

LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION

(Claims-Made Basis)



Submitting Agency: _____ Agency Code: _____

GENERAL APPLICANT INFORMATION

1. Full Name of Applicant Firm and Principal Address:

2. Does your Firm practice from any other office location(s)? ----- Yes No
 If "Yes", please list the secondary location(s), the number of lawyers and staff members at each location and how many hours per week it is staffed.

3. Do you share office space, expenses or staff with any other professionals or business organizations? - Yes No
 If "Yes", describe each arrangement and identify the names of the parties involved.

4. Date Firm Established _____ 5. Is this a full-time, private practice of law? ----- Yes No

6. Structure of Firm: Individual Partnership Professional Corporation Professional Association
 LLC or LLP Other: _____

7. Provide the following information for all attorneys associated with the Firm: (Position Codes:
 O = Owner, OF = Officer, P = Partner, E = Employee, OC = Of Counsel, IC = Independent Contractor)

Name	Position Code (See Above)	MO/YR Admitted to Bar - Indicate State(s)	MO/YR Joined Applicant Firm	If Part-Time or OC, Average Billable Hours Per Month

8. Other than those attorneys listed in Question 7, does the Firm or any member of the Firm:
 a. Have any other law partner(s) or associated, employed or independently contracted attorney(s) other than those named above? ----- Yes No
 b. Case-share, utilize co-counsel, refer or delegate cases for a fee? ----- Yes No
 If "Yes" to any of the above, provide details of such relationships.

9. List all predecessor firm(s) of the applicant. This is defined as a law firm or practice which has undergone dissolution and at least 50% of the owners, officers, partners, principals or shareholders of the prior firm have joined the successor firm. Qualifying predecessor firms not disclosed below will not be considered for coverage.

Name of Prior Firm(s)/ Sole Practitioner(s)	Date Established	Date Dissolved	# of Owners, Officers, Partners at:		# of Owners, Officers, Partners From Prior Firm That Joined Successor	
			Start	End	Start	End

10. Indicate total number of non-attorney staff of your Firm: _____

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11. Gross Revenue of Firm: Current Fiscal Year (Estimate): \$ _____
 Immediate Past Fiscal Year (Actual): \$ _____
12. Do you advertise or promote your practice on television or radio or in the print media other than an alphabetical listing in the Yellow Pages? ----- Yes No
 If "Yes", attach copy of print advertising and description of any television or radio ads.
13. List your Firm's website address: _____ N/A
14. If you are a sole practitioner, have you made arrangements with another attorney to handle your practice in the event of any extended absence on your part? ----- N/A Yes No
 If "Yes", provide name of back-up attorney and city/town and state of where located.
15. Does any member of your Firm act as a public defender, prosecuting attorney, public official, an in-house attorney of any corporation or governmental agency, or an independent contractor or Of Counsel to another firm? ----- Yes No
 If "Yes", provide details.
16. Does any member of your Firm provide professional services as an accountant, insurance agent or broker, investment adviser, real estate agent or broker or securities agent or broker? ----- Yes No
 If "Yes", indicate member's name, type of services provided, percentage of time spent, under what name services are provided, professional liability carrier, limits of liability and copy of letterhead used.
17. Do you have any single client(s) representing 25% or more of your gross revenue? ----- Yes No
 If "Yes", please indicate type of client, type of services your Firm renders and % of Firm's gross revenue that this client represents.
18. Provide your Firm's area of practice percentage breakdown based upon the gross revenue for each category or best estimate. Complete the appropriate section of our **Practice Specialties Supplement** for those bolded specialties marked with an **S** if any percentage is indicated.

