

Complete AREA OF PRACTICE table based on average *CASELOAD* during the last 3 years

Area of Law	Percentage of Cases	Describe, if required*	Area of Law	Percentage of Cases	Describe, if required*
Administrative			Estate Planning*		
Admiralty			Government/Municipal*		
Anti-Trust			Healthcare		
Appellate			Immigration		
Arbitrator/Mediator			Intellectual Property*		
Banking*			Insurance Defense*		
Bankruptcy			International		
Business*			Investment*		
Civil Rights			Landlord/Tenant		
Collections*			Litigation		
Construction			Other*		
Commercial			Plaintiff/PI*		
Copyright*			Plaintiff Workers' Comp		
Corporate*			Patents*		
Criminal			Real Estate*		
Elder			Securities*		
Employment*			Taxation*		
Family Law*			Trademarks*		
Entertainment*			Wills & Trust*		
Environmental*			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. ___ Yes ___ No
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)**. ___ Yes ___ No
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 Has Applicant or any current or former lawyer at the Firm ever withdrawn or had application declined for any professional liability policy or ever had any such policy non-renewed, cancelled, rescinded or coverage restricted?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. ___ Yes ___ No
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. ___ Yes ___ No
5. Has the Applicant or any lawyer at the Firm sued for fees during the past 5 years? If yes, explain. ___ Yes ___ No
6. Has any lawyer at the Firm been charged/convicted of any State or Federal offense? If yes, explain. ___ Yes ___ No

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

LIMITS	<input type="checkbox"/> \$100K/300K	<input type="checkbox"/> \$250K/750K	<input type="checkbox"/> \$500K/1.5M	<input type="checkbox"/> \$1M/3M	<input type="checkbox"/> \$2M/4M	<input type="checkbox"/> \$3M/5M	<input type="checkbox"/> \$5M/7M
DEDUCTIBLE	<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

Maximum Deductible for solo lawyer is \$5,000

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: _____
- 4. Does the Firm have a back-up attorney in the event of leave of absence? Yes No
- 5. 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: _____
- 6. Is the calendar control system assigned to one staff person who has ultimate responsibility? Yes No
- 7. How often are the calendars cross checked? *Select one.*
 - a. Daily b. Bi-Weekly c. Weekly d. Monthly e. Other: _____
- 8. 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
- 9. Has any lawyer at the Firm represented or served as director, officer, executive or committee member of any financial institution in any manner in last 5 years? If yes, explain. Yes No
- 10. 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 any other E&O coverage. Yes No

IMPORTANT NOTE

The forgoing 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.

Signature (Owner, Partner, or Officer): _____ Tax ID Number: _____
Print Name & Title: _____ Date: _____

For clarification, please contact our Underwriters at - 1 (800) 252-2045

LAWYERS' MUTUAL INSURANCE COMPANY

Lawyers Professional Liability Insurance – Supplemental Claim Sheet

For Claims Made & Reported Policy

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

Firm Name: _____ Claim Number: _____

Claimant(s) Name: _____ Client? Yes No

Additional Defendants: _____

Lawyer(s) who rendered the legal services: _____

Lawsuit Filed? No Yes Date Filed: _____

Current STATUS of Matter: _____

Claims Reported to CARRIER? Yes No Date Reported: _____

NAME OF CARRIER: _____ POLICY LIMITS: _____

Current Reserves: _____ Defense _____ Indemnity

Amounts Paid by Carrier: _____ Defense _____ Indemnity

Amounts Paid by You: _____ 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.

Signature (Owner, Partner, or Officer): _____

Print Name & Title: _____ Date: _____

For clarification, please contact our Underwriters at - 1 (800) 252-2045