must be signed and dated by named applicant, partner or officer.
- **A COPY OF YOUR BUSINESS STATIONERY MUST BE ATTACHED.**

EXPIRATION DATE OF CURRENT COVERAGE _____ / _____ / _____

EFFECTIVE DATE REQUESTED FOR THIS COVERAGE _____ / _____ / _____

LIMIT OF LIABILITY DESIRED: \$ _____ DEDUCTIBLE DESIRED \$ _____

1. a. Name of Applicant: _____
(Firm Name)

b. Name of Designated Contact: _____

2. Address: _____
(Street) (City) (County) (State) (Zip)

Telephone Number: (____) _____ Facsimile Number: (____) _____

3. Date Firm Established ____/____/____ (If less than 5 years, complete a New Lawyer Supplement for each owner or partner)

4. Applicant is: _____ Sole Proprietor _____ Professional Association _____ Partnership
 _____ Professional Corporation _____ LLC _____ Other (please describe).

5. a. During the past six years, has the name of the Applicant been changed or has the number of lawyers in the firm been altered by more than 10% in any one year? Yes No
If Yes, provide details on the Detail Information Addendum.

b. List **all** predecessor firms of Applicant. (A predecessor firm is any legal entity which is engaged in the practice of law to whose financial assets and liabilities the Applicant is the MAJORITY SUCCESSOR IN INTEREST.)
If none or not applicable, state None or N/A

NAME OF FIRM	DATES OF EXISTENCE
_____	From ____/____/____ to ____/____/____
_____	From ____/____/____ to ____/____/____
_____	From ____/____/____ to ____/____/____

6. Are there other office locations? Yes No
If Yes, provide details on the Detail Information Addendum.

7. a. Do you share office space with lawyers who are not a part of the Applicant firm?..... Yes No
 b. Do you share a secretarial service/staff?..... Yes No
 c. Do you share letterhead?..... Yes No
If Yes to any of the above, provide details on the Detail Information Addendum and attach a copy of the letterhead.

8. Is the Applicant engaged in full-time private practice of law? Yes No
If No, provide details on Detail Information Addendum.

9. If the Applicant is a sole practitioner, is a backup lawyer available in the Applicant's absence?..... Yes No
 Name and address of backup attorney: _____
If No, provide details on the Detail Information Addendum.

10. Do you need Title Insurance Coverage? Yes No
- a. Number of lawyers who are Title Insurance Agents: _____ (Provide details on Detail Addendum)
- b. Name of Title Company Represented: _____
- c. Have You Recently Changed Title Companies? (If yes, explain) _____

11. Does the Applicant firm engage Independent Contractors and/or Per Diem Attorneys to render professional services on behalf of Applicant Firm? Yes No

If Yes, provide details as outlined on Detail Information Addendum.

12. List below, **all** LAWYERS in the firm. Attach a separate sheet if additional space is required. Assign one of the designations below for each lawyer.

“O” Officer/Director/Shareholder. “P” Partner of a Partnership. “S” Sole Proprietor. “E” Employed lawyer of Applicant.
 “OC” Of Counsel lawyer of Applicant. “RP” Retired Partner of Applicant. “IC” Independent Contractor of Applicant.

Name	Designation*	Social Security Number	State(s) of Admission	Year Admitted to Bar	Years in Practice	Date of hire with applicant firm
						/ /
						/ /
						/ /
						/ /

* For each Of Counsel and Independent Contractor, provide details as outlined on Detail Information Addendum.

13. Number of other employees: ____law clerks/paralegals ____secretarial/clerical/support ____ other_____

14. Indicate the percent of the Applicant's income derived from the following types of practice. (MUST TOTAL 100%)

Abstracting/Title	Domestic & Family Relations	Personal Injury – Defendant
Ad Valorem Tax	* Entertainment	Personal Injury – Plaintiff
Admiralty – Law	* Environmental	Public Utilities
Admiralty – Plaintiff	Estate Planning	† Real Estate –Residential
Admiralty – Defendant	ERISA	† Real Estate –Commercial
Antitrust/Trade Regulation	† Financial Planning/Investment Counseling	† Securities Law:
† Banking	Foreclosure/Repossession	† Federal S.E.C.
Bankruptcy	Health	† Federal Exemptions
† Bonds	Housing Court	† State S.E.C.
* Civil Rights	Immigration	† Private Placements
Collection	Insurance Company –Defense	† Syndication
Commercial Litigation – Plaintiff	International	Social Security
Commercial Litigation – Defendant	Juvenile Proceedings	Taxation – Individual
Communication (FCC)	Labor – Management	Taxation – Corporate
Copyright/Patent/Trademark	* Labor - Union	Water Law
Corporate Formation	† Limited Partnerships	Wills & Trusts
* Corporate General	Mediation/Arbitration	Workers Comp. – Plaintiff
* Corporate Mergers/Acquisitions	Municipal (not bond)	Workers Comp. – Defense
Criminal	* Oil and Gas	* Other

* Details must be provided on the Detail Information Addendum. † Complete the appropriate supplemental application.

