

Swiss Re Corporate Solutions America Insurance Corporation

LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION FOR FIRMS WITH 1-5 ATTORNEYS CLAIMS-MADE AND REPORTED BASIS

Coverage underwritten by **Swiss Re Corporate Solutions America Insurance Corporation**, a member of the Swiss Re Group.

If space is insufficient to answer all questions fully, use separate sheets of paper. Please complete all Supplements as noted by an asterisk.

Firm Name: _____ Contact: _____
 Address: _____
 City: _____ County: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email: _____
 Firm's Website Address: _____

Current Coverage:

Expiration Date: _____
 Current Carrier: _____
 Current Limits: _____
 Deductible: \$ _____ Current Premium: \$ _____
 Date Firm Established: _____ Prior Acts Date: _____

Provide a copy of your firm's declarations page and all optional endorsements on your current policy.

Personnel – List all Lawyers. (Include yourself if you are a sole proprietor).

Lawyer's Name	Position ¹	Date of Hire	Date First Admitted	States Admitted	CLE Hours Completed Past 12 Months	Loss Control Seminar Date Completed	Retroactive (Prior Acts) Coverage ²

¹ S = sole proprietor; P = Partner; O = Officer / Director / Shareholder; E = Employed Lawyer; OC = Of Counsel; IC = Independent Contractor

² A = on behalf of applicant firm; B = On behalf of applicant firm and prior firm(s); C = after individual retro date (please fill in retro date).

For each OC and IC, indicate average hours worked per week for the applicant firm and if the attorney has separate malpractice coverage.

Provide the percentage of gross revenue. **(Must total 100%)** An asterisk (*) indicates a supplemental form is required if a percentage is indicated.

(* = Supplemental AOP questions for Lawyers; ** = Intellectual Property Supplement; *** = Securities Supplement)

Administrative Law	%	Family Law	%	Natural Resources / Title and Title Opinions	%
Admiralty	%	Financial Institution*	%	Natural Resources / All Other Services	%
Antitrust / Trade	%	Financial Planning	%	Pension and Employee Benefits	%
Civil Rights / Discrimination	%	Government Contracts / Relations	%	Personal Injury and Negligence – Defense	%
Collection / Bankruptcy*	%	Healthcare	%	Personal Injury and Negligence – Plaintiff*	%
Commercial and Business Litigation – Defense	%	Immigration and Naturalization	%	Plaintiff – Class Action*	%
Commercial and Business Litigation – Plaintiff *	%	Insurance, Excluding Coverage Opinions	%	Plaintiff – Mass Tort*	%
Construction Law	%	Insurance, Coverage Opinions	%	Real Estate / Title Agent – Residential*	%
Consumer Law	%	Intellectual Property – Patent / Trademark**	%	Real Estate / Title Agent – Commercial*	%
Corporate and Business Transactions*	%	Intellectual Property – Copyright**	%	Securities Law (including bonds, private placements, exempt transactions, and limited partnerships)***	%
Criminal	%	International Law	%	Taxation – Opinions	%
Employment Law – Defense	%	Labor Management Representation	%	Taxation – Other	%
Employment Law – Plaintiff*	%	Labor Management Labor Representation*	%	Workers Compensation – Defense	%
Entertainment / Sports*	%	Lobbying	%	Workers Compensation – Plaintiff*	%
Environmental Law	%	Mediation / Arbitration	%	Other: _____	%
Estate / Probate / Trust*	%	Mergers and Acquisitions*	%	Total must equal 100%	%

Firm Information

- Do you have a staff person whose full time duties are those of a legal administrator dedicated to the management of the firm? (This person does not act as a legal secretary, paralegal or other staff position.) ☐ Yes ☐ No
- Does any firm attorney or spouse / domestic partner of any attorney serve in any managerial capacity or hold any equity interest in a for-profit entity? ☐ Yes ☐ No
If 'yes', please complete the **Outside Interest Supplement**.
- Do you have a wholly-owned title agency or mediation / arbitration firm that you would like us to consider for coverage? ☐ Yes ☐ No
If 'yes', please complete the **Outside Interest Supplement**.
- Do you share office space, letterhead or website with any other firm? ☐ Yes ☐ No
If 'yes', is that firm uninsured or is their professional liability insurance status unknown to you? ☐ Yes ☐ No
- Does the firm have any clients that generate 25% or more of the firm's gross revenue? ☐ Yes ☐ No
If 'yes', identify client, nature of client's business, professional services rendered and the percentage of billings on a separate sheet of paper.
- Please indicate gross income for your immediate past fiscal year: _____
- Does the applicant firm render any professional services to entertainers, sports figures or other public figures? ☐ Yes ☐ No
If 'yes', please complete the **Entertainment/Sports AOP supplement**.
- Has the firm been involved in any mass tort/class action or multi-district litigation cases within the past five years, whether as the plaintiff or defense counsel? ☐ Yes ☐ No
If 'yes', please provide details on a separate sheet of paper, including case description, applicant's duties, class size, case value and current status.
- Does the Applicant make recommendations on the sale or purchase of any specific stocks, bonds or other securities-related investments other than when acting as a trustee within the bounds of the trust agreement? ☐ Yes ☐ No

