



# Renewal Application for Lawyers Professional Liability Insurance

**THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY THE PAYMENT OF CLAIM EXPENSES.**

- **This application must be completed in full, including all required attachments or supplemental applications.**
- **Attach a separate sheet of paper if more space is needed to answer any question.**
- **We treat all applications as confidential.**

1.a. Name of Applicant:	c. Other location address:	2. Total # of attorneys:
b. Principal business address (include county):	d. Web site address:	

3. In the past 12 months, has there been any change in:

a. the number of attorneys, of counsel, contracted attorneys, or non-attorney staff?  YES  NO

b. office sharing arrangements?  YES  NO

**If yes, please attach a separate sheet outlining details and updated letterhead. If new attorneys hired in the past 12 months, please complete the New Attorney Supplement.**

4. In the past 12 months has there been any change in the firm's operations, such as a merger or the opening or closing of a branch office?  YES  NO

**If yes, please attach a separate sheet explaining the facts and circumstances of any change.**

5. In the past 12 months, has there been any change in the Firm's area of practice?  YES  NO

**If yes, please complete the attached Area of Practice Supplement.**

6. Indicate the firm's total gross revenues for:

Current: past 12 months: Amount \$ \_\_\_\_\_ Projected: next 12 months: Amount \$ \_\_\_\_\_

7. In the past 12 months has the firm derived more than 10% of revenues from any one client?  YES  NO

**If yes, please attach details, including the name of the client, industry of the client, and percentage of revenues derived.**

8. In the past 12 months, or in the next 12 months, will any attorney proposed for coverage act in any capacity listed below?

**If yes, attach details.**

a. Accountant  YES  NO

b. Real Estate Agent or Broker  YES  NO

c. Title Agent/Abstractor/Searcher  YES  NO

d. Investment/Financial Advisor  YES  NO

e. Public Defender?  YES  NO

f. Prosecuting Attorney for any state, county or municipality?  YES  NO

g. An in-house attorney of any corporation, municipal, county or state department or board?  YES  NO

h. An Arbitrator or Mediator?  YES  NO

9. In the past 12 months, has there been any change in any of the following:
- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Docket Control Systems, Policies & Procedures                            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Conflict Avoidance Systems, Policies & Procedures                        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Use of Engagement Letters, Disengagement Letters, or Declination Letters | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Peer Review, Management Committee, Non Attorney Administrator            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Advertising or Website   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Fee Collection/Suits for Fees process                                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
- How many suits for fees filed during the past 12 months? \_\_\_\_\_
- Current percentage of billings more than 90 days past due? \_\_\_\_\_%

**If yes to any of the above, please provide details on a separate sheet of paper.**

10. In the past 12 months:
- a. have there been any changes in the status of any current or past attorney of the firm with respect to serving as a director, officer, or employee of any past or present client?  YES  NO
- b. have there been any changes in a current or past attorney's financial or equity interest in any past or present client of the firm?  YES  NO

**If yes to 10a or 10b, complete the Outside Interest Supplemental Application.**

11. During the past 12 months:
- a. has any attorney named in Question 8.b. been the subject of a reprimand or disciplinary action or been refused admission to any state bar?  YES  NO
- b. have there been any new complaints, investigations or disciplinary matters against any attorney named in Question 8.b.?  YES  NO
- c. Since the submission date of the last application submitted to the Insurer, has there been any change in the status of any claim, suit, circumstance, allegation, or contention previously reported under an Lawyers Professional Liability policy issued by a carrier other than the Insurer?:  YES  NO

**If Yes to 11 a. or 11b. please attach details.**

**If Yes to 11c please attach a completed Claims Supplemental Application and updated loss runs.**

**NOTHING CONTAINED IN QUESTION 11 CONSTITUTES THE REPORTING OF A CLAIM OR POTENTIAL CLAIM UNDER ANY POLICY ISSUED BY US. IF YOU WISH TO REPORT A CLAIM OR POTENTIAL CLAIM, YOU MUST COMPLY WITH THE REPORTING REQUIREMENTS OF YOUR POLICY.**

**THE UNDERSIGNED AUTHORIZED PARTNER, DIRECTOR OR OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE THE APPLICATION IS EXECUTED AND THE TIME THE PROPORED INSURANCE POLICY IS BOUND OR COVERAGE COMMENCES, THE NAMED INSURED WILL IMMEDIATELY NOTIFY THE COMPANY IN WRITING OF SUCH CHANGES. THE COMPANY RESERVES ITS RIGHTS TO MODIFY OR WITHDRAW ITS PROPOSAL.**

**THE UNDERSIGNED AUTHORIZED PARTNER, DIRECTOR OR OFFICER REPRESENTS AND WARRANTS ON BEHALF OF THE NAMED INSURED AND ALL PERSONS / ENTITIES FOR WHOM INSURANCE IS BEING SOUGHT THAT TO THE BEST OF HIS / HER KNOWLEDGE AND BELIEF AFTER DILIGENT INQUIRY, THE STATEMENTS SET FORTH HEREIN AND ATTACHED HERETO ARE TRUE. IT IS UNDERSTOOD THAT THE STATEMENTS IN THIS APPLICATION, INCLUDING MATERIALS SUBMITTED TO OR OBTAINED BY THE UNDERWRITER ARE MATERIAL TO THE ACCEPTANCE OF THE RISK, AND RELIED UPON BY THE UNDERWRITER.**

**NOTICE TO ARKANSAS, MINNESOTA, AND OHIO 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, WHICH IS A CRIME.**

**NOTICE TO COLORADO APPLICANTS: 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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF**

**DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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.**

**NOTICE TO DISTRICT OF COLUMBIA, MAINE, TENNESSEE, AND VIRGINIA APPLICANTS: 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.**

**NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECIEVE 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.**

**NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.**

**NOTICE TO LOUISIANA AND NEW MEXICO APPLICANTS: 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 CIVIL FINES AND CRIMINAL PENALTIES.**

**NOTICE TO MARYLAND 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 MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO NEW JERSEY APPLICANTS: 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 SUCH VIOLATION.**

**NOTICE TO OKLAHOMA APPLICANTS: 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.**

**NOTICE TO OREGON AND TEXAS APPLICANTS: ANY PERSON WHO MAKES AN INTENTIONAL MISSTATEMENT THAT IS MATERIAL TO THE RISK MAY BE FOUND GUILTY OF INSURANCE FRAUD BY A COURT OF LAW.**

**NOTICE TO PENNSYLVANIA APPLICANTS: 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.**

**NOTICE TO WASHINGTON APPLICANTS: 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.**

**Must be signed in ink and dated by Partner, Director or Officer.**

Signing this form and tendering premium does not bind the Company to complete the insurance. Application must be signed in ink to be considered for quotation.

Applicant Signature: \_\_\_\_\_

Print or type name and title:

\_\_\_\_\_

Date: \_\_\_\_\_ (mo/day/year)