



LAWYERS PROFESSIONAL LIABILITY NEW BUSINESS APPLICATION

NOTICE: This is a claims-made policy. The coverage of this policy is limited to liability for claims which are first made during the policy period, or any extended reporting period. Coverage under the policy ceases upon termination of the policy, except for automatic extended reporting coverage, unless the insured purchases optional extended reporting coverage.

This policy made provide that claim expenses, including legal defense, are within and reduce the limit of liability and are to be charged against the deductible. The limit of liability available to pay damages may be reduced by up to 50% by claim expenses for policies with a limit of liability – each claim of \$500,000 or greater. The limit of liability available to pay damages may be exhausted by claim expenses for policies with a limit of liability – each claim of \$5,000,000 pr greater or a deductible of \$100,000 or greater. Further note that claim expenses shall be applied against the deductible by up to 50% of the deductible amount for policies with a limit of liability – each claim of \$500,000 or greater. Claim expenses shall be applied against the deductible by up to 100% of the deductible amount for policies with a limit of liability – each claim of \$5,000,000 or greater or a deductible of \$100,000 or greater.

The policy provides no coverage for claims arising out of acts or omissions in the performance of professional services which took place prior to the retroactive date.

The policy provides for automatic extended reporting period coverage of 60 days, at no charge and optional extended reporting period coverage. Coverage gaps may arise at the expiration of the policy, automatic extended reporting period or optional extended reporting period. During the first several years of the claims made relationship, claims made rates are comparatively lower than occurrence rates, and the insured can expect substantial annual premium increases, independent of the overall rate level increases, until the claims made relationship reaches maturity.

The retroactive date may not be changed during the term of the claims made relationship and any extended reporting period.

Please read and review the policy carefully.

Firm Name: _____ Contact Name: _____

Street Address: _____

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

E-Mail Address: _____ Website Address: _____

1. Desired Limits and Deductible: Limits: _____ Deductible: _____
Currently have: [] CEIL [] CEOL [] FDD [] PC [] AGG

2. During the past five (5) years, has any insurance carrier canceled or refused to renew the professional liability insurance policy covering the firm or any of the firm's attorney(s) (regardless of what firm he or she was practicing with at the time) for any reason other than the carrier's withdrawal from the market (not applicable in Missouri)? [] YES [] NO

If yes, please provide details, including the name of the carrier, the dates and the reason for this action.

3. In the past five (5) years, has any attorney been the subject of a bar complaint, bar grievance, denied the right to practice, suspended from practice, disbarred, reprimanded, or had other disciplinary action by any court or administrative agency? [] YES [] NO

If yes, please provide details and all official bar correspondence on the matter.

4. In the past five (5) years (or earlier, if the claim is still open), how many claims or incidents have been alleged or otherwise active against attorneys in the firm (past and present)? _____

For each, complete a Claim Supplement and provide currently valued five (5) years of loss runs.

5. Are you or any member of the firm aware of any incident, act, error or omission that may result in a claim or disciplinary action being brought against the firm, which you have not mentioned in questions 3 or 4? [] YES [] NO

If yes, complete a Claim Supplement for each referenced matter and provide currently valued five (5) years of loss runs.

**It is recommended that you report any incidents, acts, errors or omissions to your current carrier. Please note that any incident, error, or omission of which you are currently aware will not be covered by a subsequently issued claims made policy.

6. List all lawyers in the firm (Use a separate sheet of paper if more space is needed.) :

Table with 6 columns: NAME, DESIGNATION *, OC/IC/PT ANNUAL HOURS WORKED FOR APPLICANT FIRM, DATE OF HIRE (MM/DD/YY), DATE ADMITTED TO BAR (MM/DD/YY), Is Lawyer CLE Compliant? ** Y/ N/ NA

5						
6						
7						
8						
9						
10						

* Designation: O – Officer, OC – Of Counsel, P – Partner, IC – Independent Contractor, S – Shareholder, R – Retired Partner, A – Associate, PT – Part Time
 **If not CLE compliant, please explain circumstances.

7. In the last 12 months, how many attorneys have joined the firm? _____ Departed from the firm? _____
8. Do you use an accredited/licensed paraprofessional? YES NO If yes, how many? _____
9. If this is a solo attorney firm, do you have a backup attorney to handle matters in case of your absence? YES NO N/A
10. Please provide the percentage (in whole numbers) of gross billable hours for each area of practice in which the firm has engaged during the past 12 months. The combined total areas of practice must equal 100%. All litigation should be coded under its respective Area of Practice Section; for example, "Tax Litigation" should be coded under "Taxation". **Any percentage in an area of practice referenced by an asterisk (*) indicates the appropriate supplement must be completed (available from your broker):**

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

11. Percentage of the firm's practice that falls within the defense area: _____%
12. Does your firm provide services to the cannabis industry? YES NO If Yes, please describe the service you provide.

13. Does the firm represent any clients in the following as related to cryptocurrency? YES NO
 a) The initial sale or fund raising in relation to crypto.. YES NO
 b) Advice related to sale of crypto.. YES NO
14. Does the firm share office space, expenses, cases, or letterhead with any other individual, of counsel, partnership, firm or organization? YES NO If Yes, please provide the name of the entity(ies) and describe the sharing relationship below.

