



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

Present Policy Number	Expiration Date (Month/Day/Year)
Legal Name of Firm	
CURRENT	DESIRED
Limit: _____ Deductible: _____	Limit: _____ Deductible: _____

- Has the firm's name, principal address, telephone number, facsimile number or e-mail address changed?
 NO YES - If YES, provide an explanation as well as a copy of the new letterhead.
- Have any attorneys joined the firm since the previous application was completed?
 NO YES - If YES, an Add Attorney Form must be completed for each new attorney.
- Have any attorneys left the firm since the previous application was completed?
 NO YES - If YES, provide the following information. Add an attachment if necessary.

 Name of attorney: _____ Date left firm: _____
- During the past year have any members of your firm obtained an ownership interest, in whole or in part, in any business entity other than the applicant law practice? NO YES - If YES, provide the names of each firm member and the business entity or entities that he/she owns in whole or in part and indicate if any professional services are performed for the entity or entities.

- During the past year, has any attorney in the firm been the subject of investigation and/or disciplinary action, including but not limited to reprimand, censure, suspension or disbarment? NO YES - If YES, please provide full details in an attachment on your letterhead.
- Have any Professional Liability claim(s) and/or suit(s) been made against the applicant firm or attorney(s) in the applicant firm or former attorney(s) of the applicant firm within the past year? NO YES - If YES, please complete the Claim Supplemental Application
- After inquiry, are you or any attorney in your firm aware of any fee disputes, circumstances, incidents, acts or omissions that have led to any professional liability claim that has not yet settled or which could lead to a professional liability claim being made against your firm?
 NO YES - If YES, complete the Claim Supplemental Application
- Please provide gross annual revenue for the firm:

Prior Fiscal Year	Last Fiscal Year	Estimate for Current Fiscal Year	Projected Next Fiscal Year
FYE	FYE	FYE	FYE
\$	\$	\$	\$

- For the last fiscal year, provide the percentage of gross billable dollars allocated to each Area of Practice. If no change from your previous application, check the box and do not complete the percentages.
 NO CHANGE - Failure to provide updated details will represent "No Change".

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

BOLD INDICATES THAT A SEPARATE SUPPLEMENTAL APPLICATION IS REQUIRED.

If handling Collections:* **FDCPA compliant? NO YES. Staff # ____ Attorney # ____

10. In the past year, has any member of your firm handled a mass tort/class action/multiple plaintiff case?
 NO YES

If YES, provide a narrative describing the mass tort/class action/multiple plaintiff case[s]. Description should include the capacity in which any attorney in the firm was involved in the case, the size of the class, the amount of money involved and whether or not it involves bodily injury.

11. In the past year, has any member of your firm done work for a client involved in the cannabis industry?
 NO YES

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