

Lawyers Professional Liability Insurance Application



THIS APPLICATION IS FOR A CLAIMS-MADE POLICY.

THE PAYMENT OF CLAIM EXPENSES REDUCES THE LIMIT OF LIABILITY AND DEDUCTIBLE. THE LIMIT OF LIABILITY SHALL BE REDUCED BY THE AMOUNTS INCURRED AS CLAIM EXPENSES BY UP TO 50% OF SUCH LIMIT OF LIABILITY. IN SUCH EVENT, SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY, THE COMPANY SHALL BE LIABLE FOR CLAIM EXPENSES IN EXCESS OF 50% OF THE LIMITS OF LIABILITY EXCEPT FOR THOSE CLAIM EXPENSES OFFSET AGAINST THE DEDUCTIBLE. IF THE LIMITS OF LIABILITY ARE EXHAUSTED BY CLAIM EXPENSES AND DAMAGES, THE COMPANY SHALL NOT BE LIABLE FOR ANY ADDITIONAL DAMAGES OR CLAIM EXPENSES.

THE PAYMENT OF CLAIM EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE UP TO 50% OF THE AMOUNT OF THE DEDUCTIBLE. THE COMPANY SHALL BE LIABLE FOR CLAIM EXPENSES IN EXCESS OF 50% OF THE DEDUCTIBLE, EXCEPT FOR THOSE CLAIM EXPENSES OFFSET AGAINST THE LIMITS OF LIABILITY. UPON WRITTEN REQUEST TO THE COMPANY, THE INSURED SHALL HAVE THE RIGHT TO AN ACCOUNTING OF CLAIM EXPENSES ACTUALLY EXPENDED BY THE COMPANY IN DEFENSE OF A CLAIM.

THIS IS A CLAIMS MADE POLICY. THIS POLICY COVERS ONLY CLAIMS MADE AGAINST AN INSURED DURING THE POLICY PERIOD, OR ANY EXTENDED REPORTING PERIOD, IF APPLICABLE, PURSUANT TO SUBSECTION VII.B. THIS POLICY PROVIDES NO COVERAGE FOR CLAIMS ARISING OUT OF ANY ACT OR OMISSION WHICH TOOK PLACE PRIOR TO THE RETROACTIVE DATE, IF ANY. THE RETROACTIVE DATE MAY NOT BE CHANGED DURING THE TERM OF THE CLAIMS MADE RELATIONSHIP AND ANY EXTENDED REPORTING PERIOD.

ALL COVERAGE UNDER THIS POLICY CEASES UPON TERMINATION OF COVERAGE, EXCEPT FOR THE AUTOMATIC EXTENDED REPORTING PERIOD OR THE OPTIONAL EXTENDED REPORTING PERIOD.

PLEASE BE ADVISED THAT UPON TERMINATION OF THE POLICY PERIOD, THE NAMED INSURED IS ENTITLED TO AN AUTOMATIC EXTENDED REPORTING PERIOD FOR 60 DAYS AT NO ADDITIONAL CHARGE. THE NAMED INSURED MAY PURCHASE AN OPTIONAL EXTENDED REPORTING PERIOD ON BEHALF OF ALL INSUREDS, BUT ONLY BY ENDORSEMENT AND FOR AN ADDITIONAL PREMIUM. THE DURATION OF AND PREMIUM FOR THE OPTIONAL EXTENDED REPORTING PERIOD WILL BE ONE, TWO, THREE OR AN UNLIMITED NUMBER OF YEARS AT 75%, 150%, 185% OR 225%, RESPECTIVELY, OF THE ANNUAL PREMIUM.

POTENTIAL COVERAGE GAPS MAY ARISE UPON EXPIRATION OF THE AUTOMATIC EXTENDED REPORTING PERIOD OR THE OPTIONAL EXTENDED REPORTING PERIOD.

DURING THE FIRST SEVERAL YEARS OF A CLAIMS MADE RELATIONSHIP, RATES ARE COMPARATIVELY LOWER THAN OCCURRENCE RATES AND THE NAMED INSURED CAN EXPECT SUBSTANTIAL ANNUAL PREMIUM INCREASES, INDEPENDENT OF OVERALL RATE LEVEL INCREASES, UNTIL THE CLAIMS MADE RELATIONSHIP REACHES MATURITY.

PLEASE READ THE POLICY CAREFULLY.

If you want to learn more about the compensation Zurich pays agents and brokers visit: <http://www.zurichnaproducercompensation.com> or call the following toll-free number: (866) 903-1192. This Notice is provided on behalf of Zurich American Insurance Company and its underwriting subsidiaries.