Does the above referenced entity carry professional liability insurance? Yes No

15. What was the firm's revenue for the last 12 months? \$ _____ In the 12 months before that? \$ _____

16. Complete the following regarding the firm's staffing and office locations, using an additional sheet if necessary:

	MAIN OFFICE	OFFICE LOCATION #2	OFFICE LOCATION #3	OFFICE LOCATION #4
City, State				
Total number of lawyers				
Paralegals or law clerks				
Other administrative support staff				

17. Does the firm have any attorneys handling any matters in states outside those listed in question 16? Yes No

- a. If yes, how many attorneys? _____ In what states? _____
- b. In what areas of practice? _____
- c. Is each attorney licensed in every state in which they practice? Yes No
- d. Frequency of out-of-state work _____

18. Are the systems and procedures for all offices listed in question 16 centralized? Yes No N/A

19. On what date was the firm established (include all predecessor firms if applicable)? _____ / _____ / _____

20. List all Predecessor Firms and their dates of existence (Predecessor Firm means any firm no longer in existence for which the applicant firm obtained the majority of such firm's assets and liabilities). If this is not applicable, check box N/A **Attach additional sheet(s) if more space is needed.**

NAME OF FIRM	DATE ESTABLISHED OR MERGED (MM/DD/YY)	CONFIRM THE FOLLOWING:	DATE DISSOLVED (MM/DD/YY)	PERCENTAGE (%) OF ASSETS / LIABILITIES APPLICANT FIRM ASSUMED
		1. DISSOLVED 2. NAME CHANGE 3. CONTINUE TO EXIST		

21. Provide the following information about the firm's professional liability insurance for the previous five (5) years.

INSURANCE COMPANY	POLICY PERIOD	RETROACTIVE DATE	LIMITS/DEDUCTIBLES	PREMIUM	NUMBER OF ATTORNEYS

22. Does the firm employ a full-time legal administrator or office manager? Yes No

23. List the methods used by the firm to detect and address potential conflicts of interest among clients (i.e. computer, conflict committee): _____

24. When a conflict of interest exists, does the firm require written disclosure to all parties? Yes No

25. Does the firm track dates and deadlines on at least two independent calendars (at least one of them being computerized), and cross-check the calendars on a weekly basis, at minimum? Yes No
If no, please describe your docket control system in detail on a separate sheet of paper.

26. Do you use the following client communication letters:
- a. Engagement letters on new matters, outlining scope of representation, fees and billing procedures: Yes No
 - b. Declination or non-engagement letters on new matters that will not be undertaken: Yes No
 - c. Scope of service letters or engagement letters for new matters handled for existing clients: Yes No
 - d. Settlement authority letters (when applicable): Yes No
 - e. Termination or disengagement letters when completing or terminating representation: Yes No

27. Do you have any clients that represent more than 25% of your annual revenue? Yes No
If yes, please provide details, including name of client, services provided to client and % of revenue derived from client.

28. Are all client invoices maintained current within 90 days? (If no, % over 90 days: _____) Yes No
If over 35%, provide a separate explanation for the backlog and how the firm is bringing these accounts current.

29. In the past two (2) years, how many times has the firm sent outstanding client bills to a collection agency in order to collect fees? _____

30. In the past two (2) years, how many times has the firm sued in order to collect unpaid client fees? _____
If any fee suits, please complete table below using a separate sheet if more space is needed.

	Name of Client	Legal Services	Date Suit Filed	Amount of Dispute	Has the SOL Run?	Status	Date Suit Closed	Outcome
CLIENT NO. 1								
CLIENT NO. 2								

31. Has the firm taken measures to prevent future fee suits? YES NO N/A If Yes, please describe. _____

32. In the past five (5) years, has the firm represented any high profile clients? YES NO
If yes, attach a list of client name(s), dates of representation, and services provided to the client(s) by the firm.

33. In the past five (5) years, has any attorney in the firm handled any class action or mass tort litigation (regardless of what firm he or she was practicing with at the time)? YES NO
If yes, please complete the Area of Practice Supplement.

34. In the past five (5) years, has your firm or any lawyer in your firm represented issuers, underwriters, or affiliates of either, with regard to the issuance, offering or sale of securities or bonds? YES NO
If yes, please complete the Securities or Bond Supplement.

35. In the past five (5) years, has your firm or any attorney in your firm served as regulatory counsel, advisory counsel, general counsel, a board member, or participated in a loan committee for a financial institution? YES NO
If yes, please complete the Area of Practice Supplement.

36. In the past five (5) years, has any attorney in the firm served as a Director, Officer, Trustee, Partner, or Employee or had an ownership interest or financial interest in any entity other than the Applicant firm? YES NO
If yes, please complete the grid below, using a separate sheet of paper if more space is needed.

Attorney's Name	Name of Organization	Nature of Clients Business	Profit or Non-Profit	% of Firm Billings	% of Equity Interest	Position(s) Held	Legal Services Provided	Directors & Officers protected by D&O Insurance?

37. During the last twelve months (12) months, had the applicant Firm seen any change in type of clients served? YES NO
If Yes, please complete the following chart regarding the type of clients served (total must equal 100%)

Type of Client	Percentage of Practice	Type of Client	Percentage of Practice
Individuals - High Net Worth (>\$10M assets)	%	Small Public Companies (<\$100m revenues)	%
Individuals - All Other	%	Large Public Companies (>\$100m revenues)	%
Small Private Companies (<\$100m revenues)	%	Fortune 500 Companies	%
Large Private Companies (>\$100m revenues)	%	Government or Public Institutions	%
Non-profit Organizations or Charities	%	Other	%

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 OF ANY CHANGES TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE.

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 civil penalty not to exceed five thousand dollars and the state value of the claim for each such violation.

Print Name

Title

Signature of Owner, Partner, Principal, Officer, or Member of the Applicant Firm

Date

PLEASE SUBMIT A SAMPLE OF THE APPLICANT'S LETTERHEAD WITH THIS APPLICATION. INCOMPLETE, UNSIGNED AND UNDATED APPLICATIONS WILL BE RETURNED FOR COMPLETION.

Broker Name:	Agency Name:	Taxpayer ID No.:	Producer License No. / State	Producer Address: (No., Street, City, State, and Zip):