

**LAWYERS PROFESSIONAL LIABILITY INSURANCE
APPLICATION**

ProAssurance Casualty Company • PO Box 150 • Okemos, MI 48805-0150 • 800.292.1036 • 517.349.6500 • Fax 517.347.6321

NOTICE: This professional liability coverage is provided on a Claims Made basis. Only claims that are first made against the insured and reported to the Company during the policy term are covered, subject to the policy provisions.

Applicant Instructions: Please complete all questions, noting N/A where not applicable. Enclose a copy of the law firm's letterhead. The application must be dated and signed by a partner, owner or officer of the firm.

1. Coverage Requested

Requested Effective Date: _____

Limits of Liability: _____ Deductible: _____

2. Applicant Location

Name (Primary Firm Name): _____

Is this a d/b/a (doing business as) name? Yes No If yes, provide legal name: _____

Contact Person: _____ Email Address: _____

Street Address: _____

City: _____ County: _____ State: _____ ZIP: _____

Office Phone: _____ Office Fax: _____ Website: _____

If the firm has additional office locations, please list on a separate sheet.

3. Applicant Information

A. Applicant is: Sole Proprietor Professional Association Partnership
 P.C. LLC Other _____

B. If the applicant is a sole practitioner, please identify the lawyer who will be responsible for your practice if you are absent for an extended period of time (i.e. vacation, illness, etc.). **A backup lawyer is required.**

Name: _____ Bar License Number: _____

Street: _____ Website: _____

City: _____ State: _____ ZIP: _____ Phone: _____

C. Date firm established: _____ D. Federal Tax I.D.: _____

E. List all predecessor firms of the 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.

Name of Firm	Date Established mm/yyyy	Date of Merger mm/yyyy

F. Gross Revenue for past three years:

Most Recent 12 Months: _____ One Year Prior: _____ Two Years Prior: _____

G. Within the past three years, has any one client generated 20% or more of gross revenue? Yes No
If yes, please explain: _____

H. Number of Lawyers: _____

I. Has the number of lawyers in the firm been altered by more than 50% in any one year during the past three years? Yes No
If yes, please explain: _____

J. Number of Support Staff: _____ Law clerk/paralegal _____ Clerical _____ Other (describe) _____
If ratio of staff to lawyers is greater than 3:1, please explain: _____

K. List all active lawyers in the firm: **If additional space is needed, please list on a separate sheet.**
 *Status = "O" Owner/Officer/Director "P" Partner "OC" Of Counsel "IC" Independent Contractor

Lawyer Name	Date of Birth mm/dd/yyyy	Date Admitted mm/dd/yyyy	State(s) Admitted	Status*	Date of Hire (w/Applicant) mm/dd/yyyy	Prior Acts Date mm/dd/yyyy	Avg. Hours worked per week	CLE in the past 12 mos

L. Is any lawyer proposed for this insurance an employee or independent contractor of any organization other than the applicant? Yes No
If yes, please explain: _____

i. Is separate professional liability insurance maintained? Yes No

M. Does the applicant:
 i. have any other law partner, associate, employed lawyer or of counsel not listed in Question 3.K.? Yes No
 ii. share office space with lawyers who are not listed in Question 3.K.?
 a. if yes, are separate files maintained? Yes No
 iii. share letterhead with non-firm members? Yes No

If yes, to any of the above, please explain the relationship and provide a sample of letterhead: _____

N. Does any lawyer proposed for this insurance:
 i. act as a director, officer, partner or trustee for, or exercise any form of managerial or fiduciary control over, any business enterprise of a client other than the applicant? Yes No

- ii. own, manage, have financial control over, or equity interest in, any business enterprise of a client other than the applicant or its predecessor firms? Yes No

If yes to any of the above, please complete the Outside Interests Supplement.

