

PT PRO PROFESSIONAL LIABILITY APPLICATION LAWYER

(This is an Application for a Claims Made and Reported Policy)

1. APPLICANT INFORMATION

Name (First/Middle Initial/Last): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Telephone: _____

Does the Applicant render professional services through a legal entity?..... Yes No

If "Yes," complete the following:

Legal Name of Entity: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Entity Type: _____ Website: _____ FEIN: _____

Total employees (including the Applicant):..... _____

Is the entity one hundred percent (100%) owned by the Applicant?..... Yes No

2. PRACTICE PROFILE

Provide the following gross revenue figures and average weekly billable hours:

	Last Fiscal Year	Current/Next Fiscal Year (estimate)
Fiscal Year Ending (MM/DD/YYYY)		
Gross Revenue	\$	\$
Average Weekly Billable Hours	Hours:	Hours:

Provide the percentage of gross annual revenue derived from the Applicant's professional services. Percentages entered in AREAS OF PRACTICE that contain an asterisk will require completion of additional questions pertaining to that specific area of practice.

PROFESSIONAL SERVICES/AREAS OF PRACTICE	PERCENTAGE
Admiralty/Maritime	%
Alternative Dispute Resolution	%
Antitrust	%
Appellate	%
Bankruptcy:	
Creditor	%
Debtor—Individual	%
Debtor—Business	%
Court Appointed Trustee	%

PROFESSIONAL SERVICES/AREAS OF PRACTICE	PERCENTAGE
Bonds	%
Business/Corporate:	
Administrative	%
General	%
Formation/Alteration (other than Mergers & Acquisitions)	%
Mergers & Acquisitions	%
Collections/Foreclosures/Loan Workouts:	
Consumer Debt*	%
Commercial Debt*	%
Foreclosures/Loan Workouts*	%
Construction Law/Building Contracts	%
Consumer Claims/Administrative Law	%
Criminal Law	%
Employee Benefits	%
Environmental Law	%
Estate/Trust/Probate/Wills*	%
Family Law:	
Divorce (under \$1 million in marital assets)	%
Divorce (\$1 million or more in marital assets)	%
Adoption	%
Guardianship/Juvenile	%
Financial Institutions:	
Regulatory	%
Other	%
Health Care	%
Immigration/Naturalization	%
Insurance Coverage	%
Intellectual Property:	
Copyright/Trademark	%
Patent	%
International Law	%
Litigation:	
Insurance Defense*	%
Labor & Employment—Employer Client*	%
Labor & Employment—Employee Client*	%
Business & Commercial—Defense*	%
Business & Commercial—Plaintiff*	%

PROFESSIONAL SERVICES/AREAS OF PRACTICE	PERCENTAGE
Civil Rights & Discrimination—Defense*	%
Civil Rights & Discrimination—Plaintiff*	%
Mass Tort/Class Action—Defense*	%
Mass Tort/Class Action—Plaintiff*	%
Medical Malpractice—Defense*	%
Medical Malpractice—Plaintiff*	%
Personal Injury—Defense*	%
Personal Injury—Plaintiff*	%
Workers' Compensation—Defense*	%
Workers' Compensation—Plaintiff*	%
Other Defense (describe)*:	%
Other Plaintiff (describe)*:	%
Municipal/Governmental (excluding Bonds)	%
Natural Resources (Oil/Gas/Minerals/Water)	%
Real Estate:	
Commercial*	%
Residential*	%
Landlord-Tenant	%
Land Use/Zoning	%
Development/Syndication	%
Title Opinions	%
Securities	%
Taxation/Tax Opinions	%
Trust Administration	%
Other:	%
TOTAL	100%

Does any client account for fifty percent (50%) or more of the Applicant's gross annual revenue?..... Yes No
If "Yes," complete the following:

NAME OF CLIENT	PERCENTAGE OF GROSS REVENUE	SERVICES PERFORMED
	%	

3. PROFESSIONAL PROFILE

List the Applicant's active bar association memberships:

STATE BAR	ADMITTED (YEAR)

List the Applicant's professional qualifications:

INSTITUTION	DEGREE	YEAR QUALIFIED

4. RISK MANAGEMENT

Does the Applicant regularly confirm representation in writing using formal engagement letters? Yes No

Does the Applicant utilize a diary or docket control system which tracks court dates, deadlines, statute of limitation dates or other time sensitive dates (i.e., closing dates, tax filings)? Yes No

How many suits for collection of fees have been filed by the Applicant during the past two years? _____

5. INSURANCE

Does the Applicant currently carry Professional Liability (Errors & Omissions) insurance? Yes No

If "Yes," complete the following:

Expiring Policy Expiration Date: _____

Expiring Policy Prior Acts Date: _____

If "No," complete the following:

Desired Effective Date of Coverage: _____

6. CLAIMS

In the past five years, has the Applicant been refused admission to practice law, disbarred, suspended or formally reprimanded, sanctioned or disciplined by any court or administrative agency? Yes No

If "Yes," provide details: _____

In the past five years, have any professional liability claims or suits been made against the Applicant?..... Yes No

If "Yes" is selected, please complete additional questions in the CLAIM/SUIT/CIRCUMSTANCE section.