Area of Practice	Percent	Area of Practice	Percent
Administrative		Labor Law-Management	
Admiralty-Defense		Labor Law-Union	
Admiralty-Other		Labor Litigation-Defense	
Antitrust/Trade Regulation		Labor Litigation-Plaintiff	S
Arbitration/Mediation		Litigation-General-Defense	
Aviation		Litigation-General-Plaintiff	S
Banking/Financial Institutions		Loans	
Bankruptcy		Mergers & Acquisitions	
BI/PI-Defense		Municipal/Governmental	
BI/PI-Plaintiff	S	Oil/Gas/Minerals	
Civil Rights/Discrimination		Patent	S
Collection/Repossession/Foreclosures		Public Utilities	
Communication/FCC		Real Estate-Commercial	S
Copyright/Trademark		Real Estate-Escrow Agent	S
Corporate-Formation/Alteration		Real Estate-Residential	S
Corporate-General		Real Estate-Syndication/Development	S
Criminal		Real Estate-Title Work	S
Domestic Relations/Family/Juvenile		School Law	
Eminent Domain		Securities/Bonds/Secured Trans	S
Employee Benefits/ERISA		Social Security/Elder Law	
Entertainment/Sports	S	Tax-Individual	
Environmental-General		Tax Opinions-Corporate	
Environmental-Litigation	S	Tax Preparation-Corporate	
Estate/Estate Planning/Probate/Trusts/ Wills		Water Rights Law	
Foreign (Non-U.S. Law)-International		Workers Compensation-Defense	
Healthcare/Managed Care		Workers Compensation-Plaintiff	S
Immigration/Naturalization		Other - Describe:	
Insurance		Other - Describe:	
Investment Counseling/Money Management		TOTAL (Must Equal 100%)	100%

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19. Has any member or former member of the Firm, at any time in the past five (5) years:
- a. Provided any legal services to a financial institution other than bankruptcy, collection, loan documentation/workout, real estate closings/foreclosures, title work/conveyances or trust work? --- Yes No
 - b. Served as a fiduciary, committee member, director, officer, partner or employee of any financial institution? ----- Yes No
 - c. Held an equity or financial interest in any financial institution? ----- Yes No
- If "Yes" to any of the above, complete the appropriate section of our **Practice Specialties Supplement**.*
20. Has any member or former member of the Firm, at any time in the past five (5) years, provided legal services:
- a. To issuers, underwriters or affiliates thereof, with respect to the issuance, offering or sale of securities? ----- Yes No
 - b. In any way related to the formation, syndication, promotion or management of any limited partnerships or private placements? ----- Yes No
- If "Yes" to any of the above, complete the appropriate section of our **Practice Specialties Supplement**.*
21. Has any member or former member of the Firm, at any time in the past five (5) years, issued any environmental opinion letters, done any patent, plaintiff litigation or real estate work or had any entertainment or sports clientele? ----- Yes No
- If "Yes", complete the appropriate section of our **Practice Specialties Supplement**.*
22. Does your Firm own a title agency that is operated under a name other than the name of the law firm? - Yes No
- If "Yes", complete our **Title Agency Supplement** if you'd like to apply for coverage for this entity.*

RISK MANAGEMENT

23. Concerning your docket and date control system(s):
- a. Does the Firm regularly make use of these system(s) with a least two independent date controls for each item? ----- Yes No
 - b. Indicate all types regularly utilized: Single Calendar Dual Calendar Firm Wide Calendar
 Other (Describe): _____ Computer Daytimer Tickler
 - c. Are two separate individuals entering dates into different systems for the same matter? ----- Yes No
 - d. Are the entries in different systems being cross-checked on a regular basis? ----- Yes No
 - e. If you are a Sole Practitioner with no employees, who is providing back-up for these systems in the event of your extended absence? _____ N/A
 - f. Who is calculating the follow-up dates to be entered into the systems? _____
 - g. If the answer to the above is not an attorney, does an attorney regularly review them to make sure the proper date has been selected? _____ N/A
 - h. Do you have a procedure in place to ensure that calendar entries are being reviewed and responded to for any attorney who is absent from the office for an extended period? ----- Yes No
24. Concerning your conflict of interest avoidance system(s) and procedures:
- a. Does the Firm regularly make use of a conflict of interest avoidance procedure when accepting new clients or a new matter from existing clients? ----- Yes No
 - b. Indicate method(s) used to achieve conflict checks:
 Oral/Memory Computer Index Files Conflict Committee
 Client Lists Other (Describe): _____
 - c. Does the Firm disclose to clients, in writing, all actual or potential conflicts of interest? ----- Yes No
 - d. Upon disclosure of actual or potential conflicts, do you or your Firm always obtain written consent to perform ongoing legal services or decline further representation in writing? ----- Yes No
 - e. Does this procedure capture attorney-client relationships established by predecessor, merged or acquired firms? ----- N/A Yes No
 - f. Is your system centralized and used on a firm-wide basis? ----- Yes No
25. Do you regularly make use of written fee or retainer agreements and/or engagement letters when accepting work? ----- Yes No
- If "No", please explain how you eliminate misunderstandings about the scope and cost of services being provided.*