- O. Has any lawyer proposed for this insurance provided any professional services as an Accountant, Realtor, Investment Advisor, Insurance Agent, Professional Agent or other non-legal capacity? Yes No

If yes, please explain: _____

4. Area of Practice

- A. Indicate the percentage of time devoted to the following types of practice during the past 12 months and complete the appropriate Area of Practice Supplement, if needed. (MUST TOTAL 100%)

	%		Complete required supplement for all areas of practice below:	%
Ad Valorem Tax – Commercial		TAX – Individual Preparation	Plaintiff	
Ad Valorem Tax – Residential		TAX – Commercial Preparation	Admiralty	
Administrative Law		TAX – Opinions	BI/PI Plaintiff	
Adoptions		Venture Capital	Civil Rights / Employment	
Antitrust Trade Regulations		Water Law	Class Action / Mass Tort	
Bankruptcy			Commercial Litigation	
Collection			Medical Malpractice	
Communication		Defense	Product Liability	
Construction		Admiralty	Workers Compensation	
Corporation Formation		Arbitration / Mediation		
Corporate General		BI/PI	Abstracting/Title	
Divorce		Civil Rights / Employment	Bonds	
Environmental		Class Action / Mass Tort	Banking/Financial Institutions	
ERISA		Commercial Litigation	Copyright	
Family Law (other than Divorce)		Criminal	Entertainment	
Foreclosures		Insurance Company	Estate Planning	
Fiduciary		Medical Malpractice	Limited Partnerships	
Health		Product Liability	Mergers & Acquisitions	
Housing Court		Workers Compensation	Patent	
Immigration			Private Placements	
International			Probate	
Investment Cnslng/Money Mgt		Other	Real Estate – Residential	
Labor – Employee / Union			Real Estate – Commercial	
Labor – Management			Real Estate Development	
Local Government / Municipal			Securities – Federal	
Oil and Gas			Securities – State	
Public Utilities			Syndications	
Social Security			Trademark	
			Wills and Trusts	
			Total %	100

B. Within the past six years, has the applicant or any lawyer proposed for this insurance provided any legal services for, on behalf of, or in connection with, any of the following related matters:

- | | |
|--|--|
| <input type="checkbox"/> IPO, Bond Private Placement Syndication, Securities | <input type="checkbox"/> Class Action |
| <input type="checkbox"/> Entertainment Client or Industry | <input type="checkbox"/> Copyright, Patent or Trademark |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Oil and Gas |
| <input type="checkbox"/> Foreign Adoptions | <input type="checkbox"/> Construction Defect (Plaintiff) |

5. Practice Management

- A. Docket/Diary Control System:
- i. Do you maintain a central docket control system? Yes No
 - ii. Does the applicant have at least two methods for docket control? Yes No
 - a. If yes, list methods: _____
 - iii. Does the ultimate responsibility for docket control, including entry, rest with the handling lawyer? Yes No
 - iv. Does the applicant crosscheck its docket controls? Yes No
 - a. If yes, how frequently? Daily Weekly Other: _____

If no to any of the above, please explain: _____

- B. How many suits for fees were initiated by the applicant against clients during the past 24 months? _____
- i. How many have been resolved? _____
 - ii. What percentage of fees were more than 90 days past due? _____
 - iii. How frequently are invoices provided to clients? _____

- C. Does the applicant utilize the following for ALL clients?
- i. Engagement letters that include the scope of services and fee arrangements? Yes No
 - ii. Non-engagement/declination letters? Yes No
 - iii. Disengagement/closing letters? Yes No

If no to any of the above, please explain: _____

- D. Does the applicant have established procedures for identifying potential or actual conflicts of interest? Yes No

If no, please explain: _____

- i. Systems used to check conflict of interest:

<input type="checkbox"/> Oral/Memory	<input type="checkbox"/> Index File
<input type="checkbox"/> Computerized	<input type="checkbox"/> Client List
- ii. Do you check with each matter? _____
- iii. How are conflict of interest situations addressed and disclosed to clients/potential clients? **Check all that apply.**

<input type="checkbox"/> Non-Engagement Letters	<input type="checkbox"/> Signed Waiver Obtained from all parties
<input type="checkbox"/> Oral Disclosure	<input type="checkbox"/> Referral to other lawyer/law firm

- E. Does the applicant communicate with clients by electronic mail? Yes No
 - i. If yes, are records maintained of all electronic mail communications? Yes No
 - ii. Does the firm have guidelines restricting the types of communication over the internet? Yes No
- F. Does the applicant collect sensitive or confidential information at the web site? Yes No

6. Professional Liability Insurance and Claim History

- A. Is the firm currently insured for professional liability? Yes No
- B. Is the firm requesting Prior Acts Coverage? Yes No Requested Retroactive Date: _____

Please provide a copy of the current policy declarations including retroactive date as evidence of current coverage.

