



**Philadelphia  
Insurance Companies**

One Bala Plaza, Suite 100,  
Bala Cynwyd, Pennsylvania 19004

**APPLICATION FOR:**

**LAWYERS PROFESSIONAL LIABILITY INSURANCE**

**Notice:** This professional liability coverage is provided on a “claims-made” basis; therefore, only claims which are first made against you, and reported to the Company, during the policy term, any subsequent renewal of this policy or any extended reporting period are covered, subject to policy provisions.

Please attach a sample of your letterhead to this application. Inconsistencies between your letterhead and the application – such as attorneys named, address, other offices - should be explained on a separate sheet of paper.

**YOUR FIRM**

1. Are you engaged in the private practice of law?  Yes  No (If you answer “No,” please contact your agent before proceeding.)
2. The precise name of the firm to be insured, as reflected on your letterhead: \_\_\_\_\_  
\_\_\_\_\_
3. Your firm’s principal location and phone number: Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone ( ) \_\_\_\_\_
4. Your firm’s mailing address (if different than above): Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_
5. When was your firm established? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Month/Day/ Year)
6. Does your firm practice from additional offices?  Yes  No (If Yes, please turn to “Additional Locations,” page 5.)
7. Applicant is a(n) (check one):  Individual  Partnership  Professional Association  
 Professional Corporation  LLC or LLP  Other:
8. Please list here your firm’s attorneys. Of Counsel attorneys need not be listed unless individual coverage is desired.

ATTORNEY’S NAME	SOCIAL SECURITY NUMBER	A- Associate E- Employee O- Owner OF- Officer P- Partner	DATE ADMITTED TO BAR (MO./DAY/YEAR)	DATE HIRED (MO./DAY/YEAR)	Have you met CLE requirements or have you attended continuing education seminars within the last year?	
					Yes	No

9. Have any of your firm's attorneys been refused admission to practice, disbarred, suspended, or formally reprimanded, or are any such proceedings in progress?  Yes  No (If Yes, please turn to "Support Staff," page 5.)
10. What is your total number of clerks, secretaries, paralegals, investigators and other support staff? \_\_\_\_\_
11. Is your ratio of staff to attorneys greater than 2:1?  Yes  No (If Yes, please turn to "Support Staff", page 5.)
12. A. Practice Sharing: Do you share office space with attorneys other than those listed in Question 8?  
 Yes  No (If No, skip to Question 13.)
- B. If you do share offices with other attorneys, does your firm keep separate files, employ separate support staff and present itself as an independent practice to the public?  Yes  No
13. If you are a sole practitioner, please identify the attorney who handles your cases in your absence. (A back-up attorney is required.)

Back-up Attorney: \_\_\_\_\_ Telephone No. \_\_\_\_\_

**YOUR PRACTICE**

14. Some guidelines for completing this section: 1) Express percentages of time devoted in each specialty during the previous year. Sections A, B, C and D must total 100 % 2) Indicate percentage in **whole numbers next to the type of law you practice, not the business of the client you represent.** 3.) Please be as accurate as possible as casual estimates may cause inappropriate evaluation of your practice by our underwriters.

- |  |   |
|--|---|
| <p>A. _____% Admiralty – Defense<br/>         _____% Bankruptcy<br/>         _____% Collections<br/>         _____% Commercial and General Corporate Litigation<br/>         _____% Corporation Formation<br/>         _____% Criminal Matters<br/>         _____% Defense of Products Liability<br/>         _____% Defense of Worker's Compensation<br/>         _____% ERISA or Employee Benefits<br/>         _____% Family Law<br/>         _____% Immigration<br/>         _____% Labor – Employee Relations<br/>         _____% Mediation (Arbitration)<br/>         _____% Taxation - Individual<br/>         _____% Wills, Estate Planning, Probate<br/>         _____% <b>Subtotal (A)</b></p> | <p>C. _____% Investment Counseling<br/>         _____% Patent, Copyright or Trademark<br/>         _____% Plaintiff's Representation in Personal or Bodily Injury<br/> <br/>         _____% Plaintiff's Representation in Products Liability<br/>         _____% Real Estate – Commercial<br/>         _____% Real Estate – Residential<br/>         _____% <b>Subtotal (C)</b></p> |
| <p>B. _____% Admiralty – Defense<br/>         _____% Labor Management Representation<br/>         _____% Labor Union Representation<br/>         _____% Mergers / Acquisitions<br/>         _____% Oil, Gas or Mining<br/>         _____% Utilities<br/>         _____% Taxation – Corporate<br/>         _____% Title/Abstracting<br/>         _____% Other * _____<br/>         _____% <b>Subtotal (B)</b></p>   | <p>D. _____% Banking, Savings &amp; Loan or Other Financial Institution Services<br/>         _____% Bonds, Commercial Paper, Limited Partnerships, or State or Federal Securities, (If you practice both exempt and non-exempt)<br/>         _____% <b>Subtotal(D)</b></p>   |

\_\_\_\_\_ % **Subtotal (A)**  
 + \_\_\_\_\_ % **Subtotal (B)**  
 + \_\_\_\_\_ % **Subtotal (C)**  
 + \_\_\_\_\_ % **Subtotal (D)**  
 = 100 % **TOTAL** (should equal 100%)