Please type or print clearly in ink. Please answer all questions. If space is insufficient to answer any question fully, continue your answer on a separate page. Complete all required supplements.

GENERAL INFORMATION

Proposed Effective Date: _____
 Applicant's (Firm) Legal Name: _____
 Street Address: _____
 (P.O. Box not acceptable)
 City: _____ State: _____ Zip Code: _____
 Phone: () _____ Fax: () _____
 Applicant's Contact E-Mail: _____ Website Address: _____

Please attach a list of :

- 1) All branch and secondary locations;
- 2) States where the firm or its Attorneys practice law and
- 3) A copy of the Applicant's letterhead.

Form of Business: Sole Proprietor Professional Association Corporation
 Limited Liability Partnership/Corp Professional Corporation Partnership

Virtual Law Offices: Does the firm provide legal advice primarily via the Internet? Yes No

If Yes, please describe, on a separate page, the nature of this portion of your practice. The description should include the Areas of Practice, the frequency, and the States where your clients are located.

DESIRED COVERAGE

- \$100,000/\$300,000 \$1M/\$2M \$6M/\$6M
- \$250,000/\$500,000 \$1M/\$3M \$7M/\$7M
- \$250,000/\$750,000 \$2M/\$2M \$8M/\$8M
- \$500,000/\$1M \$2M/\$4M \$9M/\$9M
- \$500,000/\$1.5M \$3M/\$3M \$10M/\$10M
- \$750,000/\$1.5M \$4M/\$4M
- \$1M/\$1M \$5M/\$5M

DESIRED DEDUCTIBLE

- \$0 \$25,000
- \$1,000 \$30,000
- \$2,500 \$35,000
- \$5,000 \$50,000
- \$7,500 \$75,000
- \$10,000 \$100,000
- \$15,000 Other: _____
- \$20,000

ATTORNEY/FIRM INFORMATION

- 1. Total Number of Attorneys: _____
- 2. Please list all Attorneys working for the Applicant (include yourself if you are a sole practitioner), in the chart below. If necessary, please continue on a separate page.

Attorney Name or Other Licensed/Certified Professional Name	D.C.*	Date of Birth (mm/dd/yy)	Number of Years in Practice	Date of Hire (mm/dd/yy)	Number of Hours Worked/Week	NY Attorney Registration Number or Other License/Certificate Number	Individual Retro Date

*Designation Codes

- O**-Officers, Directors, Shareholders of the corporation who are licensed Attorneys
- P**-Partner, if a Partnership
- C**-Of Counsel Attorney
- PT**-Part-Time Attorney (must practice law fewer than 26 hours per week solely for applicant firm)
- OP**-Other Professional Non-Attorney holding a limited license or certification, such as a Limited License Legal Technician performing legal work under the guidance of a licensed Attorney.
- S**-Sole Practitioner
- E**-Employed Attorney
- IC**-Independent Contractor

- 3. Have any of the attorneys listed in Question 2 taken any Continuing Legal Education (CLE) course(s) accredited by the NYS CLE Board in the past 12 months? Yes No

If Yes, please provide a copy(ies) of the certificate(s) of completion.

4. Is each attorney listed in Question 2 fully compliant with his/her Continuing Legal Education (CLE) Requirements? Yes No

5. If the Applicant is a solo Attorney, who is the Attorney that will handle the Applicant's cases in the Applicant's absence?

Name: _____

Address: _____ City/State/Zip: _____

Does he/she maintain Professional Liability Coverage? Yes No

6. Does the Applicant share an office or suite with Attorneys other than those listed in Question 2? Yes No

If Yes, does the Applicant share staff or letterhead? Yes No

7. What date was the Applicant established? (mm/dd/yyyy) _____

8. How many non-Attorney employees does the Applicant have? _____

If the Applicant is a Current Zurich Insured or is presently uninsured, please skip Questions 9, 10 and 11.

9. What date has the Applicant been continuously insured for Lawyers' Professional Liability claims: _____

10. Does the Applicant's current Professional Liability policy contain a limitation on prior acts coverage? (i.e., retroactive date, prior acts exclusion, etc.)? Yes No

If Yes, please provide the date: (mm/dd/yyyy) _____

11. Is any Attorney in Question 2 not currently covered by the Applicant's current Lawyers' Professional Liability insurance? Yes No

If Yes, please list the name of the Attorney(s) and the reason he/she is not covered by insurance on a separate page.

