



GENERAL STAR NATIONAL INSURANCE COMPANY  
APPLICATION RELIANCE FORM - 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		Suite	
City	County	State	Zip Code
Website Address		Mailing Address (if different)	
Primary Contact Name		Title	
Email	Telephone Number	Fax Number	

1. Description of attached Incorporated Application:

- a. Carrier: \_\_\_\_\_
- b. Title of Application: \_\_\_\_\_
- c. Date Application signed: \_\_\_\_\_

2. 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 firm to which the Applicant Firm is the majority successor in interest, or any past or present lawyer in the Applicant Firm?

Yes  No

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 FACT, CIRCUMSTANCE OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN RESPONSE TO QUESTION 2. ABOVE WILL BE EXCLUDED FROM THE PROPOSED COVERAGE.



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**READ CAREFULLY**

The undersigned, acting on behalf of the Applicant Firm and all proposed insureds, declares that the statements set forth herein and in the Incorporated Application 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 Reliance Form.

The undersigned agrees that the Application Reliance Form, the Incorporated 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 Reliance Form, the Incorporated 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 Reliance Form and the Incorporated 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 Reliance Form or the Incorporated Application were signed and the effective date of the policy, which would render the information in this Application Reliance Form 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 Reliance Form does not bind the undersigned to purchase the insurance.

\_\_\_\_\_  
Signature of Partner, Owner, Officer or Principal \_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name \_\_\_\_\_  
Title



**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.