

Lawyers Professional Liability Insurance New Business Application

CLAIMS MADE WARNING FOR APPLICATION: This Application is for a Claims Made and Reported Policy, relating to claims made against the Insureds during the Policy Period or any Extended Reporting Period that may apply.

➤ Include a Copy of the Applicant Firm's Letterhead

Whenever printed in this Application, the terms in boldface type shall have the same meanings as indicated in the Policy. This Application is to be completed with respect to the entire Applicant Firm.

Name of Applicant Firm	Website Address (if applicable)	
Street Address	Suite	County
City	State	Zip Code

Applicant Firm Contact Information

Contact Name	Title
E-mail Address	Telephone Number
	Fax Number

Requested Coverage

Select the limit of liability the Applicant Firm desires. Some limits / deductible / optional coverages may not be available in all states and all are subject to underwriting qualification.

<input type="checkbox"/> \$100,000 / \$300,000	<input type="checkbox"/> \$500,000 / \$1,000,000	<input type="checkbox"/> \$2,000,000 / \$2,000,000	<input type="checkbox"/> \$4,000,000 / \$4,000,000
<input type="checkbox"/> \$250,000 / \$500,000	<input type="checkbox"/> \$1,000,000 / \$1,000,000	<input type="checkbox"/> \$2,000,000 / \$4,000,000	<input type="checkbox"/> \$5,000,000 / \$5,000,000
<input type="checkbox"/> \$500,000 / \$500,000	<input type="checkbox"/> \$1,000,000 / \$2,000,000	<input type="checkbox"/> \$3,000,000 / \$3,000,000	<input type="checkbox"/> Other _____ / _____

Select the deductible the Applicant Firm desires:
 \$2,500
 \$5,000
 \$10,000
 \$25,000
 Other \$ _____

General Information

- For how many years has the Applicant Firm been continuously covered for malpractice claims? _____
- List the professional liability insurance purchased by the Applicant Firm for each of the last 5 years and indicate the Applicant Firm's current retroactive date (Mo/Day/Yr): _____ None
 None

<u>Insurance Carrier</u>	<u>Policy Period</u>	<u># of Attorneys</u>	<u>Limit of Liability</u>	<u>Deductible</u>	<u>Premium</u>
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

- Within the last 5 years, has the Applicant Firm, or any predecessor in business, ever had an insurer decline, cancel, refuse to renew, or rescind any professional liability insurance policy? (NOT APPLICABLE IN MISSOURI) Yes No
- Within the last 5 years, has the Applicant Firm, or any predecessor in business, ever purchased an Extended Reporting Period (or Discovery Period) under any prior professional liability insurance policy? Yes No
If "Yes", provide details in the Additional Information section of this application.

5. Form of Applicant Firm: Limited Liability Corporation Limited Liability Partnership Partnership
 Professional Association Professional Corporation Solo Practitioner / Individual

6. The Applicant Firm has been in continuous operation since: _____

7. Does the Applicant Firm have offices (other than conference room only facilities) at locations other than the primary location? Yes No

8. Does the Applicant Firm practice in states other than the primary location? *If "Yes", complete the table below.* Yes No

State:						
% Billable Dollars:	%	%	%	%	%	%
# Attorneys:						

9. Is the ratio of support staff to attorneys greater than 3 to 1? Yes No

10. Does the Applicant Firm or any attorney of the Firm have clients in the Entertainment industry? *If "Yes", complete the Entertainment Section of the Supplemental Application.* Yes No

11. At any time in the past five years, has the Applicant Firm or any attorney of the Applicant Firm (regardless of what firm they were with at the time) provided legal services in any way related to a security or securities transaction? *If "Yes", complete the Securities / S.E.C. Section of the Supplemental Application.* Yes No

12. Does the Applicant Firm have any one client in which the Firm's attorneys have an equity interest greater than 10% combined? *If "Yes", provide details in the Additional Information section of this application.* Yes No

13. Does the Applicant Firm have any one client which represents more than 25% of the Applicant Firm's billings? *If "Yes", provide details in the Additional Information section of this application.* Yes No

14. Does anyone in the Applicant Firm serve as a director, officer, employee or in any management capacity for a client? *If "Yes", provide details in the Additional Information section of this application.* Yes No

15. Does the Applicant Firm have procedures for identifying and resolving potential or actual conflicts of interest including cross-checking for former, existing or potential clients? Yes No

