

# Swiss Re Corporate Solutions America Insurance Corporation

## LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION CLAIMS-MADE AND REPORTED BASIS

**Please read carefully all statements and questions on this application and answer all questions in ink. If space is insufficient to answer all questions fully, use separate sheets of paper. Application and all attachments must be signed and dated by named applicant, partner, officer or owner. Please attach a copy of your current letterhead. Complete and attach the Individual Lawyers Supplement and all other required supplements.**

1. A. Name of Applicant (include D/B/As):

\_\_\_\_\_

B. Has the name of the firm changed in the last three years? .....  Yes  No

Please list all predecessor firms below. (If needed please continue on a separate sheet of paper.)

Firm Name	Date Established	Date Dissolved	ERP Purchased
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Applicant is:

- Sole Proprietor (Full Time)
- Sole Proprietor (Part Time – less than 25 hours / week)
- Partnership (DO NOT INCLUDE LLP)
- Professional Corporation (DO NOT INCLUDE LLC)
- LLC / LLP
- Professional Association (all members applying for insurance)
- Professional Association (all members **NOT** applying for insurance)
- Other (please specify): \_\_\_\_\_

3. Name of an owner, officer, partner or firm administrator designated as the contact person:

\_\_\_\_\_

4. Main Address Location: Street: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If you have additional locations, please continue on a separate sheet of paper.

Check here if the additional location is not staffed. If separate letterhead is used for any additional location, please provide a copy.

5. Telephone No.: \_\_\_\_\_

6. Facsimile No.: \_\_\_\_\_

7. E-Mail Address: \_\_\_\_\_

8. Website Address: \_\_\_\_\_  No Website

9. Do you operate as a virtual law office? A virtual law practice operates online through a secure portal and is accessible to both the client and the lawyer anywhere the parties may access the internet. ....  Yes  No

If 'yes', please provide a brief narrative of such services including: states in which clients are located; client selection procedures; and the percent of your total practice conducted as a virtual law office.

10. Do you have a staff person whose full time duties are those of a legal administrator dedicated to the management of the firm (this person does not act as a legal secretary, paralegal or other staff position)? .....  Yes  No

A. If 'yes', is that legal administrator a member of a national organization for legal administrators, whose objective and function is to improve the quality of management in legal service organizations? .....  Yes  No

**Name of Professional Organization(s):** \_\_\_\_\_

B. If 'yes', does the legal administrator hold a professional certification designation from a national professional organization for legal administrators? .....  Yes  No

**List professional designation(s):** \_\_\_\_\_

11. Does the firm or any lawyer proposed for this insurance:

A. Act as an employee of any organization other than the applicant law firm? .....  Yes  No

B. Does the firm or any lawyer proposed for this insurance or their spouse/domestic partner act as a director, officer, partner or trustee or exercise any form of managerial or fiduciary control over any for-profit business enterprise other than the applicant law firm? .....  Yes  No

C. Does the firm or any lawyer proposed for this insurance or their spouse/domestic partner own, manage, have financial control over or equity interest in any for-profit business other than the applicant law firm? .....  Yes  No

**If any 'yes' response, please complete the Outside Interest Supplement.**

12. A. Does applicant law firm have any wholly-owned entities? .....  Yes  No

**If 'yes', please complete the Outside Interest Supplement. Include any wholly-owned title agency or mediation / arbitration entity, whether coverage is requested for that entity or not.**

B. **If yes**, are there any wholly owned entities you would like us to consider for coverage? .....  Yes  No

Mediation / Arbitration: \_\_\_\_\_

Title Agency: \_\_\_\_\_

Other (please specify, including services rendered): \_\_\_\_\_

No coverage desired.

13. A. Are you a solo practitioner who only works part time (less than 25 hours/week) at applicant law firm? .....  Yes  No

B. If 'yes', what is the average weekly number of hours spent at applicant law firm? \_\_\_\_\_

If Applicant works full time for any other entity, please provide details on a separate page and complete the Outside Interest Supplement.

