LAWYER'S APPLICATION

Prior coverage information

To help us find you the right coverage, please tell us if the coverages you elected are new or renewing. If renewing coverage, we'll also need to know the carrier, premium and expiration date.

In a few words, please tell us what prompted you to get coverage.

General Information

Company Name

Website

Address line 1

Address line 2

City

State

Zip Code

Contact Information

Contact Name

Phone

Contact Email

Company Profile

Industry

Year Started

Entity Type

Total Payroll

Total Number of Employees

2020 domestic revenue

2020 foreign revenue

2021 domestic revenue (est.)

2021 foreign revenue (est.)

How does the company generate revenue?

Locations

#	Address Line 1	Address Line 2	City	State	ZIP
1					
2					
3					
4					

Professional Staff

Please indicate the total number of attorneys in your firm:

This Year

Last Year

#	Name	Year adm. to bar	Joined firm	Hours per week
1				
2				
3				
4				
5				

#	Name	Year adm. to bar	Joined firm	Hours per week
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Areas of practice

- % Acquisitions/Mergers
- % Administrative Law
- % Admiralty/Maritime
- % Arbitration/Mediation
- % Bankruptcy
- % BI/PD Defense
- % BI/PD Plaintiff
- % Bonds
- % Business/Corporation
- % Collection/Repossession
- % Construction/Building Contracts
- % Consumer Claims
- % Corporate Formation
- % Criminal
- % Discrimination/ Harassment Defense
- % Discrimination/ Harassment Plaintiff

% Domestic/Family

% Entertainment

% Environmental

% ERISA/EE Benefits

% Estate/Trust/Probate <$1M

% Estate/Trust/Probate $1M-$5M

% Estate/Trust/Probate >$5M

% Financial Institution

% Government

% Immigration

% Insurance Defense

% Intellectual - Copyright

% Intellectual - Trademark

% Intellectual - Patent

% International Law

% Investment Counsel/ Money Management

% Juvenile/Guardian

% Labor Relation

% Landlord/Tenant

% Litigation Defense

% Litigation Plaintiff

% Medical Malpractice

% Municipal Law

% Oil/Gas

% Products Liability

% Public Utilities

% Real Estate - Residential

% Real Estate - Commercial <$5M

% Real Estate - Commercial >$5M

% Real Estate - Development & Land Use

% Securities

% Social Security

% Tax Opinion

% Taxation

% Worker's Compensation Defense

% Worker's Compensation Plaintiff

Total

In the past 5 years, has any attorney in the firm handled any class action/mass tort litigation?

◯ Yes ◯ No

Does the firm or any attorney employed or hired by the firm provide services or legal counsel to clients, individuals or businesses involved in the growing, storage, testing, handling, manufacturing, packaging, dispensing, distribution, transportation or sale of cannabis and/or products containing cannabis?

◯ Yes ◯ No

About Your Firm

Which location has the largest number of your firm's attorneys?
You can make changes to your locations in your Business Profile.

Do all of your attorneys comply with state CLE requirements?

○ Yes ○ No

Indicate if your firm has the following risk management policies or procedures

New client acceptance standards

○ Yes ○ No

Computerized conflict of interest check

○ Yes ○ No

Use of multiple docket & calendar systems

○ Yes ○ No

Follow required trust account procedures

○ Yes ○ No

Use of engagement letters (including scope of engagement or retainer letters)

○ Yes ○ No

Use of non-engagement letters (including the applicable statute of limitations)

○ Yes ○ No

Written billing agreements

○ Yes ○ No

Termination letters

○ Yes ○ No

Do the attorneys have any ownership or equity interest in any of your clients?

○ Yes ○ No

Do the attorneys have any split-fee arrangements with another lawyer?

○ Yes ○ No

Two or more conflict checks

○ Yes ○ No

Do you use Legal Practice Management Software, such as Clio?

○ Yes ○ No

Financial Information

In the past 5 years, how many times has the firm sued clients in order to collect unpaid client fees?

Claims

During the past 5 years, has any insurance carrier canceled or refused to renew the professional liability policy covering the firm or any of the firm's attorney(s) (regardless of what firm he or she was practicing with at the time) for any reason other than the carrier's withdrawal from the market?

○ Yes ○ No

In the past 5 years, has any attorney been the subject of a bar complaint, bar grievance, denied the right to practice, suspended from practice, disbarred, reprimanded, or had other disciplinary action by any court or administrative agency?

○ Yes ○ No

In the past 5 years (or earlier, if the claim is still open), have claims or incidents been alleged or otherwise active against attorneys in the firm (past and present)?

○ Yes ○ No

Are you or any member of the firm aware of any incident, act, error or omission that may result in a claim or disciplinary action being brought against the firm, which you have not mentioned in questions above?

○ Yes ○ No

It is recommended that you report any incidents, acts, errors or omissions to your current carrier. Please note that any incident, error, or omission of which you are currently aware will not be covered by a subsequently issued claims-made policy.

If any person proposed for coverage is aware of any fact or circumstance or any alleged error or omission which he or she has reason to believe might give rise to a claim that would fall within the scope of the proposed coverage, whether or not disclosed above, than any claim arising therefrom is excluded from the proposed coverage.

Current Insurance

Does the firm currently have professional liability insurance? ○ Yes ○ No

Current policy details:

Per claim limit of liability

Aggregate limit of liability

Per claim deductible

Does your policy have any of these features?

Aggregate deductible

○ Yes ○ No

Additional claims expense outside

○ Yes ○ No

First dollar/damages only deductible

○ Yes ○ No

Current premium

Current carrier

Policy start date

Policy end date

Does your current policy have a retroactive date?

○ Yes ○ No

Firm retroactive date

Do you have any predecessor firms for which coverage is being sought?

○ Yes ○ No

Name of firm

Date dissolved/merged

Warranty: Prior Knowledge of Facts, Circumstances, or Situations

The undersigned declares that to the best of his/her knowledge, after reasonable inquiry, the statements herein are true. It is agreed that this Application shall be the basis of the contract should a Policy be issued, and this Application will be attached to and become a part of such Policy, if issued. Insurer hereby is authorized to make any investigation and inquiry in connection with this Application as they may deem necessary. The Company will have relied upon such Applicant, attachments, and such other information submitted therewith in issuing such policy. The undersigned further certifies that he/she has read the applicable fraud notices referenced below in this Application and that none of the information provided herein has been provided in violation of any applicable insurance fraud laws or regulations.

Signed

Date

Printed Name

Title

Consent To Electronic Delivery

I agree and consent to receive electronically all documents related to obtaining and servicing these insurance policy(ies), including but not limited to policies, endorsements, notices, disclosures, cancellations and communications.

Signed

_____

Email

_____