

LawyerCare

LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION ADD ATTORNEY MID-TERM

LawyerCare • 111 N. Higgins, Ste. 600 • P.O. Box 9169 • Missoula, MT 59807-9169 • 855.214.1295

Firm Name: _____ Policy Number: _____

- This form is to be completed by each new attorney joining the firm.
- This form must be signed and dated by the new attorney and an owner, officer, partner or member of the firm.

1. Applicant Information.

New Attorney Name (Last, First, MI)	Prefix (Mr. or Ms. or Mx.)	Position*	Hours worked per week	Bar Admission Date	Years in Practice	Area of Practice Specialty	Date Joined Firm (M/D/Y)	Year of Birth	Credit score

* Positions: "O" Owner/Officer/Partner "A" Associate/Employed Lawyer "OC" Of Counsel "IC" Independent Contractor

2. Please provide your employment history for the past five years.

Name of Prior Firm	Exact Dates Associated From (M/D/Y) to (M/D/Y)	Professional Liability Carrier	Primary Area of Practice	Position in Firm*
	/ / - / /			
	/ / - / /			
	/ / - / /			

3. Does your new firm (Insured Firm listed above) wish to provide prior acts coverage? (Prior acts coverage means coverage for acts or omissions that occurred prior to the Date of Hire listed in Question 1. above.).....Yes No

If yes, what retroactive date is being requested? Requested Retroactive Date: _____ (Please attach proof of insurance showing continuous coverage from this date to the date of hire.)

4. During the past five years, have you ever:

- a. been the subject of any investigation or disciplinary action? Yes No
- b. had any professional liability insurance declined, cancelled, refused to renew, or accepted only on special terms? (not applicable to Missouri applicants)Yes No

If yes, please explain:

5. In the past five (5) years have there been any claims or suits made against you regarding services you performed or failed to perform? If yes, please complete a Claim Information Supplement.Yes No

6. Are you aware of any:

- a. circumstance, act, error or omission which could be the basis of a claim or suit?Yes No
- b. adverse judgment which could be the basis of a claim or suit?Yes No
- c. missed statute of limitations?.....Yes No

If yes to any of the above, please provide details on a separate sheet, and advise the number of potential claims.

7. Have all claims, potential claims and incidents been reported to your current or former professional liability insurer? Yes No

Fraud Warning Notices:

Please read the fraud warning notice for your state:

- General Fraud Warning** – Any person who, with intent to defraud or knowing that he 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.
- Alabama Fraud Warning** – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.
- Arizona Fraud Warning** – For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
- California Fraud Warning** – For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- Colorado Fraud Warning** – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
- Delaware Fraud Warning** – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
- District of Columbia Fraud Warning** – It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- Florida Fraud Warning** – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- Idaho Fraud Warning** – Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
- Kentucky Fraud 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.
- Maine Fraud Warning** – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
- Maryland Fraud Warning** – Any person who knowingly or willfully presents a false or fraudulent claim for payment for a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- Massachusetts Fraud 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.
- Minnesota Fraud Warning** – A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- Missouri Fraud Warning** – Any person who, with intent to defraud or knowing that he 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.
- New Hampshire Fraud Warning** – Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
- New Jersey Fraud Warning** – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- North Carolina Fraud Warning** – Any person who, with intent to defraud or knowing that he 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.
- Ohio Fraud Warning** – Any person who, with the intent to defraud or knowing that he 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.
- Oklahoma Fraud Warning** – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- Oregon Fraud Warning** – Any person who, with an intent to knowingly defraud or knowingly facilitate a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement or a material fact, may be guilty of insurance fraud.
- Pennsylvania Fraud Warning** – 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 subjects such person to criminal and civil penalties.

Tennessee Fraud Warning – It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Vermont Fraud Warning – Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Virginia Fraud Warning – It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Washington Fraud Warning – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

West Virginia Fraud Warning – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICANT REPRESENTATIONS AND ASSURANCES: The Authorized Person hereby represents to and assures LawyerCare that the information contained in this application is true and correct as of the date this application is executed and that LawyerCare shall be entitled to rely upon this application as the basis of any insurance policy LawyerCare may issue to the applicant Firm. The undersigned acknowledges and agrees that this application shall be deemed incorporated into any insurance policy LawyerCare may issue to the applicant Firm.

The Authorized Person further represents to and assures LawyerCare that the applicant Firm will report to LawyerCare (as soon as practicable) any material change in any answers, responses, facts or information set forth in this application or any supplemental application submitted herewith, including, but not limited to, the existence of any claim(s) or any facts, events or circumstances which may give rise to a claim. The undersigned agrees that these representations constitute a continuing obligation and that the applicant Firm has a continuous duty throughout the policy period to update this application, its supplements and attachments for any such material changes.

The Authorized Person further declares that if any significant change in the condition of the Applicant Firm or proposed insureds is discovered between the date this application is signed and the effective date of the Policy, which would render the information in this application inaccurate or incomplete, any such information will immediately be reported in writing to LawyerCare and **LawyerCare may modify or withdraw any outstanding quotations that have not been accepted.**

Signature of Partner, Officer or Owner of Applicant Firm: _____ Date: _____

Print or Type Name: _____ Title: _____

For Agent's Use Only (Where Required By Law)

Name of Agency: _____

Agency Address: _____ Telephone Number: _____

Agent's Name: _____ Signature: _____

Date: _____