



Renewal Application for Lawyers' Professional Liability Insurance



FREEDOM SPECIALTY™

NOTICE: THIS IS AN APPLICATION FOR CLAIMS MADE AND REPORTED POLICY. THE POLICY COVERS ONLY CLAIMS FIRST MADE DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE, AND OTHERWISE COVERED BY THIS INSURANCE.

Please fully answer all questions in ink. Complete all sections, including the appropriate supplements. If space is inadequate to answer all questions in full, please provide details on a supplemental sheet of paper.

Throughout this application the words "you" and "your" refer to the applicant herein and any subsidiary, partner, officer, director, member, covered independent contractor or employee of the applicant. The words "we", "us" and "our", refer to the insurance company to which this application is made.

PLEASE ENSURE THAT THE APPROPRIATE SUPPLEMENTS ARE COMPLETED AND ATTACHED.

General Firm Information

1. Name of Applicant: _____

Individual Partnership P.A. P.C. L.L.C. L.L.P. Other

Please attach sample letterhead. If you have multiple offices, please attach a sample letterhead for each office.

2. Address of Principal Office:

Street: _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone Number: _____ Facsimile: _____

Contact Person: _____ Email: _____

3. Have you added any Branch Offices since your last application? Yes No *If "Yes", please complete the Branch Office and Affiliate Supplement.*

4. Are there any material pending changes to your organization including but not limited to merger, acquisition combination or other restructuring? Yes No *If "Yes", please provide details in a separate addendum.*

Attorneys & Staff

5. Total number of attorneys in the principal office and branch(es), if any, (excluding attorneys engaged as independent contractors or on a per diem basis):

This year: _____ (as of _____) Last year: _____

Please complete the New Attorney Supplement for all newly added attorneys not disclosed on your previous year application.

6. List all attorneys that are to be considered as insured individuals under the policy. If sole practitioner, please list yourself:

Name of Each Attorney	Position (P, A, OC, IC)	Date of Hire (Month/Year)	Year Admitted to the Bar	Member of following Bar Associations	If Part-Time Average weekly hours worked on behalf of the firm

(P: Partner, A: Associate, OC: Of Counsel, IC: Independent Contractor)

If more than 10 attorneys, attach additional sheet(s).

Total Number of Attorneys: _____

Breakdown of Practice

7. Indicate the percentage of gross income for the past fiscal year derived from the following areas of practice.

Area of Practice	Percent	Area of Practice	Percent
Arbitration / Mediation	%	Commercial Litigation – Plaintiff ^[1]	%
Administrative law	%	Entertainment / Sports ^[1]	%
Admiralty / Maritime	%	Environmental ^[1]	%
Bankruptcy	%	Estate, Trust, Probate, and Wills ^[1]	%
Collection/Repossessions	%	Intellectual Property Trademark Registration ^[3]	%
Commercial Litigation – Defense ^[1]	%	Intellectual Property Trademark Search ^[3]	%
Criminal law	%	Labor - Labor Representation	%
Insurance Defense ^[1]	%	Mergers / Acquisitions	%
Juvenile / Guardianship	%	Oil, Gas or Mining ^[1]	%
Personal BI/PD Defense	%	Pension & Employee Benefits	%
Workers Compensation Defense	%	Personal BI/PD Plaintiff ^[1]	%
Total	%	Real Estate - Commercial	%
		Real Estate – Residential ^[1]	%
		Real Estate - Land Use / Zoning ^[1]	%
		Real Estate - Title Examination ^[1]	%
		Tax – Opinions	%
Anti-Trust/Trade Regulation	%	Worker's Compensation - Plaintiff	%
Civil rights/Discrimination	%	Total	%
Commercial Transactions	%		
Corporation Formation / Alteration	%	Banking / Financial Institutions ^[1]	%
Domestic Relations	%	Other Intellectual Property Services ^[3]	%
• Assets under \$1,000,000	%	Patent/Copyright/Trademark Licensing ^[4]	%
• Assets \$1,000,000 to \$5,000,000	%	Securities ^[1]	%
• Assets more than \$5,000,000	%	• Private Placements	%
Immigration and Naturalization	%	• Public	%
Intellectual Property Litigation ^[3]	%	Real Estate – Loan Modification	%
International/Foreign Law ^[2]	%	Real Estate – HOA/COA Representation	%
Labor - Management Representation	%	Total	%
Government/Municipal (Not bonds)	%		
Tax - Preparation of Returns	%	Patent Prosecution - Domestic or Foreign ^[4]	%
Total	%	Patent Searches - Domestic or Foreign ^[4]	%
		Intellectual Property Counseling ^[3]	%
		Intellectual Prop. Infringement/Opinions ^[3]	%
Other (<i>explain</i>) ^[2]	%	Class Action/Mass Tort Law	%
Total	%	Total	%
		Total of all areas of practice must equal	100%

^[1] Supplemental application must be completed.

^[2] Describe: _____

^[3] Request alternative application

Billings

10. List **your** gross billings for the past 12months _____

11. According to gross billings, please list the 5 largest current clients for **your** firm in the past 12 months. If confidentiality is required, please describe only the nature of business and legal services provided.

Name of Client	Nature of client’s business	Legal services provided	% revenue derived from client over past 12 months

12. Has **your** firm, or anyone in **your** firm, in the past five years, ever represented issuers, underwriters, or affiliates thereof with respect to the issuance, offering or sale of securities or bonds? *If “Yes”, please complete the Securities supplement.* Yes No
13. Has **your** firm, or anyone ever affiliated with **your** firm, provided legal services for any Financial Institution during the last 5 years? *If “Yes”, please complete the Financial Institution Supplement.* Yes No
14. Has your firm, or anyone representing your firm, ever been involved in any class action or mass tort cases? If “Yes”, please provide full details of the case, number of plaintiffs, current status, and final resolution. Yes No
15. Has your firm, or anyone representing your firm, ever provided investment advice to a client? Yes No

Independent Contractors

16. Have **you** utilized any new attorneys on an Independent Contractor basis since **your** last application? Yes No
If the response is “Yes” please provide information below.

