



**LAWYERS'  
MUTUAL**  
INSURANCE COMPANY

**LAWYERS PROFESSIONAL LIABILITY INSURANCE  
STRONG START PROGRAM APPLICATION**

**Claims Made & Reported Policy**

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

**I. Important Policy Features:**

Policy limits: \$100,000 per claim with a \$300,000 annual aggregate.

Policy deductible: \$1,000 per claim.

No Prior Acts: the Company will not provide indemnity or defense for any claim arising out of an act, error, or omission occurring prior to the effective date of your first policy.

Five year program – after which a standard policy will be issued at a **20% discount** and higher deductible/limits may be requested.

**II. General Information:**

Full Name of Applicant: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_

Primary Fax Number: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

Website Address: \_\_\_\_\_

Date the Firm was Established: \_\_\_\_\_

Effective Date Requested: \_\_\_\_\_

Is the Applicant Lawyer a Solo Practitioner?     Yes     No

Does the applicant have a backup attorney?     Yes     No

Law School/Graduation Year: \_\_\_\_\_

Bar # and Admission Date: \_\_\_\_\_

Firm Business **TYPE**\*: \_\_\_\_\_

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

**III. Firm Management:**

1. Describe the Applicant's calendars, notification, and procedure(s) for scheduling matters?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe the Applicant's system to cross reference clients to prevent potential conflicts of interest?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

If your Area(s) of Practice are within the highlighted **Bold** section(s) please provide a brief description for each:

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**V. Claim Experience and Bar Discipline:**

- Does the Applicant have knowledge of any act, error, omission or disagreement which might reasonably give rise to a claim or suit? \_\_\_ 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
- Has Applicant ever withdrawn or had application declined for any professional liability policy or ever had any such policy nonrenewed, cancelled, rescinded or coverage restricted? \_\_\_ Yes \_\_\_ No
- Has the Applicant or any Lawyer at the Firm sued for fees during the past 5 years? \_\_\_ Yes \_\_\_ No
- Has any Lawyer at the Firm been charged/convicted of any State or Federal offense? If yes, explain. \_\_\_ Yes \_\_\_ No

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

**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 authorizes 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 (please select one):  Email  USPS

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