



**CALIFORNIA APPLICATION FOR A CLAIMS-MADE AND REPORTED  
LAWYERS PROFESSIONAL LIABILITY POLICY**

**PLEASE TYPE OR PRINT IN INK AND RETURN WITH A SAMPLE OF YOUR LETTERHEAD**

|   |  |                                   |
|---|--|-----------------------------------|
| _____<br>Legal Name of Firm   | _____<br>Business Phone with Area Code | _____<br>E-mail Address           |
| _____<br>Principal Business Address   | _____<br>Business Fax with Area Code   | _____<br>Effective Date Requested |
| _____<br>City                  County                  State                  Zip |  |                                   |

1. Please list all attorneys practicing on behalf of your firm. Add an attachment if necessary.

| Attorney Name | Social Security Number | Designation Code<br>(See choices below) | Part Time or Full Time<br>(See Below) | Years Since Admitted to Bar | Current Legal Malpractice Insurance Carrier | Current Retroactive Date |
|---------------|------------------------|---|---------------------------------------|-----------------------------|---|--------------------------|
|               |                        |   |                                       |                             |   |                          |
|               |                        |   |                                       |                             |   |                          |
|               |                        |   |                                       |                             |   |                          |
|               |                        |   |                                       |                             |   |                          |
|               |                        |   |                                       |                             |   |                          |

**Designation Code:** **E** = Member/Employee of the Firm, **OC** = Of Counsel/Independent Contractor and **F** = Full Time, **PT** = Part Time attorney working 20 hours or fewer per week.

\*If an attorney is requesting part time rates please provide the date that this attorney last practiced law full time.

\_\_\_\_/\_\_\_\_/\_\_\_\_ Also, please be advised that this designation should include all hours worked as an attorney, including but not limited to billable hours, non-billable hours and time spent operating a part time law practice.

2. Do any members of your firm own, in whole or in part, any business entity other than the applicant law practice?  
 Yes  No If YES, provide the names of each firm member and the business entity or entities that he/she owns in whole or in part.
  
3. Have any members of your firm been the subject of an investigation, reprimanded, censured, privately or publicly reprovved, privately or publicly disciplined, suspended or disbarred within the past five (5) years? If YES, provide full details on your letterhead.  
 Yes  No
  
4. Have any professional liability claim(s) or suit(s) been made against the applicant firm or any attorney(s) in the applicant firm or former attorney(s) in the applicant firm within the past five years? If YES, complete the **Claim Supplemental Application**.  Yes  No
  
5. After inquiry, are you or any attorney in your firm aware of any circumstances, incidents, acts or omissions that have led to a professional liability claim that has not yet settled or which could reasonably be expected to lead to a professional liability claim being made against your firm?  Yes  No If YES, complete the **Claim Supplemental Application**
  
6. Please list the limit of liability and deductible currently carried and circle the appropriate type of limit and deductible. Select the limit and deductible requested.

| CURRENT   | DESIRED   |
|---|---|
| Limit:<br>\$ _____<br><b>Defense Costs Part of the Limit * Defense Costs Outside the Limit * Don't Know</b> | Limit:<br>\$ _____<br>Defense Costs Part of the Limit * Defense Costs Outside the Limit * Don't Know  |
| Deductible:<br>\$ _____<br>Per Claim                      Aggregate                      Loss<br>Only       | Deductible:<br>\$ _____<br>Per Claim                      Aggregate                      Loss<br>Only |
| Premium:<br>\$ _____  |   |

7. Please provide the percentage of gross billable dollars allocated to each Area of Practice. Please round to the nearest whole number. Total must equal 100%.

|  |  |   |  |
|--|--|---|--|
| ADMIRALTY/MARITIME                             |  | GOVERNMENT-FEDERAL AND STATE                  |  |
| ANTITRUST                                      |  | GOVERNMENT-LOCAL (NOT BOND WORK)              |  |
| ARBITRATION/MEDIATION                          |  | IMMIGRATION/NATURALIZATION                    |  |
| BUSINESS TRANSACTIONS-CORPORATE AND COMMERCIAL |  | INTERNATIONAL LAW                             |  |
| <b>BUSINESS TRANSACTIONS-ENTERTAINMENT</b>     |  | LABOR LAW                                     |  |
| CIVIL RIGHTS/DISCRIMINATION                    |  | PI/PD-PLAINTIFF                               |  |
| COLLECTION/BANKRUPTCY                          |  | INSURANCE DEFENSE                             |  |
| CONSTRUCTION LAW (BUILDING CONTRACTS)          |  | WORKERS COMPENSATION-DEFENSE                  |  |
| CONSUMER CLAIMS                                |  | WORKERS COMPENSATION-PLAINTIFF                |  |
| BUSINESS ORGANIZATION:                         |  | NATURAL RESOURCES/OIL & GAS                   |  |
| Formation/Alteration and Mergers/Acquisitions  |  | <b>COPYRIGHT/TRADEMARK</b>                    |  |
| Secured Transactions                           |  | <b>PATENT</b>                                 |  |
| Administrative Law/Record Keeping              |  | REAL ESTATE                                   |  |
| CRIMINAL                                       |  | <b>SECURITIES LAW:</b>                        |  |
| ENVIRONMENTAL LAW                              |  | State or Federal (both exempt and registered) |  |
| ESTATE/TRUST/PROBATE                           |  | Municipal Bonds                               |  |
| FAMILY LAW                                     |  | TAXATION/TAX OPINIONS                         |  |

**BOLD INDICATES THAT A SEPARATE SUPPLEMENTAL APPLICATION IS REQUIRED.**

8. Does any member of your firm handle or has any member of your firm handled a mass tort/class action/multiple plaintiff case within the past five (5) years?  Yes  NO

If YES, please provide a narrative describing the mass tort/class action/multiple plaintiff case[s] on your letterhead. Description should include the capacity in which any attorney in the firm was involved in the case, the size of the class, and the amount of money involved.

The applicant represents that the above statements are true and correct to the best of his or her knowledge and that no material or relevant facts have been suppressed or misstated and agree that the policy, if issued, will be issued on the reliance of such representations.

Applicant acknowledges a continuing obligation to report to us as soon as practicable any material changes in the facts or statements above, and in each supplementary application, which applicant becomes aware after signing the application.

**NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.**

Signature of Owner/Partner \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

PLEASE NOTE THAT THE FOLLOWING SECTION ONLY APPLIES TO FIRMS WITH ONE OR TWO ATTORNEYS

There are many factors used by the company to evaluate an application for Lawyers Professional Liability Insurance. Such factors may include a law firm's areas of practice, loss history, risk management and an insurance score.

An insurance score is developed from a mathematical model that weighs and measures credit information obtained from a number of sources, including a consumer credit report. Credit information may include payment history, the number of collections, bankruptcies, outstanding debt, length of credit history, types of credit in use and the number of new applications for credit. These factors have been shown to correlate with insurance loss history.

You may be eligible for a premium discount based upon your insurance score. An insurance score will not result in a premium increase. The insurance score is also never the basis on which this company will accept or reject an application for an insurance policy.

If this is acceptable all members of the applicant firm must provide authorization. If you do not wish to have your insurance score computed, only check the box below.

(1) Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

(2) Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

Do not compute my insurance score