



APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

About the Firm

1. The precise name of the applicant firm to be insured, as reflected on the firm's letterhead:

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

2. Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____ Web site Address: _____

Firm Coverage Information

3. Coverage is requested to be effective on: _____ / _____ / _____

4. What year was the firm established? _____

5. Type of Entity? solo practitioner individual attorney with employee attorney(s)
 partnership PC PA LLC LLP other _____

6. Is the firm office or suites shared with attorneys other than firm members? Detail Arrangement. Yes No

7. Does the firm have offices (other than conference room only facilities) at locations other than the primary location? If yes, complete the Additional Location/Practice States Supplement. Yes No

8. 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.

9. Is the ratio of support staff to attorneys greater than 3 to 1? If yes, detail titles & duties. Yes No

10. For how many years has the firm been continuously insured for malpractice claims? _____

11. Enter the 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.

12. Has the firm ever purchased an Extended Reporting Period option? Yes No

13. Has the firm's coverage ever been non-renewed, cancelled, rescinded or declined by another carrier? Yes No
 If yes, provide details including carrier, reason for action, dates of action.

14. Does the firm desire coverage for previously-dissolved predecessor firms and those attorneys affiliated therewith? If yes, complete the Predecessor Firm Supplement. Yes No

15. Is there an attorney listed on the letterhead not covered by the firm's insurance? Explain YES reply. Yes No

16. Enter the firm's insurance history for the last five years:

Advise your agent of any special coverage features such as Claim Expense Outside the Limit, Loss Only or Per Claim Deductibles.

Eff Date mm/dd/yy	Insurance Company	Limits (per claim/aggregate)	Deductible (per claim/agg)	Covered # of attorneys	Annual Premium



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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	Date of Birth	Designation	Average # of hours per week			States licensed to practice law	Number of Years			Prior acts date	CNA Risk Management Seminar Date Attendance	Bar Member
			0	1-10	11-25		26 +	In practice	with this firm			
1												Y N
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

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

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



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G-130953-A-SC (06/2008)

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. |

- | | | |
|---|-------------------------------------|---|
| ____% Admiralty / Marine – Defense | ____% Criminal | ____% Natural Resources / Oil & Gas |
| ____% Admiralty / Marine – Plaintiff | ____% Environmental | ____% Pers Injury / Prop Dam - Defense |
| ____% Anti-Trust / Trade Regulation | ____% Family Law | * ____% Pers Injury / Prop Dam - Plaintiff |
| ____% Banking / Financial Institutions | ____% Government Contracts / Claims | ____% Real Estate/Title - Commercial |
| ____% Business Transaction – Comm'l Law | ____% Immigration / Naturalization | ____% Real Estate/Title- Residential |
| ____% Civil/Comm'l Litigation – Defense | * ____% Intellectual Property | * ____% Securities (S.E.C.) |
| * ____% Civil/Comm'l Litigation – Plaintiff | (Copyright/Trademark/Patent) | ____% Taxation |
| ____% Civil Rights / Discrimination | ____% International Law | ____% Wills, Estate, Trust & Probate |
| ____% Collection / Bankruptcy | ____% Labor Management Rep | ____% Workers Comp - Defense |
| ____% Construction (Building Contracts) | ____% Labor Union Rep | ____% Workers Comp - Plaintiff |
| ____% Consumer Claims | ____% Local Government | ____% Other (describe below) |
| ____% Corporate Business Organization | TOTAL: | <input type="text"/> must equal 100% |

* If any percentage, complete the Intellectual Property and/or Securities Supplemental Applications.

* If combined Plaintiff practice is 50% or greater, complete the Plaintiff Supplemental Application.

"OTHER" Description Area: _____

Firm Operations and Management

19. Does the firm or any attorney of the firm have clients in the Entertainment industry?
If yes, complete the Entertainment Supplement. Yes No
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? If yes, complete the Securities Supplement. Yes No
- | |
|---|
| A yes response to Questions 21-23 requires completion of the Equity Interest/Outside Interest/Gross Billings Supplement. |
|---|
21. Does the firm have any one client in which the firm's attorneys have an equity interest greater than 10% combined? Yes No
22. Does the firm have any one client which represents more than 25% or more of the firm's billings? Yes No
23. Does anyone in the firm serve as a director, officer or employee or in any other management capacity for a client? Yes No
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
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? Provide an explanation for a "no" reply. Yes No



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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? _____ %
 35. Does the firm wholly own a Title Insurance Agency? Yes No
 If "yes" a completed supplemental application is required for coverage consideration.

Claim / Incident / Disciplinary Information

36. 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.

37. 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.

Requested Coverage

38. a. Select the Each Claim/Aggregate Limit the firm desires:
 \$ 100,000/\$ 300,000 \$ 500,000/\$ 1,000,000 \$ 2,000,000/\$ 2,000,000 \$4,000,000/\$ 4,000,000
 \$ 250,000/\$ 500,000 \$1,000,000/\$1,000,000 \$ 2,000,000/\$ 4,000,000 \$5,000,000/\$ 5,000,000
 \$ 500,000/\$ 500,000 \$ 1,000,000 / \$ 2,000,000 \$ 3,000,000/\$ 3,000,000 Other: \$ _____ / \$ _____

b. Select the Aggregate Deductible the firm desires (all deductibles are not available in all states):
 \$ 1,000 \$ 2,500 \$4,000 \$10,000 \$25,000 \$75,000
 \$ 2,000 \$ 3,000 \$5,000 \$15,000 \$50,000 \$100,000 Other \$ _____

c. Select the optional coverages the firm desires:
 Per Claim Deductible Claims Expenses Outside Limit First Dollar Defense Title Insurance Agency

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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.
4. Any attorney currently or formerly affiliated with the firm or any predecessor 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 firm, any predecessor firm, or any attorney currently or formerly affiliated with the firm or any predecessor firm, regardless of whether any such claim would be meritorious.

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 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 (for New York residents only: 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.) (For Pennsylvania Residents only: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.) (For Tennessee Residents only: Penalties include imprisonment, fines and denial of insurance benefits.)

Applicant:

By _____

SIGNATURE OF OFFICER OR PARTNER OF THE FIRM

PRINT NAME OF OFFICER OR PARTNER

DATE

REMINDER

Please attach a sample of your letterhead to this application

Return completed renewal application to:

THE GENERAL AGENCY

1527 Highway 7

PO Box 30459

Charleston, SC 29417 – 0459

Telephone: 843-766-9091 Toll Free: 800-922-5036

Facsimile: 843-763-1632