14a. Within the past 6 years, were any services performed for or on behalf of any financial institution? Yes No

If Yes, complete the Financial Institution Supplemental Application.

14b. Within the past 6 years, were any Securities services performed? Yes No

If Yes, complete the Supplemental Securities Application.

15. Based on the percentages of areas of practice above, what percentage is defense work? %

16. List All Lawyers Professional Liability Insurance carried during the past consecutive five years for the Applicant and/or any predecessor firm thereof. If no current coverage is in force, check the box:

Insurance Company	Limits of Liability	Deductible	Premium	Number of Attorneys	Policy Inception	Policy Expiration

17. a. State the number of years the Applicant and its predecessor firm(s) has maintained continuous claims-made lawyers professional liability insurance: _____

b. Does the current policy have a retroactive/prior acts date applicable to the firm? Yes No
If yes, provide exact date. ____ / ____ / ____

c. Does the current policy have any limiting endorsements or exclusions? Yes No
If yes, provide details: _____

d. Has the Applicant or any lawyer proposed for this insurance purchased an Extended Reporting Period (ERP) Endorsement? Yes No
If yes, please complete: Effective from ____ / ____ / ____ to ____ / ____ / ____

18. Docket/Diary Control System:

a. Do you maintain a central docket control system? _____

b. Do you utilize a: (check all that apply)
 ____ Calendar (perpetual or annual) ____ Tickler File ____ Pocket Diary ____ Master List
 ____ Computerized System Name of Docketing Software: _____

c. Does your control system include: (check all that apply)
 ____ Litigated/non-litigated items ____ Statute of Limitations ____ Dates for long-term matters

d. Does the ultimate responsibility for docket control rest with the lawyer handling the case? Yes No

e. Does the firm cross-check controls? Yes No
If yes, how often? ____ Daily ____ Weekly ____ Monthly ____ Other

19. How many suits for fees were initiated by the Applicant during the past 24 months? _____

a. How many have been resolved? _____

b. Percentage of fees more than 90 days past due _____

20. Does the Applicant utilize the following for **all** clients?

a. Engagement letters which include the scope of services & fee arrangements? Yes No

b. Non-engagement/declination letters? Yes No

c. Disengagement/closing letters? Yes No

Any No response requires details on the Detail Information Addendum.

21. Does the Applicant maintain a conflict of interest avoidance system? Yes No

If No, provide details on the Detail Information Addendum.

a. Systems used to check conflicts of interest: _____

b. How frequently are checks made for conflicts of interest? _____

c. How are conflict of interest situations addressed and disclosed to clients/potential clients? Check all that apply.

____ Non-Engagement Letters ____ Signed Waiver Obtained from All Parties
 ____ Oral Disclosure to All Parties ____ Referral to Other Lawyer/Law Firm