12. List the Applicant's Lawyers' Professional Liability Insurance information for the past 5 years below.

Policy Period	Limit of Liability	Deductible	Insurer	Premium
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13. Has any Attorney in Question 2 had his/her Lawyers' Professional Liability Insurance declined, canceled, non-renewed or reduced by any professional liability insurer during the past 5 years? Yes No

If Yes, please provide the name of the Attorney and explanation on a separate page.

AREAS OF PRACTICE

14. Instructions for completing this section:

- a. Based upon the last fiscal year, please provide the percentage of time devoted (number of hours actually worked) to each area of practice listed in the chart below. Use Whole Numbers only and please do not add other Areas of Practice. Contact your agent or the Program Administrator should you have any questions.
- b. If the Applicant indicates work for any areas of practice designated below in capital letters, please request and complete the applicable Supplemental Forms.

Area of Practice	%	Area of Practice	%
Admiralty/Maritime	%	Government (Federal/State/Local/Lobbying)	%
Antitrust/Trade Regulation	%	Healthcare	%
Aviation	%	Immigration	%
Bankruptcy	%	Insurance Defense Litigation	%
Business Transactions/Commercial Law	%	Insurance Other (Coverage, Regulatory, Subrogation)	%
Civil Rights	%	International Law	%
COLLECTIONS	%	Investment Counseling/ Money Management	%
Commercial Practice – Business Litigation	%	Labor – Union Related Work	%
Communications/Media	%	Medical Malpractice – Defendant	%
Construction Law	%	Medical Malpractice – Plaintiff (Please answer q.15, below)	%
Consumer Claims	%	OIL/GAS	%
COPYRIGHT/TRADEMARK	%	PATENT	%

Corporate – Business Formation/Alteration	%	Personal Injury – Defendant	%
Corporate – Business Transactions/Advice	%	Personal Injury – Plaintiff	%
Criminal Law	%	Public Utilities	%
Disability/Social Security	%	REAL ESTATE – COMMERCIAL	%
Elder Law	%	REAL ESTATE – RESIDENTIAL	%
Employment	%	Secured Transaction (UCC – Commercial Paper)	%
ENTERTAINMENT	%	SECURITIES LAW (Except Corporate Formation)	%
ENVIRONMENTAL	%	TAXATION	%
Estates/Wills/Trust/Probate	%	Tax Shelters	%
Family Law	%	Workers' Compensation – Defendant	%
Financial Institutions–Reg. Compliance	%	Workers' Compensation – Plaintiff	%
		TOTAL (must equal 100%)	%

15. If the Applicant has stated any percentage of Medical Malpractice - Plaintiff work in the Areas of Practice chart, please indicate, in percentages, the amount of work allocated to the following areas:

Nursing Homes	%	OB/GYN	%	Oncology	%	Pediatrics	%
Permanent Disability	%	Wrongful Death	%	Other*	%		

*If the Applicant stated a percentage of work for "Other", please explain the type of work performed on a separate page.

16. Does the Applicant engage in any Class Action/Mass Tort work? Yes No

If Yes, please request and complete the applicable Supplemental Form.

17. Does the Applicant expect any changes to its areas of practice in the next 12 months? Yes No

If Yes, please explain on a separate page and specifically indicate the new areas of practice expected to be handled.

18. ARBITRATION/MEDIATION

a. Does the Applicant's practice involve any Attorney acting in the capacity of a mediator/arbitrator? Yes No

b. If Yes, indicate the percentage of time devoted to acting as mediator/arbitrator: _____ %

c. Please provide the Areas of Practice in which the Applicant acts as Arbitrator/Mediator: _____

19 a. Does the Applicant's docket/calendar control system include the following?

Number of Independent Calendars: _____ Single Calendar _____ Dual Calendar

Types of Calendars: (Please check all that apply)

Tickler Cards Master Listing Computer Other (please describe) _____

b. Indicate how frequently deadlines are checked: Daily Weekly Monthly Never

20. Estimate the percentage of annual firm revenues or billings that are generated from the following:

a. High Net Worth Individuals (More than \$5,000,000 in assets) _____ %

b. Large Private Companies (More than \$20,000,000 in assets) _____ %

c. Large Public Companies (More than \$100,000,000 in assets) _____ %

21. Does the Applicant or any Attorney of the firm ever render investment advice to the Applicant's clients and/or manage their investments? Yes No

22. Does the Applicant or any Attorney of the firm exercise discretion/control over any of its clients' funds other than acting as custodian under the Applicant's client trust account(s)? Yes No

23. Does the Applicant's firm or any Attorney of the firm provide, in addition to Legal Services, professional services in the capacity of an accountant, insurance agent/broker, real estate agent/broker or entertainment or sports agent? Yes No

If Yes, provide details on a separate page and advise if there is separate E&O coverage for this activity, together with the carrier's name, policy number, limits of liability and dates of coverage.