14. Date Firm Established: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

15. Limits Desired: \$ \_\_\_\_\_ Deductible Desired: \$ \_\_\_\_\_

16. Does the firm outsource any legal services? .....  Yes  No

If 'yes', please provide details, including name of outsource entity and services rendered: \_\_\_\_\_

17. Does the applicant law firm share any of the following with any attorneys or other professionals:

A. Office space? .....  Yes  No

B. Letterhead? .....  Yes  No

If 'yes', please provide a copy.

C. Website? .....  Yes  No

If 'yes', please provide web address: \_\_\_\_\_

If 'yes' to A, B or C, are the other attorneys uninsured or is their professional liability insurance status unknown to you? .....  Yes  No

Share with non-attorney professional.

18. Please provide percentage of gross revenue. An asterisk (\*) indicates that a supplemental application is required if a percentage is indicated (\* = Supplemental AOP Questions for Lawyers; \*\* = Intellectual Property Supplement; \*\*\* = Securities Supplement). Please round to the nearest 1/10 percent. e.g. (10.1%). It is not necessary to input any information or make any changes to the gray section.

Area of Practice	Current Year	Prior Year	Area of Practice	Current Year	Prior Year
Administrative Law, including Social Security Administration	%	%	Intellectual Property – Patent/Trademark **	%	%
Admiralty Law	%	%	Intellectual Property - Copyright **	%	%
Antitrust/Trade	%	%	International Law	%	%
Civil Rights and Discrimination - Defense	%	%	Labor - Management Representation	%	%
Collection /Bankruptcy *	%	%	Lobbying	%	%
Commercial and Business Litigation – Defense	%	%	Mediation / Arbitration	%	%
Commercial and Business Litigation - Plaintiff *	%	%	Mergers and Acquisitions *	%	%
Construction Law	%	%	Natural Resources/Title and Title Opinions	%	%
Consumer Law	%	%	Natural Resources/All Other Services	%	%
Corporate and Business Transactions *	%	%	Pension and Employee Benefits	%	%
Criminal, including Juvenile Court	%	%	Personal Injury and Negligence - Defense	%	%
Employment Law - Defense	%	%	Personal Injury and Negligence - Plaintiff *	%	%
Employment Law - Plaintiff *	%	%	Plaintiff - Class Action *	%	%
Entertainment/Sports other than Intellectual Property *	%	%	Plaintiff - Mass Tort *	%	%
Environmental Law	%	%	Real Estate / Title Agent – Residential*	%	%
Estate / Probate/Trust *	%	%	Real Estate - Commercial *	%	%
Family Law, including guardian ad litem	%	%	Securities Law (including bonds, private placements, exempt transactions and limited partnerships) ***	%	%
Financial Institution, including loan closings *	%	%	Taxation - Opinions	%	%
Financial Planning/Investment Counseling	%	%	Taxation - Other	%	%
Government Contracts/Relations, excluding bonds	%	%	Workers Compensation - Defense	%	%
Health and Elder Care	%	%	Workers Compensation - Plaintiff *	%	%
Immigration and Naturalization	%	%	Other (describe): _____	%	%
Insurance, excluding Coverage Opinions	%	%			
Insurance Coverage Opinions	%	%	<b>TOTAL (must equal 100%)</b>	100 %	100 %

19. During the past five years, has applicant law firm split from, acquired, merged with, or purchased any other firm or sold or lost a practice group to another firm? .....  Yes  No

If 'yes', please provide details on a separate page, including whether or not you divested / acquired of any of the following areas of practice: IP, SEC, commercial real estate, plaintiff.

20. Does applicant law firm provide any services other than legal, mediation/arbitration or title agent services? .....  Yes  No

If 'yes', please provide details of such services, including insurance coverage, on a separate page.

21. Does any one client represent more than 25% of the firm's gross billings for the past year? .....  Yes  No

If 'yes', please provide:

Client / Industry: \_\_\_\_\_

Percent of Income: \_\_\_\_\_ %

Services Rendered: \_\_\_\_\_

22. Please indicate gross income for the applicable fiscal year:

A.	Estimate for current fiscal year		\$
B.	Actual for immediate past fiscal year		\$

23. Does the applicant firm render any professional services to entertainers, sports figures or other public figures? ...  Yes  No

If 'yes', please complete the Entertainment / Sports AOP Supplement.