16. Does anyone in the Applicant Firm provide dual representation (both sides of the dispute)? Yes No

17. Does the Applicant Firm have at least two independently maintained date controls? Yes No

18. Does the Applicant Firm regularly confirm representations in writing via use of formal engagement letters? Yes No

19. Does the Applicant Firm regularly acknowledge in writing the declination or termination of representations? Yes No

20. *For Applicant Firms with more than five attorneys:* Does the Applicant Firm require that at least two attorneys in the Applicant Firm be informed of the initiation of a representation? Yes No

For Solo Practitioners: Is there a procedure in place regarding provisions of services if the sole practitioner is incapacitated or otherwise unavailable? *If "Yes", provide details in the Additional Information section of this application.* Yes No

21. During the last two years, has the Applicant Firm initiated any law suits or arbitration procedures to enforce the collection of unpaid fees for the Applicant Firm? *If "Yes", provide details in the Additional Information section of this application.* Yes No

22. During the last 12 months, has the Applicant Firm represented any publicly traded clients in any practice area? *If "Yes", indicate the Firm's percent of gross billings attributable to the representation: \$_____* Yes No
If "Yes", provide details in the Additional Information section of this application.

23. In the past five years, has the Applicant Firm been involved in any mass tort / class action cases? *If "Yes", provide details in the Additional Information section of this application.* Yes No

24. Provide the Applicant Firm's gross revenues:

	Year End Date	Gross Revenues
Current Year		\$
Prior Fiscal Year		\$
Two-years Prior		\$

25. What percentage of accounts receivable are outstanding more than 90 days? _____ %

Litigation and Claim Information

- 26. Has any lawyer in the Applicant Firm ever been refused admission to practice, disbarred, or suspended from practice, reprimanded, sanctioned, or disciplined by any court or administrative agency?
If "Yes", provide details in the Additional Information section of this application. Yes No
- 27. During the last 5 years, has any professional liability claim or suit been made against the Applicant Firm, or any predecessor in business, or any past or present lawyers in the Applicant Firm?
If "Yes", complete the Claim / Incident Section of the Supplemental Application. Yes No
- 28. Is the Applicant Firm or any lawyer in the Applicant Firm aware of any fact, circumstance or situation that might reasonably be expected to result in any professional liability claim or suit against the Applicant Firm, or any predecessor in business, or any past or present lawyers in the Applicant Firm?
If "Yes", complete the Claim / Incident Section of the Supplemental Application. Yes No

IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR DAMAGES OR CLAIMS EXPENSE IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY PROFESSIONAL LIABILITY CLAIM OR SUIT, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN RESPONSE TO QUESTION 27. OR 28.

Additional Information

➤ If space provided is insufficient, include additional details on a separate attachment.

- #4: *When and why was Extended Reporting Period purchased?* _____
- #12: *Provide the names of the attorneys, names of clients and percentage of ownership:* _____
- #13: *Provide the names of the clients, percentage of billings and description of the clients' business:* _____
- #14: *Provide the names of the attorneys, positions held and names of clients:* _____
- #20: *Describe the procedures regarding provisions of services if the sole practitioner is incapacitated or otherwise unavailable:* _____
- #21: *Describe the law suits initiated and/or arbitration procedures to enforce collection of unpaid fees, status of the suit for fees and dollar value of unpaid fees :* _____
- #22: *Provide the names of clients, date of first affiliation, services rendered and whether this is a current client of the Applicant Firm:* _____
- #23: *Describe the mass tort / class action cases:* _____
- #26: *Provide the names of the attorneys and reason for: refused admission to practice, disbarment, or suspension from practice, reprimand, sanction, or discipline:* _____

Total Number of Attorneys

List all of the Applicant Firm's attorneys. Differences between the date an attorney began practicing law for other than a corporate or government entity and the date the attorney was admitted to the Bar must be explained on a separate sheet of paper following the same format. List additional attorneys on a separate sheet in the same format.

	Attorney Name		Designation*	Average # Hours weekly	States Licensed to Practice Law			Number of Years			Prior Acts Date	Risk Management Seminar
	First	Last						In Practice	With Firm	With Continuous Coverage		
1												<input type="checkbox"/> Y <input type="checkbox"/> N
2												<input type="checkbox"/> Y <input type="checkbox"/> N
3												<input type="checkbox"/> Y <input type="checkbox"/> N
4												<input type="checkbox"/> Y <input type="checkbox"/> N
5												<input type="checkbox"/> Y <input type="checkbox"/> N
6												<input type="checkbox"/> Y <input type="checkbox"/> N
7												<input type="checkbox"/> Y <input type="checkbox"/> N
8												<input type="checkbox"/> Y <input type="checkbox"/> N
9												<input type="checkbox"/> Y <input type="checkbox"/> N
10												<input type="checkbox"/> Y <input type="checkbox"/> N

*Use the following Designations to complete the table above.

