



# LAWYERS MUTUAL INSURANCE COMPANY

## Lawyers Professional Liability Insurance Standard Program Application

### FOR CLAIMS MADE & REPORTED POLICY

**IMPORTANT:**This is an application for a **Claims-Made and Reported policy**. The policy issued by Lawyers Mutual Insurance Company **EXCLUDES** coverage for your prior acts. This means that the Company will not defend or indemnify you for any claim arising out of an act, error or omission, which occurred prior the policy effective date. However, prior acts coverage is available upon request and approval with submission of proof of current coverage.

**PLEASE COMPLETE FORM WITH FIRM INFORMATION AND RETURN WITH A SAMPLE OF YOUR LETTERHEAD**

Applicant Firm Name	Phone No.	E-mail Address
_____	_____	_____
Principal Business Address	Fax No.	Effective Date Requested
_____	_____	_____
Firm Business Type*	Website Address	Date Firm Established
_____	_____	_____

\***TYPE**=Individual, Partnership, Professional Corporation (PC), LLP, Association, Independent Contractor, Other.

**LIST ALL LAWYERS PRACTICING ON BEHALF OF THE FIRM.**

**TOTAL LAWYERS =** \_\_\_\_\_

Lawyer Name	Bar No. & State	Date of Admission	Date of Hire	Specialty Certified Y/N-Area?	Status*	Prior Acts Date Requested**
					/	
					/	
					/	
					/	
					/	
					/	
					/	
					/	

\***STATUS:** DESCRIBE relationship: **E** =-Employee/Member of Firm; **DR**=Discovery Referee; **IC**=Independent Contractor; **IHC**=In House Counsel; **OC**=Of Counsel; **PD**=Private Public Defender; **PROS**=Private Prosecutor **AND WHETHER lawyer works FT**=Full Time or **PT**=Part Time (working 20 hours or less per week).

\*\* **Attach current insurance declarations** pages to confirm prior acts date requested.

**LIST NUMBER OF EMPLOYED STAFF AT FIRM IN EACH OF THE CATEGORIES.**

**TOTAL STAFF=** \_\_\_\_\_

Accountant	Administrator	Clerical	Insurance Agent/Broker	Investigator	Paralegal	Real Estate Agent/Broker	Other

**COMPLETE AREA OF PRACTICE TABLE FOR CASELOAD BASED ON LAST 3 YEARS**

Area of Law	Percentage of Cases	Describe, if required.	Area Of Law	Percentage of Cases	Describe, if required.
Administrative			<b>ESTATE PLANNING*</b>		
Admiralty			<b>GOVERNMENT/MUNICIPAL*</b>		
Anti-Trust			Healthcare		
Appellate			Immigration		
Arbitrator/Mediator			<b>INTELLECTUAL PROPERTY*</b>		
<b>BANKING*</b>			<b>INSURANCE DEFENSE*</b>		
Bankruptcy			International		
<b>BUSINESS*</b>			<b>INVESTMENT*</b>		
Civil Rights			Landlord/Tenant		
<b>COLLECTIONS*</b>			Litigation		
Construction			<b>OTHER*</b>		
Commercial			<b>PLAINTIFF/PI*</b>		
<b>COPYRIGHT*</b>			Plaintiff Workers Comp		
<b>CORPORATE*</b>			<b>PATENTS*</b>		
Criminal			<b>REAL ESTATE*</b>		
Elder			<b>SECURITIES*</b>		
<b>EMPLOYMENT*</b>			<b>TAXATION*</b>		
<b>FAMILY LAW*</b>			<b>TRADEMARKS*</b>		
<b>ENTERTAINMENT*</b>			<b>WILLS &amp; TRUST*</b>		
<b>ENVIRONMENTAL*</b>			Workers' Comp Defense		