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26. Do you regularly make use of written declination or non-engagement letters when declining work? ----- Yes No
If "No", please explain how you eliminate misunderstandings about representation.
27. Has any member or former member of the Firm or their spouse or relatives, at any time in the past five (5) years:
- a. Served as officer, director, partner or employee of a past or present client? ----- Yes No
 - b. Had an equity interest or financial interest in a past or present client? ----- Yes No
 - c. Engaged in a business venture with a past or present client? ----- Yes No
- If "Yes", please complete our **Outside Interest Supplement**.*
28. Has any member or former member of the Firm or their spouse or relatives, at any time in the past five (5) years:
- a. Acted in the capacity of a trustee or fiduciary for a client? ----- Yes No
 - b. Had discretionary investment authority over client funds? ----- Yes No
- If "Yes", please complete our **Trustee Supplement**.*
29. Within the past two (2) years, have you sued to collect fees or threatened to do so? ----- Yes No
If "Yes", please indicate number _____ and advise what steps you are taking to prevent countersuits for malpractice.
30. What percentage of your accounts receivable are over ninety (90) days past due? _____
*If **more than 30%**, describe what steps are being taken to reduce this percentage.*
31. For those Firms primarily practicing in those states that do not require mandatory continuing legal education (CT, IL, MD, MA, MI, NE, NJ, SD, DC), how many hours of continuing legal education have the attorneys associated with the Firm completed during the past year? _____

INSURANCE & CLAIM HISTORY

32. In the past five (5) years, has any professional liability claim been made or suit been brought against the Firm or any predecessor firm or any current or former member of the Firm or predecessor firm? --- Yes No
*If "Yes", indicate how many _____ and complete a separate **Claim Supplement** for each claim.*
33. Does any attorney for whom coverage is sought know of any incident, act, error or omission that could result in a claim or suit against the Firm or any predecessor firm or any of the current or former members of the Firm? ----- Yes No
*If "Yes", indicate how many _____ and complete a separate **Claim Supplement** for each incident.*
34. Has any attorney for whom coverage is sought been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, or held in contempt by any court, administrative agency or regulatory body or been the subject of a disciplinary complaint or grievance made to any of the aforementioned entities? ----- Yes No
If "Yes", provide details and any supporting documentation.
35. List the professional liability insurance coverage carried by the Firm during the past five (5) years, including any periods without coverage. If currently uninsured, please check here:

	Name of Insurer	Policy Period	Limits of Liability	Deductible	Premium	# of Attys
Current Year						
Prior Year 1						
Prior Year 2						
Prior Year 3						
Prior Year 4						

36. Does your current policy have a prior acts limitation or retroactive date applicable to the Firm or any individual attorney? ----- Yes No
If "Yes", please indicate date and to whom it applies if other than the Firm: _____
37. Does your current policy contain any exclusions or coverage limitations tailored specifically to your Firm? ----- Yes No
If "Yes", please describe and attach a copy of the endorsement: _____

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38. In the past five (5) years, has the Firm or any Firm member ever had professional liability insurance or similar insurance declined, cancelled or non-renewed? ----- Yes No
If "Yes", please explain.

