



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

Form with fields for Present Policy Number, Expiration Date, Legal Name of Firm, and Limit/Deductible for Current and Desired policies.

- 1. Has the firm's name, principal address, telephone number, facsimile number or e-mail address changed?
2. Have any attorneys joined the firm since the previous application was completed?
3. Have any attorneys left the firm since the previous application was completed?
4. During the past year, have any members of your firm become owners...
5. After inquiry, are you or any attorney in your firm aware of any circumstances...
6. During the past year, has any attorney in the firm been the subject of an investigation...
7. For the last fiscal year, provide the percentage of gross billable dollars allocated to each Area of Practice.

Table with 6 columns: AREA OF PRACTICE (Round to the nearest whole percent), Prev %, New %, AREA OF PRACTICE (Round to the nearest whole percent), Prev %, New %. Rows include Admiralty/Maritime, Antitrust, Arbitration/Mediation, Business Transactions - Commercial Law, Business Transactions - Entertainment, Civil Rights/Discrimination, Collection/Bankruptcy, Construction Law (Building Contracts), Consumer Claims, Business Organization, and Formation/Alteration & Mergers/Acquisitions.

Secured Transactions			Patent		
Administrative Law/Record Keeping			Real Estate		
Criminal			Securities Law:		
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. Has any member of your firm handled a mass tort/class action/multiple plaintiff case within the past year? Yes No

If YES, 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 representation.

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.

Completion of this form does not bind coverage. Applicant's acceptance of company's quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance should a policy be issued and it will be attached to the policy.

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