**\*PROVIDE DESCRIPTION FOR ANY AREA LISTED IN BOLD**

**TOTAL MUST EQUAL 100%**

**CLAIMS/DISCIPLINE EXPERIENCE**

1. After inquiry of all lawyers in the firm, does Applicant have knowledge of any act, error, omission or disagreement which might reasonably give rise to a claim or suit? If yes, explain. \_\_\_ NO \_\_\_ YES
2. Has any claim(s) been made against Applicant or any current or former lawyers arising from the performance of professional services during the past 10 years? If yes, please complete **Claim Supplement(s)**. \_\_\_ NO \_\_\_ YES
3. Has Applicant or any current or former lawyer at the firm ever withdrawn or had application declined for any professional liability policy or ever had any such policy non-renewed, cancelled, rescinded or coverage restricted? If yes, explain. \_\_\_ NO \_\_\_ YES
4. Have any disciplinary proceedings been brought by the State Bar of California or any other state bar against any current or former lawyer at the Applicant firm? If yes, explain. \_\_\_ NO \_\_\_ YES
5. Has the Applicant or any lawyer at the firm sued for fees during the past 5 years? If yes, explain. \_\_\_ NO \_\_\_ YES

**NOTE THAT THE POLICY WILL NOT PROVIDE COVERAGE FOR ANY ACTUAL OR POTENTIAL CLAIMS KNOWN TO ANY APPLICANT/INSURED PRIOR TO THE INCEPTION OF THE POLICY, INCLUDING MATTERS DISCLOSED ON THIS APPLICATION. ANY SUCH CLAIMS SHOULD BE REPORTED TO YOUR CURRENT CARRIER PRIOR TO EXPIRATION OF YOUR CURRENT POLICY.**

**LIMITS AND DEDUCTIBLE OPTIONS**-Check the desired options

**Maximum deductible for solo lawyer is \$5,000**

<b>LIMITS</b>	<input type="checkbox"/> \$100,000/300,000	<input type="checkbox"/> \$250,000/750,000	<input type="checkbox"/> \$500,000/1.5M	<input type="checkbox"/> \$1M/3M	<input type="checkbox"/> \$2M/4M	<input type="checkbox"/> \$3M/5M	<input type="checkbox"/> \$5M/7M
<b>DEDUCTBLE</b>	<input type="radio"/> \$1,000	<input type="radio"/> \$2,500	<input type="radio"/> \$5,000	<input type="radio"/> \$10,000	<input type="radio"/> \$25,000	<input type="radio"/> \$50,000	<input type="radio"/> \$100,000

**NOTE THAT THE DEDUCTIBLE APPLIES TO COSTS OF INVESTIGATION & DEFENSE AS WELL AS SETTLEMENTS & JUDGMENTS.**

**FIRM MANAGEMENT**

- 1. Does the firm use written letters on all matters for all clients for the following?
  - a. Engagement letter on new matters, outlining scope of representation & billing procedures \_\_YES \_\_NO
  - b. Declination or non-engagement letter on new matter not undertaken \_\_YES \_\_NO
  - c. Scope of service letter for new matters handled for existing clients \_\_YES \_\_NO
  - d. Termination or disengagement letters at completion/termination of representation \_\_YES \_\_NO
  
- 2. Does the firm use a procedure to protect valuable and irreplaceable documents? \_\_YES \_\_NO
  
- 3. Does the firm use a system to cross reference clients to prevent potential conflicts of interest? \_\_YES \_\_NO
  - a.  Manual conflict check
  - b.  Computerized conflict check
  - c.  Other: Describe \_\_\_\_\_
  
- 4. Does the firm have a back-up attorney in the event of leave of absence? \_\_YES \_\_NO
  
- 5. Are the lawyers in the firm required to take MCLE in excess of the State Bar requirements? \_\_YES \_\_NO
  
- 6. Does the firm employ dual calendaring systems? *Select applicable two.* If no, explain. \_\_YES \_\_NO
  - a.  Lawyer calendar
  - b.  Matching staff calendar
  - c.  Computerized
  - d.  Other: Describe \_\_\_\_\_
  
- 7. Is the calendar control system assigned to one staff person who has ultimate responsibility? \_\_YES \_\_NO
  
- 8. How often are the calendars cross checked? *Select one.*
  - a.  Daily
  - b.  Bi-Weekly
  - c.  Weekly
  - d.  Monthly
  - e.  Other: Describe \_\_\_\_\_
  
- 9. Does any lawyer at the firm serve as a director, officer or trustee of a business other than the applicant law firm? If yes, provide position held, length of service, nature of business and whether D&O coverage carried. \_\_YES \_\_NO
  