39. Has the Firm or any attorney for whom coverage is sought ever purchased an extended reporting period endorsement that is still in effect? ----- Yes No
If "Yes", please provide details including a copy of the endorsement.

ADDITIONAL SUBMISSION INFORMATION NEEDED _____

40. Please attach the following to your application:
- a. Your Firm's letterhead including all different styles in use and the letterhead of any other attorney or firm on which your Firm's name or any member of your Firm appears.
 - b. Copy of print advertising (other than name/address listings in Yellow Pages) and/or description of any television or radio ads.
 - c. Supporting documentation of any disciplinary or grievance matter.
 - d. Any of our supplemental applications if the application prompts you to complete them.
 - e. Copy of any extended reporting period endorsement in effect.

COVERAGE REQUESTED _____

41. Limits of Liability (Per Claim/Aggregate, Per Thousand) requested:

\$100/\$300 \$250/\$500 \$500/\$500 \$500/\$1000 \$1,000/\$1000 \$1000/\$2000
 \$2000/\$2000 \$2000/\$4000 \$3000/\$3000 \$4000/\$4000 \$5000/\$5000

42. Deductible requested:

\$2,000 \$3,000 \$4,000 \$5,000 \$10,000 \$15,000 \$20,000 \$25,000
 Other: \$ _____

43. Effective Date Requested (if other than the expiration date of your current policy, if any): ____/____/____

NOTICE TO APPLICANT - PLEASE READ CAREFULLY _____

THE UNDERSIGNED PRINCIPAL, PARTNER OR OWNER UNDERSTANDS THAT THE POLICY APPLIED FOR IS A CLAIMS-MADE POLICY AND WILL PROVIDE COVERAGE ONLY FOR CLAIMS FIRST MADE AGAINST THE APPLICANT AND REPORTED TO US IN WRITING DURING THE POLICY PERIOD, ANY SUBSEQUENT RENEWAL OF THE POLICY OR ANY APPLICABLE EXTENDED REPORTING PERIOD. NO COVERAGE EXISTS FOR CLAIMS ARISING OUT OF WRONGFUL ACTS THAT OCCURRED PRIOR TO THE RETROACTIVE DATE, IF ANY, STATED IN THE DECLARATIONS PAGE AND/OR IN ANY ENDORSEMENT MADE PART OF THE POLICY.

THE COMPLETION OF THIS APPLICATION AND ANY SUPPLEMENTS DOES NOT BIND THE COMPANY TO ISSUE, OR THE APPLICANT TO PURCHASE, THE INSURANCE. IF A POLICY IS ISSUED, THIS APPLICATION AND ANY SUPPLEMENTS WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.

THE UNDERSIGNED ALSO ACKNOWLEDGES THAT HE/SHE IS AWARE THAT THE LIMITS OF LIABILITY CONTAINED IN THE POLICY SHALL INCLUDE, WILL BE REDUCED AND MAY BE EXHAUSTED BY AMOUNTS PAID FOR CLAIM EXPENSES. ALSO, THE COMPANY SHALL NOT BE LIABLE FOR DAMAGES OR CLAIM EXPENSES TO THE EXTENT THAT THEY EXCEED THE LIMITS OF THE POLICY. ALSO, CLAIM EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE AND ARE THE RESPONSIBILITY OF THE APPLICANT.

THE UNDERSIGNED PRINCIPAL, PARTNER OR OWNER ACTING ON BEHALF OF THE APPLICANT DECLARES, AFTER DILIGENT INQUIRY, THAT THE STATEMENTS AND PARTICULARS MADE IN THIS APPLICATION INCLUDING ALL SUPPLEMENTS, ARE TRUE, ACCURATE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

Signature: _____ Print Name: _____
(Must be signed by a Principal, Partner or Owner of the Applicant Firm.)

Title: _____ Date: _____

Return this application to your insurance agent. Agents should forward this submission to Guilford Specialty Group, Inc., 100 Pearl Street, Hartford, CT, 06103, Telephone (800) 328-8719, Facsimile: (860) 723-4151.