

# LAWYERS' MUTUAL INSURANCE COMPANY ASSOCIATION REFERRAL SERVICE PROGRAM

## APPLICATION INSTRUCTIONS

1. Complete, sign and date the attached application.
2. Enclose your check for the full premium payment due made payable to "Lawyers' Mutual".
3. Return your check and completed application to Lawyers' Mutual.

**IF YOU ARE NOT SURE ABOUT YOUR ELIGIBILITY, PLEASE CALL US AT (800) 252-2045. WE WILL BE HAPPY TO ANSWER YOUR QUESTIONS.**

### **IMPORTANT NOTICE**

**EFFECTIVE AUGUST 2, 2004, LAWYERS' MUTUAL INSURANCE COMPANY WILL BEGIN PROCESSING YOUR PAYMENT BY SENDING AN IMAGE OF YOUR CHECK, RATHER THAN THE ORIGINAL CHECK, TO YOUR BANK FOR PAYMENT. IF YOU HAVE QUESTIONS, PLEASE CONTACT US AT (800) 252-2045.**

**IMPORTANT NOTICE TO POLICYHOLDERS;  
TERRORISM RISK INSURANCE ACT OF 2002**

You are hereby notified that, under the recently enacted Terrorism Risk Insurance Act of 2002, you have coverage under your policy, subject to all of its terms, exclusions and conditions, for sums you are legally obligated to pay as Damages by reason of any act, error, omission or Personal Injury arising out of Professional Services rendered or that should have been rendered by the Insured even if the claim giving rise to such Damages is based upon or arises out of acts of terrorism ("Terrorism Coverage").

Any Terrorism Coverage provided by your policy is partially reimbursed by the United States of America under a formula established by Federal Law. Under this formula, the United States will pay 90% of covered terrorism losses exceeding a statutorily established deductible paid by insurers until such time as insured losses under the program reach \$100 billion. If that occurs, Congress will determinate the procedures for, and the source of, any payments for losses in excess of \$100 billion.

The portion of your annual premium that is attributable to Terrorism Coverage is zero.

If, upon renewal of you policy, a premium is going to be charged for Terrorism Coverage, we will provide you with notification of what that premium will be.

# LAWYERS' MUTUAL INSURANCE COMPANY

3110 W. Empire St., Burbank, CA 91504 • 818-565-5512 • 800-252-2045

## ASSOCIATION REFERRAL SERVICE PROGRAM

### Lawyers Professional Liability Insurance Individual Application for a Claims-Made Policy

**ATTENTION:** This Application Will Be Considered Only If Accompanied By A Sample of Your Letterhead.

#### PART I – UNDERWRITING INFORMATION

1. Full Name of Applicant Lawyer: \_\_\_\_\_  Individual  Corporation  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Web Address: \_\_\_\_\_
2. Is Applicant Lawyer a sole practitioner?  Yes  No  
If **NO**, please state name of firm which employs Applicant Lawyer and total number of lawyers employed by this firm:  
Name of Firm: \_\_\_\_\_ Total No. of Lawyers: \_\_\_\_\_
3. Legal Education \_\_\_\_\_ State Bar Data \_\_\_\_\_  
Name of Lawyer to be Insured \_\_\_\_\_ Law School \_\_\_\_\_ Degree/Year \_\_\_\_\_ State Bar Number \_\_\_\_\_ Admission Date (Mo/Day/Year) \_\_\_\_\_
4. Date on which Applicant Lawyer desires claims-made coverage to become effective: 12:01 A.M. \_\_\_\_\_, 20\_\_\_\_
5. Name(s) of Bar Association and Lawyer Referral Service:  
A) \_\_\_\_\_ B) \_\_\_\_\_ C) \_\_\_\_\_
6. Has the Lawyer named in question 3, and/or the law firm which employs this Lawyer ever had any policy of professional liability insurance non-renewed, declined or cancelled?  Yes  No If yes, please give details on a separate sheet.
7. Does the Lawyer named in question 3 for whom coverage is sought by the application have knowledge of any error, omission, or disagreement with any client which might reasonably give rise to a claim or suit against the Lawyer or the law firm which employs this Lawyer?  Yes  No If yes, please give details on a separate sheet.
8. Has the Lawyer named in question 3, and/or the law firm which employs this Lawyer, ever had any claim made against it, him or her during the past 10 years alleging any liability arising from the performance of professional services?  Yes  No If yes, how many? \_\_\_\_\_ Note: Part II of the application must be completed and returned for each claim. If no claims, Part II must still be signed, dated and returned.
9. a. Has any disciplinary proceeding ever been brought by The State Bar of California against the Lawyer named in question 3?  Yes  No If yes, how many? \_\_\_\_\_ Please explain each on a separate sheet.  
b. Has the Lawyer named in question 3 ever been reprimanded by or refused admission to practice, disbarred or suspended from practice before any court or administrative agency?  Yes  No If yes, please give details on a separate sheet.
10. Does the Applicant Lawyer utilize a calendar control system?  Yes  No If yes, to whom is responsibility for entry assigned? If no, please explain. \_\_\_\_\_  
Is the system computerized?  Yes  No  
Does the ultimate responsibility for calendar control of litigation rest with the Lawyer who is handling the case?  Yes  No  
Describe the manner in which the Lawyer who is handling the case is notified of a matter on their calendar: \_\_\_\_\_