Name of Independent Contractor:	Hours (per week):	Insurance Verified:
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

Please note: Coverage for which the Applicant is applying does not extend to include Independent Contractors, unless specifically agreed by the Insurer and evidenced by the issue of an endorsement.

Other Activities

17. Since **your** last application have **you** engaged in any of the following *a* through *d*?
 No
 Yes - please complete the following:

Type of Practice:	Percent of Practice Devoted to each:	Professional Liability Insurance Company Providing You Separate Coverage:	Expiration Date: (mo./day/yr.)
a. Accountant:			
b. Real Estate Agent or Broker			
c. Title Abstractor/Searcher			
d. Title Agent:			

18. Since **your** last application have any of **you** accepted a position as a director, officer, trustee or partner for any business enterprise other than the applicant named in Item 1 of this application? *If “Yes”, please complete the Outside Interest Supplement.* Yes No

Risk Management

19. Have **you** changed **your** firm administrator since **your** last application? Yes No
20. Have **you** adopted or made changes to **your** firm's written risk management procedures since **your** last application? Yes No
21. Have **you** adopted or made changes to **your** firm's standard letters such as engagement letters, disengagement letters, retainer agreements, etc. since **your** last application? Yes No
22. Have **you** adopted or made changes to **your** firm's conflict of interest screening procedures since **your** last application? Yes No
23. Do you use a formal system to evaluate the performance of all non-attorney employees? Yes No
24. Have **you** filed any suits against **your** clients to collect fees since **your** last application? Yes No
25. Have **you** changed **your** back-up attorney since **your** last application? Yes No
26. Have **you** shared office space, cases or letterhead with any new law firm since **your** last application? Yes No

If the response is "Yes" to any of the above please provide details on a separate addendum.

Claims History

27. Since **your** last application have any of **you** been refused admission to practice, disbarred, suspended, reprimanded, sanctioned or held in contempt by any court, administrative agency, or regulatory body? Yes No
If "Yes", please provide details on a separate addendum. How Many? _____
28. Since **your** last application have any of you had a disciplinary complaint made to any court, administrative agency or regulatory body in the past year? *If "Yes", please complete a Claim Supplement for each disciplinary complaint.* Yes No
How Many? _____
29. Has any professional liability claim or suit been made against **you** or anyone in **your** firm since **your** last application? *If "Yes", please complete a Claim Supplement for each claim/incident.* Yes No
How Many? _____
30. Are **you** or anyone in **your** firm aware of any incident, circumstances, acts, errors, omissions, or personal injuries that could result in a professional liability claim against any attorney of the firm or its predecessors irrespective of the actual validity of such claim? *If "Yes", please complete a Claim Supplement for each incident.* Yes No
How Many? _____

Desired Limits

31. Please provide limits of liability and deductible options requested:

As expiring OR

LIMITS OF LIABILITY:

Per Claim/Aggregate
\$ _____ /\$ _____

DEDUCTIBLE:

\$ _____

*Minimum deductible will apply based upon size of firm, areas of practice, and prior loss history

Representations and Signature

FRAUD PREVENTION - GENERAL WARNING

NOTICE: Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or claim containing any materially false information or conceals for the purposes of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO ARKANSAS, MINNESOTA AND OHIO APPLICANTS: Any person who, with intent to defraud or knowing that h/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud, which is a crime.

NOTICE TO CALIFORNIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss is a crime punishable by fines or imprisonment, or both.

NOTICE TO IDAHO APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any Insurance Company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO INDIANA APPLICANTS: Any person who knowingly and with the intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA AND NEW MEXICO APPLICANTS: Any person who knowingly present a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO MAINE, TENNESSEE, AND VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits..

NOTICE TO MICHIGAN APPLICANTS: Any person who knowingly and with intent to injure or defraud any insurer submits a claim containing any false, incomplete or misleading information shall upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.

NOTICE TO NEVADA APPLICANTS: Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

NOTICE TO NEW HAMPSHIRE APPLICANTS: Any person who, with purpose to injure, defraud or deceive any Insurance Company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON AND TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any fact materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. I agree that signing this form will permit the program manager or their agents to use emails to communicate directly to the party identified in Item 1. of this application, and/or their designees.

REPRESENTATION: It is represented to **us**, that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should **we** evidence its acceptance of this application by issuance of a policy. The undersigned hereby authorize the release of claim information from any prior insurer to **us**.

The program manager is authorized to make any inquiry in connection with this application. The program manager's acceptance of this application or the making of any subsequent inquiry does not bind **us** to complete the insurance or issue a policy or obligate the applicant to purchase the insurance.

Except to such extent as may be provided otherwise in the policy, the policy for which application is being made is limited for **ONLY THOSE CLAIMS FIRST MADE AGAINST YOU** while the policy is in force.

If the information in this application materially changes prior to the effective date of the policy, the applicant will immediately notify **us** and **we** may modify or withdraw any quotation or agreement to bind insurance.

I agree that signing this form will permit the program manager or their agents to use emails to communicate directly to the party identified in Item 1. of this application, and/or their designees.

Signature of Applicant* _____ Date: _____
Title: _____ Firm: _____

***SIGNING THIS FORM DOES NOT BIND YOU OR US TO COMPLETE THE INSURANCE.**

Agent: _____

Producer: _____