24. Has the firm been involved in any mass tort / class action or multi-district litigation cases within the past five years, whether as plaintiff or defense counsel? .....  Yes  No

If 'yes', please provide details on a separate sheet of paper, including case description, applicant's duties, class size, case value and current status.

25. Does the Applicant make recommendations on the sale or purchase of any specific stocks, bonds or other securities-related investments other than when acting as a trustee within the bounds of the trust agreement? .....  Yes  No

26. In the past seven years, has any application for Lawyers Professional Liability Insurance on behalf of your firm, its predecessor firms or any lawyer proposed for this insurance been declined, cancelled or non-renewed for a reason other than the carrier's exiting this line of business or changing broker partners? .....  Yes  No

If 'yes', please provide details on a separate page.

**Note: MO applicants are not required to respond.**

27. A. In the past five years, has any decision been rendered against any lawyer proposed for this insurance for disbarment, suspension, reprimand, or other public or private disciplinary action? .....  Yes  No

If 'yes', please provide details on a separate page.

B. Is any disciplinary investigation or complaint pending against any lawyer proposed for this insurance? .....  Yes  No

If 'yes', please provide a copy of the complaint or notice of investigation, the attorney's response

and all subsequent correspondence between the attorney and the disciplinary board.

28. After inquiry of all lawyers and non-lawyer employees, have any claims, suits, or demands been made during the past five years against the Applicant, its predecessor firms or any of the lawyers proposed for this insurance? .....  Yes  No

If 'yes', what is the total number of open and closed claims? .....

**\*You must complete a Claim Supplement for each claim, suit or demand.**

29. After inquiry of each lawyer and non-lawyer employee, is the Applicant, its predecessor firms or any lawyer proposed for this insurance aware of any act, error, omission, circumstance, personal injury or breach of duty in the rendition of professional services for others which might be expected to be the basis of a claim or suit for lawyers or title agents professional liability? .....  Yes  No

If 'yes', what is the total number of these potential claims? .....

**\*You must complete a Claim Supplement for each potential claim.**

30. Does the firm have more than four non-lawyer personnel (including but not limited to law clerks, paralegals and administrative assistants) for every lawyer practicing with the applicant firm? .....  Yes  No

If 'yes', please provide details on a separate page.

**General Policies and Procedures**

31. A. How many suits to collect unpaid fees were initiated against clients or former clients during the last year? ..... \_\_\_\_\_
- B. If A. is > 0, are all potential suits for fees reviewed by a management committee or other independent body / attorney before they are filed? .....  Yes  No
- C. If A. is > 0, does applicant law firm consider quality of representation and applicable statute of limitations before a fee suit is filed? .....  Yes  No
- D. If fee suits have been filed, what steps have been implemented to avoid filing future fee suits against clients?  
\_\_\_\_\_

**If more than two, list the name of the client, services rendered, amount owed and status of each suit on a separate page.**

32. A. Does your law firm use a docket/calendar platform or system?  Yes  No
- B.  Check here if one of these systems is a computerized program designed as a law firm docket / calendar.
- C. Does your firm have a process to double check/verify all docket or calendar dates, research substantive notice laws and review court filing rules?  Yes  No
- D. Is your software specifically designed for law firms to manage your docket and conflict of interest systems?  Yes  No

33. Does your firm utilize the following:

- A. Engagement letters which include the scope of services and fee arrangements for all new clients? .....  Yes  No
- B. Engagement letters for all new engagements for existing clients? .....  Yes  No
- C. Non-engagement / declination letters in all instances except for phone inquiries? .....  Yes  No
- D. Disengagement / closing letters for all engagements? .....  Yes  No
- E. Written confirmation of changes in scope of engagement where applicable? .....  Yes  No

**If the answer to any of these questions is 'no', please provide a detailed explanation on a separate page.**

34. A. Which conflict of interest avoidance systems do you maintain? **Check all that apply.**  
 None  Computer  Index File  Conflict Committee  Memory
- B. If an actual or potential conflict of interest exists, is it reviewed and disclosed to clients/potential clients in writing? .....  Yes  No
- C. If an actual or potential conflict of interest exists, does the firm require a conflict waiver signed and dated by the client? .....  Yes  No
- Firm does not take engagements where a conflict exists.