The foregoing response to this application 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 on any application containing false or incomplete information. We understand that in order to underwrite professional liability insurance, the Company must have access to all possible information concerning our professional practice. We hereby authorize the release and exchange of information involving past and future underwriting and claims matters between the Company and our past and present insurance carriers (and their agents and brokers) and we appoint the Company or attorney-in-fact to obtain such information. We hereby authorize the State Bar of California to release information to the Company concerning membership status, certified specialties, and disciplinary proceedings. We agree that any person or organization furnishing information to the Company purposed to this authorization will not be liable for the furnishing of such information.

We further agree and understand this policy shall not provide coverage with respect to any claim *except and unless* it is a claim by a client of the Insured and arising out of professional legal services rendered by the insured with respect to a lawsuit or other legal matter referred to the Insured by the referral service of the Bar Association(s) listed above, and such referral is made on or after the commencement of the policy period.

Date: \_\_\_\_\_, 20\_\_\_\_  
(Month/Day) \_\_\_\_\_ (Name of Applicant Lawyers' Firm)

Telephone Number: (\_\_\_\_) \_\_\_\_\_ By \_\_\_\_\_  
(Signature of Applicant Lawyer)

Social Security or Taxpayer I.D. No.: \_\_\_\_\_ Applicant Lawyer: \_\_\_\_\_  
(Please print name)

**NOTE:** THIS APPLICATION WILL BE CONSIDERED ONLY IF EVERY QUESTION IS ANSWERED, A SAMPLE OF YOUR LETTERHEAD IS ENCLOSED, AND THE APPLICATION IS SIGNED AND DATED. **PART II** – CLAIMS INFORMATION – **MUST** ALSO BE SIGNED, DATED AND RETURNED EVEN IF THERE ARE NO CLAIMS.

# LAWYERS' MUTUAL INSURANCE COMPANY

## APPLICATION – PART II – CLAIMS INFORMATION SHEET

**NOTE: COMPLETE ONE COPY OF THIS FORM FOR EACH CLAIM.**

Applicant Firm: \_\_\_\_\_

1. Name of Claimant: \_\_\_\_\_

Was Claimant a client? \_\_\_\_\_

Yes or No

2. Date(s) on which professional services were rendered which comprise the alleged basis for the claim.

\_\_\_\_\_

3. a. Individual lawyer(s) who allegedly rendered such professional services.

\_\_\_\_\_

b. Date lawyer(s) with applicant law firm.

\_\_\_\_\_

c. Dates lawyer(s) involved with underlying case.

\_\_\_\_\_

4. Insurance Carrier(s) to which claim has been reported.

**Name**

**Date First Reported**

\_\_\_\_\_

5. Allegations of Claimant (describe the facts and events which the Claimant alleges to have occurred – not the legal theory or the name of the alleged tort.)

\_\_\_\_\_

6. State any defenses you expect to assert, or did assert.

\_\_\_\_\_

7. Has a lawsuit been instituted in which these allegations have been made? \_\_\_\_\_

Yes or No

8. If the answer to No. 7 is "Yes", state:

a. Name of lawsuit \_\_\_\_\_

b. Court \_\_\_\_\_

c. Your Attorney \_\_\_\_\_

d. Case Number \_\_\_\_\_

e. Claimant's Attorney \_\_\_\_\_

f. Current Status of Proceeding:

Current Settlement Demand: \$ \_\_\_\_\_

Pleadings Not At-Issue

Pleadings At-Issue, But No Trial Set

Trial set for (date) \_\_\_\_\_

Case was tried on \_\_\_\_\_

Result \_\_\_\_\_

Final Judgment

9. Current Status of Claim \_\_\_\_\_ . If closed, give approximate date \_\_\_\_\_ . Result \_\_\_\_\_ .

Open or Closed

10. a. Total amounts paid to Claimant (from whatever source) pursuant to or in connection with the claim: \$ \_\_\_\_\_

b. Applicant's share of amount paid to Claimant: \$ \_\_\_\_\_ . Defense costs paid to date: \$ \_\_\_\_\_

(NOTE: THIS CLAIMS INFORMATION SHEET DOES NOT ELICIT THE DISCLOSURE OF PRIVILEGED ATTORNEY-CLIENT COMMUNICATIONS. CARE SHOULD BE TAKEN TO PROVIDE COMPLETE INFORMATION WITHOUT MAKING SUCH DISCLOSURES. THIS SHEET MUST BE DATED AND EXECUTED BY EACH OF THE ATTORNEYS WHO WERE IDENTIFIED IN RESPONSE TO ITEM NO. 3, SUPRA.)

Dated: \_\_\_\_\_, 20\_\_\_\_. Signed: \_\_\_\_\_

(Applicant-Owner or Partner)