



LAWYERS PROFESSIONAL LIABILITY

SHORT FORM APPLICATION

Just complete this short application and submit it along with any other approved carrier's current long-form new business application for a quote.

Firm Name: _____

Street Address: _____

City/Town: _____ County: _____ State: ____ Zip: _____

Date Firm Established: _____, _____, _____ What was the firm's gross revenue for the last 12 months? \$ _____

Current Insurance: Carrier: _____ Policy Term: _____ to _____ Limits & Deductible: _____

Premium: \$ _____ Retroactive Date: _____ No. of Attys: _____ No. of Support Staff: _____

List the earliest date from which the firm has had uninterrupted "claims made" coverage: _____

1. Area of Practice. If the firm engages in the following areas of practice, list in whole numbers the percentage of the firm's gross revenue applicable to each.

- | | | | |
|-------|---|-------|-------------------------------------|
| ___ % | Administrative Law | ___ % | Government Contracts and Claims |
| ___ % | Admiralty Law | ___ % | Guardianship/Juvenile |
| ___ % | Adoption Law | ___ % | Immigration and Naturalization |
| ___ % | Antitrust/Trade Regulation | ___ % | Insurance Defense |
| ___ % | Arbitration/Mediation | ___ % | I.P. Copyrights & Trademarks |
| ___ % | Bankruptcy | ___ % | I.P. Patents |
| ___ % | Business Transactions & Contracts | ___ % | International Law |
| ___ % | Civil Rights and Discrimination | ___ % | Labor – Management |
| ___ % | Class Actions/Mass Tort | ___ % | Labor – Union/Employee |
| ___ % | Collection/Repossession – Commercial | ___ % | Local Government (not bonds) |
| ___ % | Collection/Repossession – Consumer | ___ % | Natural Resources (Oil & Gas) |
| ___ % | Commercial Litigation – Defense | ___ % | Personal Injury – Defense |
| ___ % | Commercial Litigation – Plaintiff | ___ % | Personal Injury – Plaintiff |
| ___ % | Construction/Building Contracts | ___ % | Real Estate – Commercial |
| ___ % | Consumer Claims | ___ % | Real Estate – Land Use & Zoning |
| ___ % | Corporate Administrative | ___ % | Real Estate - Residential |
| ___ % | Corporate & Business Organization | ___ % | Real Estate – Title /Abstracting |
| ___ % | Corporate Mergers and Acquisitions | ___ % | Securities or Bonds |
| ___ % | Criminal | ___ % | Social Security |
| ___ % | Divorce – w/ Assets < \$1M | ___ % | Taxation |
| ___ % | Divorce – w/ Assets \$1M - \$5M | ___ % | Wills, Trusts & Estates < \$1M |
| ___ % | Divorce – w/ Assets > \$5M | ___ % | Wills, Trusts & Estates \$1M - \$5M |
| ___ % | Entertainment | ___ % | Wills, Trusts & Estates > \$5M |
| ___ % | Environmental Law | ___ % | Workers Compensation – Defense |
| ___ % | ERISA/Employee Benefits | ___ % | Workers Compensation – Plaintiff |
| ___ % | Financial Institutions/Banking- Regulatory/GC | ___ % | Other: _____ |
| | | ___ % | TOTAL |

2. Does any attorney in the firm provide investment advice to any client of the firm? Yes No

3. What is the average number of plaintiff personal injury cases each attorney handles per year? ____

4. List the approximate value of the top two largest Estates/Trusts to which the firm has provided legal services in the past 12 months:

____ 1. ____ 2. ____

5. In the past three years, has any attorney in the firm handled class action or mass tort litigation? Yes No
If yes, please complete the Class Action supplement.

6. Does any attorney in the firm serve as a director, officer, or employee, or have an equity interest, in any client of the firm? Yes No
If yes, please complete the Outside Interest supplement.

7. Fee Suits

Please describe the firm's policy regarding collection of fees from clients.

In the past three years, how many times has the firm sued, or entered into arbitration with, clients to collect fees? ____

In the past year, how many outstanding client's bills have been sent to a collection agency? ____

Are all client invoices maintained current within 90 days? (if no, % over 90 days: ____) Yes No

8. Client Communications

Describe the firm's system of calendar control and maintenance.

Describe the firm's system for identifying and avoiding conflicts of interest.

Check all of the following that apply and indicate percentage of use:

- | | |
|--|--|
| a. <input type="checkbox"/> Engagement letters on new matters presented to the firm ____% | b. <input type="checkbox"/> Written fee agreement outlining the firm's billing procedures ____% |
| Do they clearly define who is being represented? <input type="checkbox"/> Yes <input type="checkbox"/> No | c. <input type="checkbox"/> Declination or non-engagement letters on new matters that will not be undertaken ____% |
| Do they define service to be performed? <input type="checkbox"/> Yes <input type="checkbox"/> No | d. <input type="checkbox"/> Scope of service letters or engagement letters for new matters of existing clients ____% |
| Do they describe billing rate and procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No | e. <input type="checkbox"/> Termination or disengagement letters when completing or ending representation ____% |
| Do you audit files to make sure they are used by all attorneys? <input type="checkbox"/> Yes <input type="checkbox"/> No | f. <input type="checkbox"/> Settlement Authority letters (when applicable) |

9. Does the firm have a written risk management program? Yes No

10. Claim History

How many claims, grievances or complaints against the firm, or attorneys in the firm, have been opened, closed or otherwise active within the past five years? ____

Are you or any member of the firm aware of any incident that may result in a claim or disciplinary action against you? Yes No

Please provide a Claims supplement for each matter with specific details, including a description of the allegations, current reserve and/or indemnity paid, expenses paid, etc.

In the past five years, has any attorney associated with the firm been the subject of a bar complaint or disciplinary action? Yes No

If yes, please provide a Claims supplement for each matter.

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 benefits, and/or civil damages. In Colorado, 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 or regulatory agencies. **D.C. 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. **Maryland Fraud Warning:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **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. **New York 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 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. **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. **Oregon 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 may be a crime. **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. **Maine, Virginia and 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 may include imprisonment, fines and a denial of insurance benefits.

NOTICE TO APPLICANT – PLEASE READ CAREFULLY BEFORE SIGNING

THE APPLICANT AND FIRM ACCEPTS NOTICE THAT ANY POLICY ISSUED WILL APPLY ON A “CLAIMS-MADE” BASIS. The undersigned is authorized by and acting on behalf of the Applicant and represents that all statements and particulars herein are true, complete and accurate and that there has been no suppression or misstatements of fact and agrees that this application shall be the basis of coverage.

THE APPLICANT AND FIRM ACCEPTS NOTICE THAT THEY ARE REQUIRED TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OR ANY CHANGES TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE. THE APPLICATION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER, PRINCIPAL, OFFICER, OR MEMBER OF THE APPLICANT.

Print Name

Title

Signature

Date

INCOMPLETE, UNSIGNED AND UNDATED APPLICATIONS WILL BE RETURNED FOR COMPLETION.

BROKER NAME:	
AGENCY NAME:	
TAXPAYER ID NO.:	PRODUCER LICENSE NO. AND STATE:
PRODUCER’S ADDRESS (No., Street, City, State, and Zip:)	