"A" Associate "IC" Independent Contractor "OC" Of-Counsel "O" Officer "M" Member "P" Partner

Area of Practice

Express percentage of time (billable hours) devoted to each area of practice for the previous year. Indicate percentages in whole numbers next to the type of law practices, not the type of client. Be as accurate as possible, casual estimates may cause inappropriate evaluation of the practice. All litigation should be coded as "civil" litigation with the exception of "criminal," "personal Injury-plaintiff" and "intellectual property."

_____ % Admiralty / Marine – Defense	_____ % Intellectual Property* (Copyright / Trademark / Patent)
_____ % Admiralty / Marine – Plaintiff	_____ % Labor management Representation
_____ % Anti-Trust / Trade Regulation	_____ % Labor Union Representation
_____ % Banking / Financial Institutions	_____ % Local Government
_____ % Business Transactions / Commercial Law	_____ % Natural Resources / Oil & Gas
_____ % Civil / Commercial Litigation - Defense	_____ % Personal Injury / Property Damage Defense
_____ % Civil / Commercial Litigation – Plaintiff	_____ % Personal Injury / Property Damage Plaintiff
_____ % Civil Rights / Discrimination	_____ % Real Estate Title* - Commercial
_____ % Collection / Bankruptcy	_____ % Real Estate Title* - Residential
_____ % Construction (Building Contracts)	_____ % Securities* (S. E. C.)
_____ % Consumer Claims	_____ % Taxation
_____ % Corporate Business Organization	_____ % Wills, Estates, Trust & Probate
_____ % Criminal	_____ % Workers Compensation - Defense
_____ % Environmental	_____ % Workers Compensation - Plaintiff
_____ % Family Law	_____ % Other _____
_____ % Government Contracts / Claims	
_____ % Immigration / Naturalization	100% Total – must equal 100%
_____ % International Law	

* If any percentage, complete the Intellectual Property Section or the Securities Section of the Supplemental Application, or the Real Estate Supplemental Application.

Please Read Carefully

The undersigned, acting on behalf of all proposed **Insureds**, declare that the statements set forth herein are true and correct and that thorough efforts have been made to obtain sufficient information from each **Insured** proposed for this insurance to facilitate the proper and accurate completion of this Application.

The undersigned agree that the particulars and statements contained in the Application and any material submitted herewith are their representations and are the basis of the insurance contract. The undersigned further agree that the Application and any material submitted herewith shall be considered attached to and a part of the Policy. Any material submitted with the Application shall be maintained on file (either electronically or paper) with the **Insurer** and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

- if any significant change in the condition of the applicant is discovered between the date of this Application and the Policy inception date, which would render this Application inaccurate or incomplete, notice of such change will be reported in writing to the **Insurer** immediately;
- any Policy, if issued, will be in reliance upon the truth of such representations and any misrepresentation by the **Insured** or the **Insured's** agent that is material to the acceptance of the risk will render the Policy null and void and relieve the **Insurer** from all liability herein;
- this Application has been completed as respects the entire Applicant Firm;
- the signing of this Application does not bind the undersigned to purchase the insurance.

I understand that the information submitted herein becomes a part of the Applicant Firm's Lawyers Professional Liability Insurance Application and is subject to the same representations and conditions.

Dated	Signature of Owner, Partner, Officer or Principal
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Title	Owner, Partner, Officer or Principal (Print Name)
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This Berkley Insurance Company Application, including any material submitted herewith, shall be held in strictest confidence.

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.

Please submit this Application including appropriate documentation to:
Mercer Health & Benefits Administration LLC, PO Box 14438, Des Moines, IA 50306
Phone: 800-435-7904; Fax: 515-365-0681; E-mail: LH.Admin@mercerc.com

Producer Information

Submitted by (Agency Name)	Dated
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Agent's Name (Individual's Name)	Agent's License Number
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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 NEW MEXICO, 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 APPLICANTS OF KENTUCKY: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO APPLICANTS OF OKLAHOMA: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE, MASSACHUSETTS, TENNESSEE, VIRGINIA, AND 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.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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.

NOTICE TO APPLICANTS OF FLORIDA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE 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 ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, AND RHODE ISLAND 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 FINES AND CONFINEMENT IN PRISON.

NOTICE TO NEW YORK 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 EACH SUCH VIOLATION.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.