



**LAWYERS'
MUTUAL**
INSURANCE COMPANY

LAWYERS PROFESSIONAL LIABILITY INSURANCE

Association Referral Service 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.

To enter and remain in the Referral Program, applicant must be a solo practitioner.

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 Bar # and Admission Date: _____

If no, explain on a separate sheet and attach Law School/Graduation Year: _____

Firm Business **TYPE***: _____

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

III. Bar Association/LRS Information:

Name(s) of California State Bar Certified lawyer referral service(s) you are seeking coverage for:

1) _____

2) _____

3) _____

IV. Claim Experience and Bar Discipline:

1. Does the Applicant have knowledge of any act, error, omission or disagreement which might reasonably give rise to a claim or suit? ___ Yes ___ No
2. Has any claim or disciplinary proceedings been made against Applicant arising from the performance of professional services during the past 10 years? ___ Yes ___ No
3. Has Applicant ever withdrawn or had an application declined for any professional liability policy or ever had any such policy nonrenewed, cancelled, rescinded or coverage restricted? ___ Yes ___ No
4. Has the Applicant or any Lawyer at the Firm sued for fees during the past 5 years? ___ Yes ___ No
5. 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 **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.

V. 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		Insurance Defense	
Appellate		International Law	
Arbitration / Mediation		Juvenile Dependency	
Banking / Financial Institutions		Labor Law - Management	
Bankruptcy / Collection		Labor Law - Union / Employee	
Business / Investment Litigation		Landlord / Tenant / Unlawful Detainer	
Civil Rights / Discrimination		Mergers / Acquisitions	
Class Action / Mass Torts		Oil / Gas / Mineral Rights	
Commercial / Civil Litigation - Defense		Other	
Commercial / Civil Litigation - Plaintiff		Patent Law	
Construction / Building Contracts		Pension and Employee Benefits (ERISA)	
Consumer Claims		Personal Injury - Defense	
Copyright Law		Personal Injury - Plaintiff	
Corporate Law		Real Estate	
Criminal Law		Securities / Corporate Bonds	
Elder Law / Social Security		Special Practice	
Employment Law		Tax Opinions	
Entertainment / Sports Law		Taxation	
Environmental Law		Trademark Law	
Estate, Probate, Trusts & Wills < \$2M		Workers Compensation - Defense	
Estate, Probate, Trusts & Wills > \$2M		Workers Compensation - Plaintiff	
Family Law / Dissolution			

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

VI. Firm Management:

7. Does the Firm employ dual calendaring systems? *Select applicable **two***. If no, explain. ___ Yes ___ No
 Lawyer calendar Matching staff calendar Computerized Other: _____
8. Is the calendar control system assigned to one staff person who has ultimate responsibility? ___ Yes ___ No
9. How often are the calendars cross checked? *Select **one***.
 Daily Bi-Weekly Weekly Monthly Other: _____

VII. 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.

VIII. 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

Completed applications should be returned via email to applications@lawyersmutual.com, or via fax to (818) 565-5516 or via mail to 3110 W. Empire Ave., Burbank, CA 91504.