24. Does any Attorney or employee of the firm have any professional designations (such as CPA, CFP, etc.) other than JD, or LLM? Yes No

If Yes, please identify the individual and provide the professional designation for each Attorney and/or employee.

25. Indicate if your firm has the following risk management policies or procedure:

(a) In use and (b) In place for all client matters:

- | | In Use | All Matters |
|--|--|--|
| a. New Client Acceptance Standards | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Computerized Conflict of Interest Check | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Is all relevant client communication documented? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Suits for Fees Avoidance Practices | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Follow Required Escrow Procedures | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Engagement letters (including Scope of Engagement and Retainer Letters) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Non-Engagement Letters (including the applicable Statute of Limitations) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Written Billing Agreements | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i. Termination Letters | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 26. a. Does any Attorney working for the Applicant have any law partners, associates, of counsel or employed Attorneys other than those listed on the Application? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Is any Attorney employed by or otherwise engaged in the performance of Legal Services for any entity other than the Applicant? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes to either question, please explain on a separate page. | | |
| 27. Does any Attorney of the Applicant Firm serve as a director, officer, employee or in any other Management capacity for a past or present client? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, please explain on a separate page. | | |
| 28. Does the Applicant or any past or present Attorney of the firm own an equity interest in any past or current client of the Applicant? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, please complete the Controlling Interests Supplemental Form. | | |
| 29. Does 25% or more of the Applicant's revenues come from any form of fee sharing sub-contracting or referral Work? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 30. Does the Applicant have any one client that represents 40% or more of the Applicant's billings? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, explain and specify the area of practice, the percentage of work for the client(s) and type of work performed for that client on a separate page. Provide the client name and/or nature of business entity. | | |
| 31. Does the Applicant identify and resolve potential or actual conflicts of interest, including cross checking of former, existing or potential clients before accepting every new matter? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 32. Has the Applicant initiated lawsuits or arbitration procedures during the past 5 years to enforce collections of unpaid legal fees due the Applicant? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, answer the following questions: | | |
| a. How many matters? | | _____ |
| b. How many matters have been resolved successfully? | | _____ |
| c. How many matters are still unresolved? | | _____ |
| 33. In the past 5 years, has the Applicant, or any Attorney thereof: | | |
| a. Filed for bankruptcy? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Had any liens placed against it? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Had any lawsuits (other than arising out of Legal Services) instituted against it? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 34. Does the Applicant currently own or rent its primary office location? | | <input type="checkbox"/> Own <input type="checkbox"/> Rent |
| 35. Please identify which of the personal, private, sensitive and confidential information listed below the Applicant collects, stores, maintains or transmits: | | |
| <input type="checkbox"/> Social Security Numbers | <input type="checkbox"/> Credit Card Information | <input type="checkbox"/> Medical Records |
| <input type="checkbox"/> Financial Account Information | <input type="checkbox"/> Intellectual Property/Trade Secrets | <input type="checkbox"/> None |
| 36. Please identify which of the security measures listed below the Applicant employs to prevent unauthorized access to paper/ physical personal, private, sensitive and confidential information. If other is checked, please provide details on a separate page. | | |
| <input type="checkbox"/> Nightly Alarm system | <input type="checkbox"/> File Cabinet Locks | <input type="checkbox"/> None |
| <input type="checkbox"/> Locking System On Doors | <input type="checkbox"/> Other (please explain) _____ | |
| 37. Please identify which elements the Applicant employs to prevent unauthorized access to computers and networks. If "Other" is checked, please provide details on a separate page. | | |
| <input type="checkbox"/> Firewall | <input type="checkbox"/> Intrusion Detection System | <input type="checkbox"/> None |
| <input type="checkbox"/> Virus Protection Software | <input type="checkbox"/> Other (please explain) _____ | |
| 38. How often are virus definitions updated? If "Other" is checked, please provide details on a separate page. | | |