22. Does the Applicant have a web site?Yes No
 a. If Yes, does the web site offer legal advice?Yes No
 b. Web Address: _____
If Yes to 22a, provide details on the Detail Information Addendum
23. Does the applicant communicate with clients by electronic mail?Yes No
 a. If yes, are records maintained of all communications?Yes No
 b. Does the firm have guidelines restricting the types of communication by email?Yes No
If Yes to any of the above, provide details on the Detail Information Addendum
24. Is any lawyer proposed for this insurance an employee of any organization other than the Applicant? Yes No
If Yes, provide details on the Detail Information Addendum
25. Does any lawyer proposed for this insurance act as director, officer, partner or trustee for or exercise any form of managerial, or fiduciary control over any business enterprise other than the Applicant? Yes No
If Yes, complete the Directors and Officers/Outside Interests Supplemental Application
26. Does any lawyer proposed for this insurance own, manage, have financial control over or equity interest in any business enterprise other than the Applicant? Yes No
If Yes, complete the Directors and Officers/Outside Interests Supplemental Application
27. Has any lawyer proposed for this insurance ever been denied the right to practice, suspended from practice, disbarred, reprimanded or had other disciplinary action taken against them by any court or administrative agency?
If Yes, provide details on the Detail Information Addendum. Yes No
28. Has any application for Lawyers Professional Liability Insurance on behalf of the Applicant, its predecessor firms or any lawyers proposed for this insurance been declined, policy canceled or renewal of such insurance been refused?
If Yes, provide details on the Detail Information Addendum. Yes No
29. During the past seven years, has any claim or suit been filed against the Applicant, its predecessor firms or any of the lawyers proposed for this insurance? Yes No
If Yes, complete a Claim Information Supplement for each claim or suit. If yes, how many _____
30. After inquiry, is the Applicant, its predecessor firms or any lawyer proposed for this insurance aware of:
 a. any circumstance, act, error, omission or personal injury which could be the basis of a claim or suit? . Yes No
 b. any missed statute of limitation? Yes No
 c. any dissatisfaction with representation? Yes No
 d. any request for transfer of file to another law firm? Yes No
If Yes to any of the above, complete the Claim Information Supplement for each. If yes, how many _____

NOTICE

To avoid loss of coverage, it is imperative that all known circumstances, acts, errors or personal injuries which could result in a professional liability claim against the Applicant, its predecessor firms or any lawyers in the firm be reported to your current insurer within the time period specified in your current policy.

The undersigned represents and warrants that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known, and agrees that this application shall become the basis of any coverage and a part of any policy that may be issued by the Company.

The execution of this application does not bind the undersigned to purchase any coverage offered, nor does the receipt and or review of this application bind the Company to offer coverage or issue a policy.

The undersigned understands and accepts that any policy issued will provide coverage on a claims-made and reported basis.

The following Fraud Warning applies in New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

 Signature of Partner, Officer and/or Owner

 Date

**DETAIL INFORMATION ADDENDUM
New Business Supplemental Information**

Use this addendum to capture the detailed information requested in the Lawyers Professional Liability Insurance Application. Question numbers refer to the question numbers on the application. This addendum is a part of the application and will become a part of any policy issued. Any warranty or fraud statements on the signature page of the application are applicable to the information provided herein.

Changes in Firm in the past six (6) years: Include any merger, dissolution, additions/deletions to professional staff

Other Office Locations: State number of other locations and a breakdown of staff, hours worked and purpose of each additional location: _____

Office Sharing: _____

Letter Head Sharing: _____

Part-Time Practice: Details of other activities and hours/percentage of time spent practicing law: _____

Sole Proprietor: Reason for no back-up: _____

Lawyers acting as Title Insurance Agents:

1. _____ 2. _____
3. _____ 4. _____

Of Counsels / Independent Contractors / Per Diem Attorneys

Name of Attorney	Designation	Specialty	Date of Hire	Hours Worked per Week for Applicant	Details of Separate Professional Liability Coverage
			/ /		
			/ /		
			/ /		
			/ /		

Civil Rights: _____

Corporate General: _____

Corporate Mergers / Acquisitions: _____

Entertainment: _____

Environmental: _____

Labor Union: _____

Oil and Gas: _____

Other: _____

Engagement / Non-engagement / Disengagement Letters: _____

Conflict of Interest Avoidance System: _____

Web Site (purpose and content): _____

Electronic Mail: _____

Employee of Other Entity: _____

Reprimand/Suspension/Disbarment/Revocation: Include Date and Disposition: _____

Declination/Cancellation/NonRenewal: _____

Signature of Partner/Officer/Owner

Date



Delaware Valley Underwriting Agency, Inc.

ADDENDUM TO APPLICATION

Insured's/Applicant's Name: _____

TO BE ATTACHED TO AND MADE A PART OF ALL APPLICATIONS

It is agreed that the following FRAUD STATEMENTS are attached to the application:

APPLICABLE IN THE STATE OF PENNSYLVANIA:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 subjects such person to criminal and civil penalties.

APPLICABLE IN THE STATE OF NEW YORK:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 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.

APPLICABLE IN ALL OTHER STATES:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 subjects the person to criminal and (NY: substantial) civil penalties. (Not Applicable in CO, HI, NE, OH, OK, OR, IN, DC, LA, ME and VA insurance benefits may also be denied)

I have read and accept the above (To be signed by the Insured/Applicant)

Insured/Applicant Signature

Date