10. Has the firm or any member of the firm had professional liability insurance non-renewed, declined or canceled other than the carrier's exiting this line of business or changing broker partners? ☐ Yes ☐ No
If 'yes', please furnish details on firm letterhead. **Note: MO applicants are not required to respond.**
11. Has any attorney ever had disciplinary actions against them or is there a pending complaint against any attorney? ☐ Yes ☐ No
If 'yes', please furnish details on firm letterhead.
12. During the past 5 years, has any claim been made against the firm or any attorney and/or are you aware of any potential claims? ☐ Yes ☐ No
If 'yes', complete a **Claim Supplement** for each matter.
13. Does the firm have more than four non-lawyer personnel (including but not limited to law clerks, paralegals and administrative assistants) for every lawyer practicing with the applicant firm? ☐ Yes ☐ No
If 'yes', please provide details on a separate page.
14. How many suits to collect unpaid fees were initiated by the firm against clients in the past 12 months?
15. Does your law firm use a docket/calendar platform or system? ☐ Yes ☐ No
☐ Check here if one of these systems is a computerized program designed as a law firm docket / calendar.
Is there a process to verify all docket or calendar dates, research substantive notice laws and court filing rules? ☐ Yes ☐ No
Is your software specifically designed for law firms to manage your docket and conflict of interest systems? ☐ Yes ☐ No
16. Engagement/Retainer letters for all new clients? ☐ Yes ☐ No
Engagement letters for new matters for existing clients? ☐ Yes ☐ No
Non-engagement letters? ☐ Yes ☐ No
Disengagement letters? ☐ Yes ☐ No
17. Conflict of interest: ☐ Computer ☐ Index File ☐ Conflict Committee ☐ Memory Only
18. If any lawyer of the firm becomes aware of a conflict of interest, do they disclose it in writing to all parties involved? ☐ Yes ☐ No
☐ Firm does not take engagements where a conflict exists.
19. Limits requested: _____ Deductible requested: _____

If you have completed an application for another carrier, please attach a copy of that application.

Supplemental forms and additional information may be needed to bind coverage.

Please provide a copy of your letterhead.

Notice to Applicant – Please Read Carefully

I hereby authorize the release of claim information from any prior insurer to **Swiss Re Corporate Solutions America Insurance Corporation**.

The undersigned understands and accepts that any policy issued will provide coverage on a claims-made and reported basis for only those claims that are made against the insured and reported while the policy is in force and that coverage ceases with the termination of the policy. All claims will be excluded that result from any acts, circumstances or situations known prior to the inception of coverage being applied for, that could reasonably be expected to result in a claim.

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known, and agrees that this application shall become the basis of any coverage that may be issued by the Company.

Applicant understands and agrees that the completion of the application does not bind **Swiss Re Corporate Solutions America Insurance Corporation** to issuance of an insurance policy.

For your protection, the following Fraud Warnings are required to appear on this application.

The following Fraud Warning applies to **Alabama**: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof."

The following Fraud Warning applies to **Arkansas/Louisiana**: 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.

The following Fraud Warning applies to **Colorado**: 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 policyholder 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.

The following Fraud Warning applies to **District of Columbia**: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and /or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

The following Fraud Warning applies to **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.

The following Fraud Warning applies in **Maine/Tennessee/Virginia/Washington**: 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.

The following Fraud Warning applies in **Maryland**: 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.

The following Fraud Warning applies in **New Jersey**: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

The following Fraud Warning applies in **New Mexico**: 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 civil fines and criminal penalties.

The following Fraud Warning applies in **Pennsylvania**: 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.

The following Fraud Warning applies in **All Other States**: Any person who knowingly 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 also punishable by criminal and/or civil penalties in certain jurisdictions.

THIS APPLICATION MUST BE SIGNED BY A PARTNER, OFFICER and/or OWNER.

Signed: _____
Owner, Officer or Partner Title Date

The Applicant understands and agrees that she or he is obligated to report any changes in the information provided in the supplement that occur after the date of the application and before policy inception.

If you are signing and submitting this document electronically: By checking the Electronic Signature Acceptance box below, you acknowledge that it is your intent that the name typed in the Signature of Owner, Officer or Partner line will serve as your signature for the purpose of this application and that you agree to complete and submit this application electronically. Once submitted, your signed application will be just as enforceable as a written document signed by hand.

☐ Electronic Signature and Acceptance of the Owner, Officer or Partner.

Signed: _____
Owner, Officer or Partner Title Date

Producer/Agency License #: _____ **Licensing State:** _____

Please contact Association Member Benefits Advisors, LLC
at (866)486-1946 if you have any questions. Fax the completed form to (515)365-0681 or email the form to plsales.service@mercer.com