**Insurance Information**

35. Is applicant firm:  Currently insured with **Swiss Re Corporate Solutions America Insurance Corporation**  
 Not insured  
 Currently insured with another insurance carrier.

Current Carrier: \_\_\_\_\_

**Please provide the firm's insurance history for the past five years:**

36.	Insurance Company	Limit \$ (Per Claim / Agg)	Deductible \$	Premium	Policy Period	# of Lawyers Insured

- Expiring limit has:  defense costs within the limit of liability  
 defense costs in addition to the limit of liability  
 specified limit for defense costs in addition to the limit of liability
- Expiring deductible applies:  to loss and expense  to loss only  on annual aggregate basis

37. Firm Retroactive Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 No retroactive date applies for the firm
38. Effective Date of previously-purchased Extended Reporting Period: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Not applicable

**RENEWAL CLIENTS WHO HAVE PREVIOUSLY COMPLETED THIS APPLICATION:** Please review this application, along with all applicable supplements and attachments, and, after inquiring of all lawyer and non-lawyers in the applicant firm, supply us with updated information. **Failure to report a change could result in being underinsured or uninsured. Claims must be reported in accordance with policy conditions.**

I hereby authorize the release of claim information from any prior insurer to **Swiss Re Corporate Solutions America Insurance Corporation**.  
 The undersigned understands and accepts that any policy issued will provide coverage on a claims-made and reported basis for only those claims that are made against the insured and reported while the policy is in force and that coverage ceases with the termination of the policy. All claims will be excluded that result from any acts, circumstances or situations known prior to the inception of coverage being applied for, that could reasonably be expected to result in a claim.  
 The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known, and agrees that this application shall become the basis of any coverage that may be issued by the Company.  
 Applicant understands and agrees that the completion of the application does not bind **Swiss Re Corporate Solutions America Insurance Corporation** to issuance of an insurance policy.

For your protection, the following Fraud Warning is required to appear on this application:

The following Fraud Warning applies to **Alabama**: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof."

The following Fraud Warning applies to **Arkansas/Louisiana**: 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.

The following Fraud Warning applies to **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 policy holder 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.

The following Fraud Warning applies to **District of Columbia**: 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.

The following Fraud Warning applies to **Florida**: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

The following Fraud Warning applies in **Maine/Tennessee/Virginia/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 include imprisonment, fines and denial of insurance benefits.

The following Fraud Warning applies in **Maryland**: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

The following Fraud Warning applies in **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.

The following Fraud Warning applies in **New Mexico**: 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 civil fines and criminal penalties.

The following Fraud Warning applies in **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.

The following Fraud Warning applies in **All Other States**: Any person who knowingly 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 also punishable by criminal and/or civil penalties in certain jurisdictions

**THIS APPLICATION MUST BE SIGNED BY A PARTNER, OFFICER and/or OWNER.**

Please print name of partner, officer and/or owner signing application: \_\_\_\_\_

Signed: \_\_\_\_\_  
Owner, Officer or Partner \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Title

***The Applicant understands and agrees that she or he is obligated to report any changes in the information provided in the supplement that occur after the date of the application and before policy inception.***

**IF YOU ARE SIGNING AND SUBMITTING THIS DOCUMENT ELECTRONICALLY:** By checking the Electronic Signature Acceptance box below, you acknowledge that it is your intent that the name typed in the Signature of Owner, Officer or Partner line will serve as your signature for the purpose of this application and that you agree to complete and submit this application electronically. Once submitted, your signed application will be just as enforceable as a written document signed by hand.

Electronic Signature and Acceptance of the Owner, Officer or Partner.

Signed: \_\_\_\_\_  
Owner, Officer or Partner \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Please remember to attach a copy of your letterhead.**

**Producer/Agency License #:** \_\_\_\_\_ **Licensing State:** \_\_\_\_\_

Please contact Association Member Benefits Advisors, LLC at (866) 486-1946 if you have any questions.  
Email the completed form to [plsales.service@amba.info](mailto:plsales.service@amba.info).