



**GENERAL STAR NATIONAL INSURANCE COMPANY**  
**RENEWAL 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: \$ _____
-------------------------	-----------------------------

1. Total number of lawyers this year: \_\_\_\_\_ If more than 10, attach additional sheets as necessary.

2. 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.					



RENEWAL APPLICATION – CALIFORNIA
LAWYERS PROFESSIONAL LIABILITY INSURANCE

- 3. During the last 12 months, has 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?
b. hold any ownership or equity interest in any client(s) of the Applicant Firm?
If "Yes" to either, complete the following (attach additional sheets as necessary):

Table with 8 columns: 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)

- 4. 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: \$

- 5. Does any client account for 25% or more of the Applicant Firm's gross billings?
If "Yes", provide the following details:

Table with 3 columns: Name of Client, % of Gross Billings, Work Performed

- 6. Since the completion of the last application, have there been any changes to the Applicant Firm's docket or conflict of interest systems or any other office procedure?
If "Yes", provide details:

- 7. During the last 12 months, how many lawyers in the Applicant Firm have participated in formal continuing legal education programs of at least 7 hours?
8. During the last 12 months, how many suits for collection of fees have been filed by the Applicant Firm?
9. Does the Applicant Firm share office space, expenses, cases, or letterhead with any other individual, of counsel partnership, firm or organization?
If "Yes", provide the name of the entity(ies):

- 10. Has 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?
If "Yes", provide details:

11. During the last 12 months, has there been any change in the Applicant Firm's area of practice?  Yes  No  
 If "Yes", 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, please complete applicable Area of Practice supplemental application available from your broker.**

12. During the last 12 months, has there been any change in the status of any claim(s) reported to other insurance companies?  Yes  No

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

13. During the last 12 months, how many professional liability claims or suits have been made 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? \_\_\_\_\_

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

14. 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 PROFESSIONAL LIABILITY CLAIM, SUIT, FACT, CIRCUMSTANCE OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN RESPONSE TO QUESTIONS 13. OR 14. 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



**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.