Is the Applicant 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?..... Yes No

If "Yes" is selected, please complete additional questions in the CLAIM/SUIT/CIRCUMSTANCE section.

**AREA OF PRACTICE
COLLECTIONS/FORECLOSURES/LOAN WORKOUTS**

1. Provide a breakdown of the number and average value of matters for the past year derived from the Applicant's collection/foreclosure/loan workout services:

	NO. OF MATTERS	AVERAGE VALUE OF MATTERS
Consumer Debt		\$
Commercial Debt		\$
Foreclosures/Loan Workouts		\$

**AREA OF PRACTICE
ESTATE/TRUST/PROBATE/WILLS**

1. Provide a breakdown of the percentage of total gross revenue and number of estates for the past year derived from the Applicant's estate planning and drafting:

	PERCENTAGE	NO. OF ESTATES
Less than \$1 million in assets	%	
\$1 million to \$5 million in assets	%	
Over \$5 million in assets	%	
TOTAL	100%	

2. Does the Applicant provide discretionary investment management services for any estates or trusts clients? Yes No
3. Does the Applicant always verify that the trust, will or other governing instrument(s) contains appropriate exculpatory language to protect the Applicant against claims based on diminished value of assets? Yes No

**AREA OF PRACTICE
LITIGATION**

1. Has the Applicant provided legal services in connection with union representation during the last year? Yes No
If "Yes," provide the percentage of gross annual revenue derived from this practice area:..... _____ %

2. Has the Applicant provided legal services in connection with ERISA during the last year? Yes No
If "Yes," provide the percentage of gross annual revenue derived from this practice area:..... _____ %

3. If the Applicant provides any plaintiff personal injury services:
What is the number of plaintiff personal injury cases handled during the past fiscal year?..... _____
What is the average dollar value of plaintiff personal injury cases during the past three years?..... \$ _____
What is the maximum dollar value of plaintiff personal injury cases during the past three years? \$ _____

**AREA OF PRACTICE
REAL ESTATE**

1. If the Applicant provides any commercial or residential real estate services:

What is the number of real estate matters handled during the last year?

Commercial: _____

Residential: _____

What is the dollar value of the largest real estate matters handled during the last year?

Commercial: \$ _____

Residential: \$ _____

CLAIM/SUIT/CIRCUMSTANCE

- 1. Name of Claimant or Potential Claimant: _____
- 2. Claim Status: Open Closed
- 3. Date Reported: _____
- 4. Describe the claim, suit and/or circumstances: _____

- 5. Provide the reserved and/or payment amounts made for this claim, suit or circumstance:

RESERVE AMOUNT BY INSURER	PAYMENT BY INSURER	DEDUCTIBLE PAYMENTS BY APPLICANT
\$	\$	\$

THE APPLICANT AND FIRM ACCEPT NOTICE THAT ANY POLICY WHICH MAY BE ISSUED WILL APPLY ON A "CLAIMS MADE AND REPORTED" BASIS.

The undersigned authorized person, on behalf of the applicant, attests that to the best of the his/her knowledge and belief the statements set forth herein are true. Although the signing of this Application Form does not bind the undersigned to effect insurance, the undersigned agrees that this application and the said statements shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy.

The undersigned authorized person on behalf of the applicant declares that the above statements are true, that neither the undersigned person nor the applicant has suppressed or misstated facts and that at the present time the applicant has no reason to anticipate any claims being brought against the applicant or any representative of the applicant or knowledge of any negligent act, error, omission or offense on the applicant's part or any representative of the applicant except as stated herein, and agrees that this Application Form shall be the basis of the contract between the applicant and the Company and shall be deemed a part hereof.

Signing this form does not bind you to complete the insurance. Coverage will become effective upon approval of the application and issuance of the policy. It is agreed that this form will be the basis of the contract. Should a policy be issued, this form will be attached to and become a part of the policy.

The answers given to all questions in this application are complete and correct to the best of my knowledge.

FRAUD WARNING: 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 subjects such person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK FRAUD WARNING: 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____