- 10. Has any lawyer at the firm represented or served as director, officer, and executive or committee member of any financial institution in any manner in last 5 years? If yes, explain. \_\_YES \_\_NO
  
- 11. Does any lawyer at the firm act in the capacity of accountant, insurance broker, real estate agent or entertainment agent? If yes, explain and provide information on other E&O coverage. \_\_YES \_\_NO

**The foregoing responses are true and complete. We understand that the Company will rely upon the accuracy of this application and that the Company retains the right to rescind any policy which is issued based upon an application containing false or incomplete information. We hereby authorize the release and exchange of information involving underwriting and claims matters between the Company and our past and present carriers and we appoint the Company our attorney-in-fact for obtaining such information. We hereby authorize the State Bar of California to release information to the Company concerning membership, certifications and disciplinary proceedings. We agree any person or organization furnishing information to the Company pursuant to this authorization will not be liable for furnishing such information, even if the information is inaccurate or untrue.**

**THIS APPLICATION WILL BE CONSIDERED ONLY IF ALL QUESTIONS ARE ANSWERED, LETTERHEAD IS ATTACHED, AND THE APPLICATION IS SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT FIRM. APPLICANT MUST REPORT ANY CHANGES IN THESE ANSWERS OF WHICH IT BECOMES AWARE AFTER SIGNING THIS APPLICATION BUT BEFORE THE EFFECTIVE DATE OF THE POLICY. IF APPLICANT BECOMES AWARE OF ANY ACTUAL OR POTENTIAL CLAIM AFTER SIGNING THIS APPLICATION AND BEFORE THE EFFECTIVE DATE OF THE POLICY, SUCH ACTUAL OR POTENTIAL CLAIM WILL NOT BE COVERED UNDER THIS POLICY.**

**TAX ID NUMBER:** \_\_\_\_\_ **Signed by:** \_\_\_\_\_

**Cell Phone No.:** \_\_\_\_\_ **Dated:** \_\_\_\_\_ **PRINT NAME & TITLE** \_\_\_\_\_

**FOR ANY QUESTIONS, PLEASE CONTACT LMIC UNDERWRITING TEAM AT (800) 252-2045**

**LAWYERS MUTUAL INSURANCE COMPANY**

**Lawyers Professional Liability Insurance Standard Program Application**

**SUPPLEMENTAL CLAIMS INFORMATION SHEET**

**Please complete ONE FORM for EACH CLAIM OR INCIDENT and answer completely.**

FIRM NAME: _____	Claim Number: _____
CLAIMANT(S) NAME: _____	Client? <input type="radio"/> Yes <input type="radio"/> No
Additional Defendants: _____	
LAWYER(S) who rendered the legal services: _____	
Lawsuit Filed? <input type="radio"/> No <input type="radio"/> Yes	DATE Filed: _____
Current STATUS of Matter: _____	
Claims Reported to CARRIER? <input type="radio"/> Yes <input type="radio"/> No	DATE REPORTED: _____
NAME OF CARRIER: _____	POLICY LIMITS: _____
RESERVES: _____ Defense	_____ Indemnity
AMOUNTS PAID by Carrier: _____ Defense	_____ Indemnity
AMOUNTS YOU PAID: _____ Defense	_____ Indemnity

**CLAIM DESCRIPTION**

Describe facts of representation: \_\_\_\_\_

Describe claimant's allegations: \_\_\_\_\_

Describe alleged damages: \_\_\_\_\_

Describe your defenses: \_\_\_\_\_

Describe outcome of matter: \_\_\_\_\_

Describe steps you have taken to prevent similar claims or incidents in the future: \_\_\_\_\_

\_\_\_\_\_

**NOTE: This Supplemental Claims Information Sheet does NOT require the disclosure of privileged attorney/client communications. THIS SHEET MUST BE DATED AND SIGNED BY OWNER, PARTNER OR OFFICER OF THE FIRM. FURTHER, YOU UNDERSTAND THAT THE INFORMATION SUBMITTED BECOMES A PART OF THE LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.**

Date: \_\_\_\_\_ By: \_\_\_\_\_

\_\_\_\_\_

Print Name and Title

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