



# GENERAL STAR NATIONAL INSURANCE COMPANY

## APPLICATION - CALIFORNIA

### LAWYERS PROFESSIONAL LIABILITY INSURANCE

**APPLICATION FOR CLAIMS-MADE AND REPORTED PROFESSIONAL LIABILITY INSURANCE POLICY, LIMITED TO ONLY THOSE CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE INSURER DURING THE POLICY PERIOD OR AN EXTENDED REPORTING PERIOD, IF APPLICABLE. THE LIMIT OF INSURANCE WILL BE REDUCED BY PAYMENT OF CLAIMS EXPENSES AND DAMAGES.**

It is agreed that in granting coverage under this Policy, the Insurer has relied upon the information and materials described below and any other material submitted by the Applicant Firm in connection with the underwriting of this Policy.

Applicant Firm Name			
Street Address			Suite
City	County	State	Zip Code
Website Address		Mailing Address (if different)	
Primary Contact Name		Title	
Email	Telephone Number	Fax Number	

Desired Limit: \$ _____	Desired Retention: \$ _____	Effective Date: _____
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- Total number of lawyers this year: \_\_\_\_\_ If more than 10, attach additional sheets as necessary.
- List all Owners, Partners, Officers, Directors, Stockholder Employees, and Employed Lawyers of the Applicant Firm.

\*Designation Codes:

- |                               |  |
|-------------------------------|--|
| <b>P</b> Partner/Owner/Member | <b>IC</b> Independent Contractor                 |
| <b>E</b> Employed Lawyer      | <b>PTL</b> Part-Time Lawyer (<= 25 Hours a Week) |
| <b>OC</b> Of Counsel          | <b>R</b> Retired                                 |

Name of Lawyer	Designation*	If OC, IC or PTL, # of hours worked	Admitted to the Bar MM/YY	Joined Applicant Firm MM/DD/YY	Lawyers Specialty
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					



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3. If you are a sole proprietor, provide the name of the lawyer who handles your cases when you are absent for an extended period of time (i.e., vacation, illness, etc.). (A back-up lawyer is required.)

Back-up Lawyer Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Number of lawyers who joined or left the Applicant Firm within the past year:      Joined: \_\_\_\_\_ Left: \_\_\_\_\_

5. Number of non-lawyer staff currently employed by the Applicant Firm: \_\_\_\_\_

6. Does the Applicant Firm practice from additional locations?  Yes  No

If "Yes", list locations and number of lawyers at each:

Location	Number of Lawyers

Location	Number of Lawyers

7. Indicate the gross income for the applicable fiscal year (gross income means all sums billed to clients for services rendered, or if your Applicant Firm deals primarily with contingency fee cases, your average annual gross revenue):

a. Actual for immediate past fiscal year: \$ \_\_\_\_\_

b. Estimate for current year: \$ \_\_\_\_\_

8. Percentage of the Applicant Firm's receivables currently over 90 days? \_\_\_\_\_% over 180 days? \_\_\_\_\_%

9. Does any client account for 25% or more of the Applicant Firm's gross billings?  Yes  No

If "Yes", provide the following details:

Name of Client	% of Gross Billings	Work Performed

10. Date the Applicant Firm has been in continuous operation since: \_\_\_\_\_

11. Does your current policy have retroactive date/prior acts exclusion?  Yes  No

If "Yes", what is your retroactive/prior acts date? \_\_\_\_\_

12. Provide the Applicant Firm's professional liability insurance purchased for the last three (3) years:

Insurance Carrier	Expiration Date	# of Lawyers	Limit of Liability	Retention	Premium
			\$ _____	\$ _____	\$ _____
			\$ _____	\$ _____	\$ _____
			\$ _____	\$ _____	\$ _____

13. Any exclusion(s) on the current policy that were specifically tailored for the Applicant Firm?  Yes  No

If "Yes", provide details: \_\_\_\_\_

14. List all Predecessors of the Applicant Firm:

("Predecessor" means any partnership, professional corporation, professional association, limited liability partnership or limited liability corporation engaged in legal services; and to whose financial assets and liabilities the Applicant Firm is the majority successor in interest.)  None

Name of Predecessor Firm	Date Established	Date of Merger

15. During the last five (5) years, has any insurance carrier canceled, refused to renew, declined, or rescinded any Applicant Firm's, or any Predecessor of the Applicant Firm, professional liability insurance policy? (NOT APPLICABLE IN MISSOURI)  Yes  No

