

THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED INSURANCE POLICY. IT IS IMPORTANT THAT YOU REPORT ANY KNOWN FACTS OR CIRCUMSTANCES THAT COULD REASONABLY BE EXPECTED TO RESULT IN A CLAIM TO YOUR CURRENT INSURER OR PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT IN ORDER TO PRESERVE COVERAGE FOR SUCH INCIDENTS.

Firm:
Contact: _____ Contact Email: _____
Address : _____

Phone: _____	Fax: _____	Date Firm Established: _____
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Fed ID: _____	No. Lawyers in Firm: _____	No. Support Staff: _____
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Do you have other office locations? **Yes** **No** If yes, how many? _____ **Please provide a list showing each location and the number of attorneys at each location**

1.	Has any professional liability insurance for the applicant, or any member of the applicant firm ever been declined or cancelled, refused to be renewed or accepted only on special terms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	a. Is any member of the firm an employee, officer, director, shareholder, member, of or exercise fiduciary control over an entity other than the applicant firm? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Does any firm member have an equity interest in an outside entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to 2.a. or 2.b above, please complete an Outside Interest Supplement.	
3.	Has any member of the firm provided legal services involving publicly traded securities or securities that are not exempt from registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Has any member of the firm been involved in class action or mass tort litigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Does any firm member provide services to, or sit on the board of directors of, a financial institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	a. Is any member of the firm aware of any incident, facts, circumstances, acts or omissions that could result in a professional liability claim against the firm or predecessor firm? <input type="checkbox"/> Yes <input type="checkbox"/> No b. If yes, has a complete Supplemental Claim form been provided for each incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7.	a. In the last five (5) years, has any member of the firm been the subject of any reprimand or disciplinary action or refused admission to the bar or any bar association, court or administrative agency? <input type="checkbox"/> Yes <input type="checkbox"/> No b. If yes, has a complete Supplemental Claim form been provided for each incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8.	a. In the last five (5) years, has any professional liability claim been made or suit brought against any member of the firm or predecessor firm? If yes, how many? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No b. If yes, has a complete Supplemental Claim form been provided for each incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9.	Does your firm have a system for detecting and avoiding conflicts of interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	How many suits for fees have been filed against clients in the last two years? _____	
11.	a. Does the firm maintain a docket control system with at least two independent date controls? <input type="checkbox"/> Yes <input type="checkbox"/> No b. If yes, is the docket control system maintained by two individuals? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12.	Does the firm routinely use engagement and non-engagement letters?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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/Name of Firm Principal		Title		Date	
Agency:		Phone:			
Address:		Fax:			