



LAWYERS PROFESSIONAL LIABILITY INSURANCE

STANDARD PROGRAM APPLICATION

Claims Made & Reported Policy

Please complete this form to the best of the Firm's knowledge and return with a *sample of the Firm's Letterhead*

I. General Information:

Applicant Firm name: _____ Principal address: _____

Primary contact number: _____ Primary fax number: _____

Primary contact e-mail: _____ Website address: _____

Date the Firm was established: _____ Effective date requested: _____

Does the Firm have a satellite office(s): _____ (Y/N) If yes, provide address(es): _____

Firm Business **TYPE***: _____

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

List ALL Lawyers practicing on behalf of the firm: Total No. of Lawyers: _____

Lawyer Name - Work Email / Office	Bar No. & State	Admit Date	Date of Hire	Specialty Certified (Area)	Status / Relationship	Prior Acts Date Requested

Does the Firm employ any provisionally licensed attorneys? _____ (Y/N) If yes, how many? _____

Office: Designate at which office Lawyer(s) primarily work - **P** = Principal office; **S** = Satellite office

Status: **FT** = Full Time or **PT** = Part Time (working 20 hours or less per week)

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

Prior – MUST attach current insurance DECLARATION pages to confirm Prior acts date requested

List ALL employed STAFF in each category: Total No. of Staff = _____

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

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 to the Policy effective date. However, prior acts coverage is available upon request and approval with submission of proof of current coverage.

II. Firm – Area(s) of Practice: Complete the table below based on the *Average Caseload during the last 3 years*

Area(s) of Practice	% of Cases	Area(s) of Practice	% of Cases
Administrative Law		Government Contracts / Municipal	
Admiralty / Marine - Defense		Healthcare	
Admiralty / Marine - Plaintiff		Immigration & Naturalization	
Anti-Trust / Trade Regulation		Immigration & Naturalization – EB-5	
Appellate		Insurance Defense	
Arbitrator / Mediator		International Law	
Banking / Financial Institutions		Juvenile Dependency	
Bankruptcy / Collection		Labor Law - Management	
Business / Investment Litigation		Labor Law - Union / Employee	
Cannabis		Landlord / Tenant / Unlawful Detainer	
Civil Rights / Discrimination		Mergers / Acquisitions	
Class Action / Mass Torts		Oil / Gas / Mineral Rights	
Commercial or Civil Litigation - Defense		Other	
Commercial or Civil Litigation - Plaintiff		PAGA	
Construction / Building Contracts		Patent Law	
Consumer Claims		Pension and Employee Benefits (ERISA)	
Copyright Law		Personal Injury - Defense	
Corporate Law		Personal Injury - Plaintiff	
Criminal Law		Real Estate	
Elder Law / Social Security		Securities / Corporate Bonds	
Employment Law		Special Practice	
Entertainment / Sports Law		Special Education	
Environmental Law		Tax Opinions	
Estate, Probate, Trusts & Wills < \$2M		Taxation	
Estate, Probate, Trusts & Wills > \$2M		Trademark Law	
Family Law / Dissolution		Workers Compensation - Defense	
		Workers Compensation - Plaintiff	

Please provide a brief description for each of the Firm’s Area(s) of Practice that were highlighted in **Bold**:

III. Claim Experience and Bar Discipline:

- 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
- 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, **download and complete the Supplemental Claim Sheet.** ___ Yes ___ No
- 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
- Are you aware of any current or potential disciplinary complaint against you or any current or former Lawyer at the Applicant firm, or any current or potential disciplinary investigation or disciplinary proceeding by or before a state or federal licensing board (including, but not limited to, the State Bar of California) against you or any current or former Lawyer at the Applicant Firm? If yes, explain. ___ Yes ___ No
- Has the Applicant or any Lawyer at the Firm sued for fees during the past 5 years? If yes, explain. ___ Yes ___ No
- Has any Lawyer at the Firm been charged/convicted of any State or Federal offense? If yes, explain. ___ Yes ___ No

IMPORTANT: This Policy **WILL NOT PROVIDE COVERAGE** for any actual or potential **CLAIMS KNOWN** to any applicant/insured **PRIOR TO THE INCEPTION OF THIS POLICY**, including matters disclosed on this application. Any such claims should be reported to your current carrier prior to expiration of your current Policy.

IV. Limits and Deductible:

Please check the desired options

Policy 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
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All Policies include a \$50,000 Defense and Containment Cost Allowance outside the Policy Limits

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
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*The Maximum Deductible for solo lawyer is \$5,000
The Deductible Applies to Costs of Investigation & Defense as well as Settlements & Judgments*

V. 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
 Manual conflict check Computerized conflict check 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
 Lawyer calendar Matching staff calendar Computerized 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.*
 Daily Bi-Weekly Weekly Monthly 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

VI. Disclosure:

IMPORTANT NOTE

The forgoing responses are true and complete. Applicant understands 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. Applicant hereby authorize the release and exchange of information involving underwriting and claims matters between the Company and our past and present carriers and appoints the Company our attorney-in-fact for obtaining such information. Applicant hereby authorizes the State Bar of California to release information to the Company concerning membership, certifications, and disciplinary proceedings. Applicant agrees 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.

VII. Signature:

Signature (Owner, Partner, or Officer): _____

Print Name & Title: _____ Date: _____

Preferred Method of Contact (select one): Email USPS

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? No Yes

Additional Defendants: _____

Lawyer(s) who rendered the legal services: _____

Lawsuit Filed? No Yes

Date Filed: _____

Current STATUS of Matter: _____

Claims Reported to CARRIER? No Yes

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): _____ Tax ID Number: _____

Print Name & Title: _____ Date: _____

For clarification, CONTACT our UNDERWRITERS at - 1 (800) 252-2045