If "Yes", provide the name of the carrier, the date and details: \_\_\_\_\_

16. Within the last five (5) years, has the Applicant Firm, or any Predecessor of the Applicant Firm, ever purchased an Extended Reporting Period (or Discovery Period) under any prior professional liability policy?  Yes  No  
If "Yes", provide details including date purchased and duration of Extended Reporting Period:

17. Indicate the percentage of gross income for the past fiscal year derived from the following areas of practice: *(Total must equal 100%)*

AREA OF PRACTICE Round to the nearest whole percent	%	AREA OF PRACTICE Round to the nearest whole percent	%
Administrative Law		Insurance Defense	
Admiralty Defense		International Law	
Admiralty Marine		Investment Money Manger	
Adoptions		Juvenile	
Arbitration/Mediation		Labor Unions	
<b>Banking/Financial Institutions*</b>		Labor/Employee	
Bankruptcy		Labor/Management	
BI/PI Defense		Landlord Tenant/Leases	
<b>Bonds (complete Securities supplement)*</b>		Lobbying	
Business Transactions		Local Government	
Civil Rights		Medical Malpractice Defense	
Civil/General Litigation		<b>Medical Malpractice Plaintiff*</b>	
<b>Class Action Plaintiff*</b>		Mergers & Acquisitions	
<b>Collection*</b>		Municipal Law	
Commercial Defense		<b>Oil &amp; Gas Mining*</b>	
Commercial Law		<b>Oil &amp; Gas Title*</b>	
Consumer Claims		<b>Patent, Trademark, Copyright – Filing*</b>	
Construction Law		<b>Patent, Trademark, Copyright Litigation*</b>	
Contracts		<b>Patent, Trademark, Copyright Prosecution*</b>	
Corporate Formation		<b>Plaintiff BI/PI (Non Product Liability)*</b>	
Corporate General		<b>Product Liability Plaintiff*</b>	
Corporate Litigation		<b>Real Estate Closings/General*</b>	
Criminal Law		<b>Real Estate Commercial Title*</b>	
Divorce (under 1MM marital assets)		<b>Real Estate Development*</b>	
Employment Law		<b>Real Estate Investment Trusts*</b>	
<b>Entertainment*</b>		<b>Real Estate Limited Partnership*</b>	
<b>Environmental Law*</b>		<b>Real Estate Residential Title*</b>	
ERISA		<b>Real Estate Syndication*</b>	
<b>Estate Planning*</b>		<b>Securities*</b>	
<b>Estate/Trust/Probate*</b>		Taxation Opinions	
Family Law – (Non-Divorce)		Taxation Preparation	
Fiduciary		Taxation Representation	
<b>Foreclosures (Real Estate supplement)*</b>		Traffic	
Foreign Law		<b>Wills*</b>	
Guardianships		Workers Compensation Plaintiff	
High Profile Divorce (over 1MM marital assets)		Workers Compensation Defense	
Immigration/Naturalization		Other: _____	
<b>Total</b>			<b>100%</b>

**\*If any, complete applicable Area of Practice supplemental application available from your broker.**

18. Docket and Calendar Procedures:
- a. Does the Applicant Firm maintain a planned docket control system and procedure with at least two (2) independent date controls?  Yes  No
  - b. Are the docket control system(s) and the procedure computerized?  Yes  No

19. Internal Business Procedures:
- a. Does the Applicant Firm require the use of engagement letters including fee agreement on all engagements undertaken by firm?  Yes  No
  - b. Does the Applicant Firm notify clients or prospective clients in writing when you decline to represent them, and when an existing relationship is terminated?  Yes  No
  - c. Does the Applicant Firm maintain a system to avoid conflicts of interest?  Yes  No
  - d. Is the conflicts system computerized?  Yes  No
  - e. During the last year, how many lawyers in the Applicant Firm have participated in formal continuing legal education programs of at least seven (7) hours? \_\_\_\_\_
  - f. Does the Applicant Firm share office space, expenses, cases, or letterhead with any other individual, of counsel, partnership, firm or organization?  Yes  No  
If "Yes", provide the name of the entity(ies):  
1) \_\_\_\_\_ 2) \_\_\_\_\_

20. How many suits for collection of fees have been filed by the Applicant Firm during the past two years? \_\_\_\_\_  
If more than 2 times:
- a. what is the average fee suit amount? \$ \_\_\_\_\_
  - b. have steps been taken to avoid a possible counter suit?  Yes  No
  - c. briefly explain changes to prevent future fee suits:  
\_\_\_\_\_