- Automatically when released by the manufacturer. Weekly Other
 Daily Monthly
39. How often are updates applied to operating systems and application software? If "Other" is checked, please provide details on a separate page.
- Automatically when released by the manufacturer. Monthly
 Weekly Other
40. Does the Applicant require the use of strong passwords (e.g. change of passwords on a periodic basis, use of numeric and alphabetic characters, prohibition of previously used passwords)? Yes No
41. Is all client personal, private, sensitive and confidential information stored on your computer system encrypted? Yes No
42. Is all client personal, private, sensitive and confidential information sent via email encrypted? Yes No
43. Is all client information stored on laptops, smartphones, PDAs, portable storage devices or other portable devices encrypted? Yes No
44. Does the Applicant maintain a wireless network? Yes No
If Yes, is the network encrypted using features such as WPA/WPA2, IPSEC, SSL or PEAP? Yes No
45. Within the last 5 years has the Applicant been subject to or suffered any losses or litigation from any (please check all that apply):
 Breaches of security?
 Unauthorized acquisition, access, use, identity theft, mysterious disappearance, or disclosure of personal, private, sensitive and confidential information?
 Violation of any privacy law, rule or regulation?
 Technology or extortion threats?
 None
If Yes, please provide details on a separate page.
46. Is all client personal, private, sensitive and confidential information backed-up? Yes No
If Yes, please provide the following details.
- a. Back-up records are stored: Internally Externally
b. Back-up of records occurs: Daily Weekly Monthly Annually
c. If externally, are the back-ups stored in a secure offsite location? Yes No
d. Are electronic back-ups encrypted? Yes No
47. In the event of a business interruption, how quickly can the backup records be retrieved and operations restored? _____

LOSS HISTORY

If the answer is Yes to any of the following questions, please request and complete the Notice of Circumstance/Claim Reporting Form and attach additional pages as necessary.

48. During the past 10 years has any member of the firm (any Attorney) been the subject of a:
a. Criminal action Yes No
b. Reprimand, disciplinary action, Bar complaint, investigation, or other ethics proceeding? Yes No
If Yes, please provide a copy of the dismissal or action documents or letter from the Bar.
49. During the past 5 years has any claim or suit arising out of the rendition of legal services been made against any Attorney in Question 2 or employee of the Applicant? Yes No
50. Is any Attorney in Question 2 or employee of the Applicant aware of any circumstance, incident, act, error or omission that could result in a claim or suit against the applicant or any predecessor or any of the former or current Attorneys or employees of the Applicant? Yes No

IT IS AGREED THAT IF THE RESPONSE TO QUESTIONS 48, 49 AND 50 ARE IN THE AFFIRMATIVE, ANY CLAIM OR CIRCUMSTANCE THAT COULD RESULT IN A CLAIM WILL BE EXCLUDED FROM THE PROPOSED COVERAGE.

By signing this application the undersigned agrees that after inquiry of all prospective insureds, no person proposed for coverage is aware of any fact or circumstance which reasonably might give rise to a future claim that would fall within the scope of the proposed coverage.

Receipt and review of this application does not bind the insurer to provide this insurance.

It is agreed by the undersigned and the insurer that the particulars and statements made in this application, together with all attachments to this application and any other materials submitted to the insurer (all of which attachments and materials shall be deemed attached to the policy as if physically attached thereto) shall be the representations of the undersigned and the prospective insureds. It is further agreed by the undersigned and the prospective insureds that this policy, if issued, is issued in reliance upon the truth of such representations that are incorporated into and made part of this policy. After inquiry of all prospective insureds, the undersigned represents that the statements set forth in this application and its attachments and other materials submitted to us are true and correct. Signing of this application does not bind the undersigned or the insurer.

If the applicant has concealed or misrepresented any material fact, circumstance or fraud concerning this insurance resulting in deception to us which existed at the time of damage and contributed to such damage, this policy may be cancelled and/or coverage denied as long as the deception was material; was made knowingly with the intent to deceive; was relied and acted upon by the Insurer; and deceived the Insurer to the Insurer's injury.

The undersigned further declares that any event taking place between the date this application was signed and the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any information in this application, will immediately be reported in writing to us and we may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Fraud Notice to 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.

Prior to signing this application, review the applicable statutory fraud notices as they may apply to the Applicant's place of domicile.

Completion of this form does not bind coverage. The undersigned's acceptance of the 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.

STATEMENT FROM APPLICANT

I hereby represent and confirm that the above information, to the best of my knowledge, is true and correct and further certify that I have read all of the questions and answers of these applications.

Signature: _____ **Date:** _____
Principal, Partner or President

Print Name: _____ **Title:** _____

Signature: _____ **Date:** _____
Agent

Note: This application must be signed by a Principal, Partner or President of the firm acting as the authorized agent of the applicant.