



**LAWYERS'
MUTUAL**
INSURANCE COMPANY

Bar Association Program Application
Claims Made & Reported Policy

ATTENTION! This application will be considered only if accompanied by a sample of the Association's letterhead.

GENERAL INFORMATION

Full Name of Bar Association and/or Lawyer Referral Service: _____

Business Address: _____

Primary Contact Number: _____ Primary Fax Number: _____

Primary Contact Email: _____ Website Address: _____

Date Established: _____ Effective Date Requested: _____

Please attach names of current Directors, Officers, General Counsel and Executive Director of the Bar and/or Lawyer Referral Service.

List all past/present affiliations with other entities. Describe relationship in detail and indicate period of affiliation: _____

Provide the number of: **No.**

Directors	
Officers	
*Active Members	
Inactive Members	
Clerical Staff	
Other (describe)	

***REQUIRED**

List the kinds of publications and other printed or recorded materials including advertisements furnished to members and/or non-members (attach a copy of printed materials): _____

- Does the Bar Association and/or Lawyer Referral Service provide a referral service, legal aid service, computer service or any other type of panel to its members or the public? If yes, list all affiliated panels/areas of law on a separate sheet. ___ Yes ___ No
- Does the Bar Association and/or Lawyer Referral Service promote or sponsor any type of group travel, conventions, parades or other events, or assume any liability in connection therewith? If yes, explain on a separate sheet. ___ Yes ___ No
- Does the Bar Association and/or Lawyer Referral Service promote, sponsor or provide any type of insurance to its members or non-members? If yes, explain on a separate sheet. ___ Yes ___ No
- Does the Bar Association and/or Lawyer Referral Service act as a fiduciary or administrator under the Employee Retirement Income Security Act of 1974? If yes, explain on a separate sheet. ___ Yes ___ No
- Does the Bar Association and/or Lawyer Referral Service take any disciplinary action or recommend disciplinary action, or engage in any other type of peer review group activities? If yes, explain on a separate sheet. ___ Yes ___ No
- Does the Bar Association and/or Lawyer Referral Service perform any other activities or services not specifically included in (1-5)? If yes, explain on a separate sheet. ___ Yes ___ No

7. Has the Bar Association and/or Lawyer Referral Service ever been convicted of a violation of any law or ordinance? ___ Yes ___ No
8. Has any insurance company or Lloyd's ever cancelled, declined, refused to renew or accepted only on special terms your errors and omissions insurance? Describe the circumstances on a separate sheet. ___ Yes ___ No
9. Has any claim or suit been brought against the Bar Association and/or Lawyer Referral Service or any of its past or present officers, directors or employees within the last 3 years in their capacity as an officer, director or employee of the Policyholder? **If yes**, complete a Claims Information Sheet (attached) for **each** claim/suit. ___ Yes ___ No
10. Is the Bar Association and/or Lawyer Referral Service, or any of its officers, directors or employees, aware of any circumstances that may result in an errors or omissions claim or suit being made or brought against the Policyholder? **If yes**, complete a Claims Information Sheet for **each** incident. ___ Yes ___ No
11. **On a separate sheet**, describe the Association's and/or Lawyer Referral Service's procedure for verifying the State Bar's insurance requirement for LRS lawyers. Include whether verification takes place at the time of each referral or only upon the lawyer's renewal with the LRS.
12. **On a separate sheet**, list any and all errors and omissions insurance carried by the Bar Association and/or Lawyer Referral Service for each of the past five years. Provide the name(s) of insurance company, policy no., limits of liability, deductible, inception and expiration date.
13. INDICATE DESIRED LIMITS OF LIABILITY (BELOW) AND DATE COVERAGE TO BECOME EFFECTIVE: _____
Mo/Day/Yr

LIMITS AND DEDUCTIBLE OPTIONS - Check the desired options

LIMITS	<input type="checkbox"/> \$100K/100K	<input type="checkbox"/> \$250K/250K	<input type="checkbox"/> \$500K/500K	<input type="checkbox"/> \$1M/1M
DEDUCTIBLE	<input type="radio"/> \$2,500	<input type="radio"/> \$2,500	<input type="radio"/> \$2,500	<input type="radio"/> \$2,500

I/We warrant that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein should the Company accept this application by issuance of a policy. I/We hereby authorize the release of claim information from any prior insurer to Lawyers' Mutual Insurance Company.

I/We understand and accept that should this policy be issued by the Company, it provides coverage on a "claims made" basis for ONLY THOSE CLAIMS THAT ARE MADE AGAINST THE INSURED/POLICYHOLDER AND REPORTED TO THE COMPANY WHILE THE POLICY IS IN FORCE and that coverage ceases with the termination of the policy unless the Policyholder exercises the options available and in accordance with the terms of the policy.

Signature & Title (Officer, Director or Executive Director): _____

Print Name: _____ Date: _____

Federal Employer's Tax I.D. No.: _____

Return the application to Lawyers' Mutual Insurance Company, 3110 W. Empire Avenue, Burbank, CA 91504

LAWYERS' MUTUAL INSURANCE COMPANY

**Bar Association
Claims Information Sheet**

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

Full Name of Bar Association and/or Lawyers Referral Services: _____

Claimant Name: _____ Was Claimant a lawyer? Yes No

1. Relationship of applicant to claimant and date(s) of which this relationship existed which comprised the alleged basis for the claim.

2. Individual Officers, Directors or Employees of Policyholder named in the claim: _____

3. List any additional Defendants and relationship to Policyholder: _____

4. Has the claim been reported to a carrier? If yes, list the 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 Policyholder asserted or expects to assert.

7. Describe any steps taken by applicant to prevent such future claims:

8. Has a lawsuit been instituted in which these allegations have been made? Yes No

9. If the answer to No. 4 "yes," state:

- a. Name of Lawsuit _____
- b. Court _____
- c. Policyholder's Attorney _____
- d. Case number _____
- e. Claimant's Attorney _____

f. Current Status of Legal 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

Current Status of Claim: _____ . If closed, give date _____ . Result _____ .
Open or Closed Mo/Day/Year

Total amounts paid to claimant (from whatever source) pursuant to or in connection with the claim. \$ _____ .
Policyholder's share of amount paid to claimant. \$ _____ . **Defense costs paid** to date \$ _____ .

(NOTE: THIS CLAIM 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 A CURRENT OFFICER, DIRECTOR OR THE EXECUTIVE DIRECTOR OF THE POLICYHOLDER AS IDENTIFIED IN QUESTION 1 ABOVE)

Signature of Applicant: _____

Print Name & Title: _____ Date: _____

REV. 04/00