21. Does any lawyer in the Applicant Firm:
- a. serve as a director, officer, trustee or partner of, or exercise any fiduciary control over, any organization other than the Applicant Firm?  Yes  No
  - b. hold any ownership or equity interest in any client(s) of the Applicant Firm?  Yes  No
- If "Yes" to either, complete the following (attach additional sheets as necessary):

Name of Lawyer	Name of Organization	Organization For Profit (FP) or Nonprofit (NP)?	Is the Organization a Firm Client? (Y/N)	Position Held by Lawyer	Percent of Equity Held	Percent of Total Firm Billings	Separate D&O Insurance? (Y/N)
		<input type="checkbox"/> FP <input type="checkbox"/> NP	<input type="checkbox"/> Y <input type="checkbox"/> N		%	%	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> FP <input type="checkbox"/> NP	<input type="checkbox"/> Y <input type="checkbox"/> N		%	%	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> FP <input type="checkbox"/> NP	<input type="checkbox"/> Y <input type="checkbox"/> N		%	%	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> FP <input type="checkbox"/> NP	<input type="checkbox"/> Y <input type="checkbox"/> N		%	%	<input type="checkbox"/> Y <input type="checkbox"/> N

22. Have any of the Applicant Firm's lawyers ever been refused admission to practice, disbarred, suspended or formally reprimanded, sanctioned, or disciplined by any court or administrative agency?  Yes  No  
If "Yes", provide details:  
\_\_\_\_\_

23. In the past five (5) years, has any current or former lawyer of the Applicant Firm:
- a. provided professional services other than legal services?  Yes  No
  - b. suffered from an impairment that might hinder their ability to provide competent, courteous and timely legal services?  Yes  No
- If "Yes" to either, provide details:  
\_\_\_\_\_



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- 24. In the past five (5) years, has any current or former lawyer of the Applicant Firm:
a. handled any plaintiff class action or mass tort litigation?
b. provided legal services in any way related to a security or securities transactions?
c. served as a fiduciary, committee member, director, officer, partner or employee of any financial institution?

If "Yes" to any part of Question 24, complete the Plaintiff Class Action Supplement and/or Securities Supplement and/or Banking/Financial Institutions Supplement, as applicable.

- 25. In the past five (5) years, how many professional liability claims or suits have been made against the Applicant Firm, any Predecessor of the Applicant Firm, or any past or present lawyer in the Applicant Firm?

Complete a separate Claim / Circumstance Supplement with full details for each.

- 26. Is the Applicant Firm or any lawyer in the Applicant Firm aware of any fact, circumstance or situation which may reasonably be expected to give rise to a professional liability claim or suit against the Applicant Firm, any Predecessor of the Applicant Firm, or any past or present lawyer in the Applicant Firm?

If "Yes", complete a separate Claim / Circumstance Supplement with full details for each.

IT IS AGREED THAT ANY CLAIM BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM, IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY PROFESSIONAL LIABILITY CLAIM, SUIT, FACT, CIRCUMSTANCE OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN RESPONSE TO QUESTIONS 25. OR 26. ABOVE WILL BE EXCLUDED FROM THE PROPOSED COVERAGE.

READ CAREFULLY

The undersigned, acting on behalf of the Applicant Firm and all proposed insureds, declares that the statements set forth herein are true and accurate and that thorough efforts have been made to obtain sufficient information from each proposed insured in order to facilitate proper and accurate completion of this Application.

The undersigned agrees that the Application and all other materials submitted to the insurer are their statements, are incorporated in and constitute a part of the Policy and shall be deemed attached to the Policy as if physically attached. The undersigned represents that the statements and representations in the Application and all other materials submitted to the insurer shall be deemed material to the acceptance of the risk and that the Policy is issued in reliance upon the truth and accuracy of such statements and representations. It is agreed by the undersigned, this Application, together with any other materials submitted to the insurer, have been completed as respects the entire Applicant Firm and all proposed insureds.

The undersigned further declares that if any significant change in the condition of the Applicant Firm or proposed insureds is discovered, between the date this Application was signed and the effective date of the policy, which would render the information in this Application inaccurate or incomplete, any such information will immediately be reported in writing to the insurer and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The undersigned and insurer agree that the signing of this Application does not bind the undersigned to purchase the insurance.

Signature of Partner, Owner, Officer or Principal Date

Print or Type Name Title

Insurance Agent or Producer's Name:

Insurance Agent or Producer's Signature:

**NOTICE TO CALIFORNIA APPLICANTS:** FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.