LAWYERS' MUTUAL INSURANCE COMPANY

LAWYERS PROFESSIONAL LIABILITY INSURANCE

STANDARD 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 (Month/Day/Year): _____ Effective date requested: _____

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

Is the Applicant Lawyer a Solo Practitioner? ____ Yes ____ No

Firm Business **TYPE***: _____

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

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

Lawyer Name	Office	Bar No., Admit Date & State	Degree Year	Date of Hire	Full Time or Part Time (working 20 hours or less per week)	Position	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 - principal office or satellite office

Position: Employee, Owner, Partner, Associate, Independent Contractor, Of Counsel, Provisionally Licensed Lawyer, etc…

*If requesting prior acts coverage, applicant must attach current insurance Declaration pages to confirm prior acts date requested

List all employed, non-attorney staff in each category: Total No. of Non-Attorney 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		Healthcare	
Admiralty / Marine - Defense		Immigration & Naturalization	
Admiralty / Marine - Plaintiff		Immigration & Naturalization – EB-5	
Anti-Trust / Trade Regulation		Insurance Defense	
Appellate		International Law	
Arbitrator / Mediator		**Investment Litigation**	
Banking / Financial Institutions		Juvenile Dependency	
Bankruptcy		Labor Law - Management	
Business Litigation		Labor Law - Union / Employee	
Cannabis		Landlord / Tenant / Unlawful Detainer	
Civil Rights / Discrimination		**Mergers / Acquisitions**	
Class Action / Mass Torts		Oil / Gas / Mineral Rights	
Collection		**Other**	
Commercial or Civil Litigation - Defense		PAGA	
Commercial or 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		Special Education	
Entertainment / Sports Law		Tax Opinions	
Environmental Law		Taxation	
Estate, Probate, Trusts & Wills < $2M		**Trademark Law**	
Estate, Probate, Trusts & Wills > $2M		Workers Compensation - Defense	
Family Law / Dissolution		Workers Compensation - Plaintiff	
Government Contracts / Municipal			

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: Please explain any Yes response below.

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, **complete the Supplemental Claim Sheet on page 5**. ____ 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. Briefly describe the Firm's billing collection procedures: _____

7. 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 claim(s) should be reported to your current carrier prior to expiration of your current Policy.

IV. Limits and Deductible:

Please check the desired option(s)

Policy Limits	□ $100K/300K	□ $250K/750K	□ $500K/1.5M	□ $1M/3M	□ $2M/4M	□ $3M/5M	□ $5M/7M

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

Deductible	○ $1,000	○ $2,500	○ $5,000	○ $10,000	○ $25,000	○ $50,000	○ $100,000

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. If a conflict or potential conflict exists are written disclosures made? ___ Yes ___ No
5. How often is the conflicts system updated? _____
6. Who is responsible for performing the conflicts check? _____
7. Does the Firm have a back-up attorney in the event of leave of absence? ___ Yes ___ No
8. Does the Firm employ dual calendaring systems? *Select applicable **two**.* If no, explain. ___ Yes ___ No

   □ Lawyer calendar □ Matching staff calendar □ Computerized □ Other: _____
9. Who has the ultimate responsibility for the calendar system? _____
10. How often are the calendars cross checked? □ Daily □ Bi-Weekly □ Weekly □ Other _____
11. Does any Lawyer at the Firm serve as an owner, 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
12. 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
13. 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 (please 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 LIABLITY 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