- C. List all Lawyers Professional Liability Insurance carried during the past consecutive five years for the applicant and/or any predecessor firm thereof.

Policy Inception	Policy Expiration	Insurance Company	Policy Limits	Deductible	Annual Premium	Number of Lawyers

- D. Does the applicant's current policy have any of the following optional coverages:
 Claims Expense Outside the Limit Aggregate Deductible
 First Dollar Defense (Indemnity Only Deductible)
- E. Has any member of the firm been the subject of any investigation or disciplinary action regarding their license to practice law? Yes No
- i. Has any member of the firm been refused admission to the bar or any bar association, court or administrative agency? Yes No
- If yes, please explain:** _____
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- F. Has any lawyer listed in question 3.K. had any professional liability insurance declined, cancelled, refused to renew, or accepted only on special terms? Yes No
- If yes, please explain:** _____
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- G. During the past five years, has any claim or suit been brought against the applicant, its predecessor firms or any of the lawyers proposed for this insurance? Yes No
- If yes, please complete a Claim Information Supplement for each claim or suit.**
- H. Is any member of the firm aware of any act, error, omission or specific circumstances involving a particular person or entity which could reasonably be expected to result in a professional liability claim against the firm, any past or present lawyers in the firm, or any predecessor firm? Yes No
- If yes, please explain:** _____
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- I. Is any member of the firm aware that any client, client representative, or attorney has made an oral or written threat of filing a lawsuit or filing a grievance with a regulatory board? Yes No
- If yes, please explain:** _____
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NOTICE: The undersigned understands and accepts that any policy issued will provide coverage on a **Claims Made** basis. To avoid loss of coverage, it is imperative that all known claims and/or circumstances, acts, errors or personal injuries that 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 and all supplements and attachments hereto shall become the basis of any coverage 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.

Warning: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance 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 civil penalties.

Notice To Indiana Residents:

A person who knowingly and with the intent to defraud an insurer files a statement of claims containing any false, incomplete or misleading information commits a felony.

Notice to Ohio Resident Applicants:

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICANT'S AUTHORIZATION AND CERTIFICATION

The undersigned on behalf of the Applicant firm and all members of the firm authorizes the release of all information to the Company from any past or present bar association of which any member of the firm is currently or has been a member; any person(s) who has information concerning any firm member's fitness to practice; any insurance company to which the Applicant firm or any member of the firm has applied for professional liability insurance, whether such coverage was granted or not; and any employer for whom any member of the firm performed legal services, whether as an employee or an independent contractor.

The Applicant firm and all members of the firm understand that the information requested by the Company may include, but not necessarily be limited to, any occurrence, incident, claim or suit in which any member of the firm may be or may have been involved; any denial, suspension, revocation or other disciplinary action taken by any bar association, governmental licensing authority, court, administrative agency or other appropriate authority; or any action of a civil or criminal nature taken against the firm or any member of the firm that resulted from or was alleged to have been a part of any professional activities. The Applicant firm and all members of the firm understand that the information will be used in addition to the application in determining whether the Company will issue insurance to the firm.

The Applicant firm and all members of the firm agree that the persons providing the information and their agents, directors and employees, shall not incur any liability as a result of any information released in good faith pursuant to this authorization including any errors, omissions or mistakes contained in such information.

The Applicant firm and all members of the firm understand that this is an application for insurance, and shall not bind the Company to the issuance of insurance, nor shall it bind the firm to the acceptance of a policy.

THE UNDERSIGNED ON BEHALF OF THE APPLICANT FIRM AND ALL MEMBERS OF THE FIRM CERTIFIES THAT THE ABOVE APPLICATION HAS BEEN READ AND THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, MATERIAL AND COMPLETE. THE UNDERSIGNED UNDERSTANDS THAT: (1) IF THE POLICY IS ISSUED, THIS IS DONE BY THE COMPANY IN RELIANCE UPON THESE REPRESENTATIONS; AND (2) ANY COVERAGE OBTAINED BY FRAUD, MATERIAL MISREPRESENTATION OR OMISSION IS VOID.

Signature of Partner, Officer or Owner _____ Date _____

Print or Type Name _____ Title _____