

1.	Full Name of Applicant Firm :	Current Policy #:	Please check if this is a new address within the last 12 months: <input type="checkbox"/>		
	Address:				
	Contact Name:	Website:			
	Contact Email:	# Support Staff:			
	Practice Management Software Used:	Check here if none: <input type="checkbox"/>			
2.	Please list all lawyer members of the firm below. Attach a separate roster if additional space is required. O – Owner/Officer/Partner E – Employed Lawyer OC – Of Counsel IC – Independent Contractor				
	Name	Date of Hire	Designation (O,E,OC,IC)	Hours/Week	Email Address
3.	Has there been any change in firm ownership or organization not previously reported? If “yes”, please provide a complete description of the changes made.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.	Have any claims been made or suits filed against the firm, any predecessor firm or any firm member that have not been reported to the Company? If “yes”, please complete a Claim Supplement for each claim or incident.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5.	Is any firm member aware of any facts, circumstances, incidents, acts or omissions that could result in a professional liability claim against the firm that have not been reported to the Company? If “yes”, please complete a Claim Supplement for each claim or incident.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6.	Has there been any change in status of a claim or incident that was reported to a previous carrier that has not been reported to the Company? If “yes”, please complete a Claim Supplement for each claim or incident.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7.	Has any firm member been the subject of any disciplinary investigation or complaint pending, or been refused admission to the bar or any bar association, court or administrative agency that has not been reported to the Company? If “yes”, please provide and explanation including a copy of the complaint and order.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8.	Does any member of the firm:				
	a) Provide legal services to or sat on the board of a financial institution?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	b) Provide legal services involving class action or mass tort litigation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	c) Provide legal services involving the offering or sale of securities?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	d) Provide legal services involving federal, state or municipal bonds?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	e) Act as a director, officer, employee or trustee of an entity other than the firm?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If “yes” to any of the above, please explain on a separate addendum.				
9.	Does any firm member:				
	a) Share cases or co-counseled with other attorneys or law firms?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	b) Share letterhead with other attorneys or law firms?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	c) Refer clients to other firms and maintained an economic interest?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	d) Work as an independent contractor for other law firms?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	e) Handle cases or transactions for clients in other states?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If "yes", please attach a list of all lawyers or firms, shared letterhead, percentage of your practice, and a brief description of the cases. Please confirm that all other lawyers have malpractice insurance.				
10.	a) Please estimate the firm’s gross revenues for the current fiscal year:		\$		
	b) Please indicate the firm’s gross revenues for the past fiscal year:		\$		
	c) Please indicate the number of new clients to the firm in the last year:		#:		
	d) In the last 12 months, how many attorneys have left the firm:		#:		
	e) In the last 12 months, how many attorneys have joined the firm:		#:		
	f) In the last 12 months how many non-lawyer staff members have left the firm:		#:		
	g) In the last 12 months, how many non-lawyer staff members have joined the firm:		#:		

11.	Please complete the following for your three largest clients in the last 12 months:		
	Name of Client / Industry	% of Revenues	Description of Legal Services Provided

12.	Has any firm member:		
	a) Been fired by a client in the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b) Engaged in any business venture with a client?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c) Represented potentially adverse but friendly parties in the same matter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	d) Filed any suits for fees against clients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	e) Received compensation other than fees for legal services rendered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "yes", please provide the number of such cases and a brief explanation.			

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may subject the person to criminal penalties.

ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND, VIRGINIA and WEST VIRGINIA: Any person who knowingly presents 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. In Alabama, Arkansas, Louisiana, Rhode Island and West Virginia that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines and denial of insurance benefits.

CALIFORNIA: For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: 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.

DISTRICT OF COLUMBIA: Any person who knowingly presents 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 fines and confinement in prison.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing 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.

FLORIDA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered a crime.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an Application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MINNESOTA: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or any person files an application for insurance or statement of claim 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, and shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties.

TENNESSEE and WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

VERMONT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

APPLICANT'S AUTHORIZATION AND CERTIFICATION

The undersigned is an authorized representative of the prospective Named Insured, and acknowledges that the information provided with the application, including all supplements, attachments and replies to underwriter inquiries, and applications from other insurance companies which have been submitted to the Company and made a part of this application:

- 1. Will be relied upon by the Company in determining the acceptability of the Applicant and the premium amount to be charged;
- 2. Are true, accurate and complete; and
- 3. Will be incorporated into the policy, if issued.

The applicant firm and all members of the firm understand that this is an application for insurance, and shall not bind the Company to the issuance of insurance, nor shall it bind the firm to the acceptance of a policy.

THE UNDERSIGNED ON BEHALF OF THE APPLICANT FIRM AND ALL MEMBERS OF THE FIRM CERTIFIES THAT THE ABOVE APPLICATION HAS BEEN READ AND THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, MATERIAL AND COMPLETE. THE UNDERSIGNED UNDERSTANDS THAT: (1) IF THE POLICY IS ISSUED, THIS IS DONE BY THE COMPANY IN RELIANCE UPON THESE REPRESENTATIONS; AND (2) ANY COVERAGE IS VOID IF COVERAGE IS OBTAINED BY INTENTIONAL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCE CONCERNING THE POLICY AND THE MISREPRESENTATION WAS MADE WITH THE ACTUAL INTENT TO DECEIVE, OR MATERIALLY AFFECTED EITHER THE ACCEPTANCE OF THE RISK OR THE HAZARD ASSUMED BY THE COMPANY.

Signature of Officer or Partner of Firm		Title	Date
		Agency:	

Print Name