**Fee Volume:**  0 – 100,000  101, - 250,000  
 250,001 – 400,000  400,001 +

15. Complete Financial Institution Supplement on Page 7 if questions 15A, 15B or 15C are answered "Yes."

A. Have any lawyers performed services on or on behalf of a financial institution other than those listed below  
 Yes  No

- Bankruptcy
- Collection
- Loan Documentation
- Loan Workout
- Real Estate Closings
- Real Estate Foreclosures
- Title Work/Conveyances
- Trust Work

B. Has any lawyer:

- 1.) had any financial control over or equity interest in a financial information institution?  Yes  No
- 2.) acted as director, officer, general counsel or committee member for a financial institution?  Yes  No
- 3.) been involved with the initial formation of, or provided any securities services for a financial institution?  
 Yes  No

C. Are any of your firm's financial institution clients uninsured by a government agency such as the FDIC or NCUA?  
 Yes  No

16. Does any firm member practice law:  
as a Prosecuting Attorney?  Yes  No as a Municipal/State Counsel?  Yes  No  
as a Public Defender?  Yes  No as an Employed Lawyer elsewhere?  Yes  No  
If Yes, please complete Practice Specialties Details Supplements on page 6.

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**INTERNAL PROCEDURES** (Please provided a written explanation for all "No" responses.)

17. a.) Does your firm maintain a Docket Control system for litigated and non-litigated items?  Yes  No If Yes, please check all applicable categories which the system encompasses.

Single Calendar  Computer  Tickler Cards  
 Dual Calendar  Master Listing  Other (describe) \_\_\_\_\_

b.) Are at least two individuals involved in maintaining the Docket Control system?  Yes  No

c.) Please indicate how frequently time deadlines are cross checked:  
 Daily  Weekly  Monthly  Other (describe) \_\_\_\_\_

d.) Does the ultimate responsibility for the Docket Control of a matter rest with the lawyer handling the matter?  
 Yes  No

e.) Does your firm require the use of engagement letters including fee agreement on all engagements undertaken by firm?  Yes  No

f.) Does your firm notify clients or prospective clients in writing when you decline to represent them, and when an existing client relationship is terminated?  Yes  No

g.) Does your firm have written procedures in place for identifying potential or actual conflicts interest?  
 Yes  No

h.) How many suits for collection of fees have been filed by the firm during the past two (2) years? \_\_\_\_\_  
Dollar Amount Last Year: \$ \_\_\_\_\_ Dollar Amount Previous Year: \$ \_\_\_\_\_

- How many of these suits have been resolved successfully? \_\_\_\_\_
- What percentage of your firm's billings are 90 days overdue? \_\_\_\_\_

i.) Does your firm delegate or refer legal work, retaining a portion of the fees?  Yes  No If Yes, please turn to to "Delegated Work," page 5.

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**OUTSIDE INTERESTS** Note: If you answer “Yes” to 18A or B, please complete the section entitled “Outside Interests” on page 6.

18. A. Do any of your firm’s attorneys serve as a director, an officer or an employee of any CLIENT of your firms, or have an equity interest in any CLIENT of your firm?  Yes  No  
 B. Does any single CLIENT represent 10% or more of your firm’s total gross billings?  Yes  No
19. Does any member of your firm provide professional services as an accountant/CPA, insurance agent or broker, or real estate agent or broker?  Yes  No If Yes, please complete the chart below. If more than 5% of the applicant firm’s income is derived from these services, please provide a written explanation.

	Percent of Income Derived	Professional Liability Insurer	Limits of Liability
Accountant/CPA			\$
Insurance Agent			\$
Real Estate Agent			\$

**YOUR INSURANCE**

20. Coverage requested to be effective on \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

21. Please select the limits and deductible you prefer:

**DEDUCTIBLE**

**LIMITS (Maximum Each Claim/Maximum Each Year)**

- |                                   |                                     |   |   |
|-----------------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> \$ 1,000 | <input type="checkbox"/> \$ 25,000* | <input type="checkbox"/> \$ 100,000/\$ 300,000    | <input type="checkbox"/> \$ 2,000,000/\$2,000,000 |
| <input type="checkbox"/> \$ 2,500 | <input type="checkbox"/> \$ 50,000* | <input type="checkbox"/> \$ 250,000/\$ 500,000    | <input type="checkbox"/> \$ 2,000,000/\$4,000,000 |
| <input type="checkbox"/> \$ 5,000 | <input type="checkbox"/> \$ 75,000* | <input type="checkbox"/> \$ 500,000/\$ 500,000    | <input type="checkbox"/> \$ 3,000,000/\$3,000,000 |
| <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$100,000* | <input type="checkbox"/> \$ 500,000/\$1,000,000   | <input type="checkbox"/> \$ 4,000,000/\$4,000,000 |
| <input type="checkbox"/> \$15,000 |                                     | <input type="checkbox"/> \$ 1,000,000/\$2,000,000 | <input type="checkbox"/> \$ 5,000,000/\$5,000,000 |
|                                   |                                     | <input type="checkbox"/> \$ 1,000,000/\$2,000,000 |   |

22. Is your firm currently insured against malpractice claims?  Yes  No If No, skip to Question 25.

23. Does your current policy have a prior acts exclusion?  Yes  No If Yes, what is your prior acts exclusion date?  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

24. Please provide your firm’s recent insurance history below:

	INSURANCE COMPANY	Limits per Claim/Aggregate	Policy Period (Month/Day/Year)	Premium
Current Year		\$	From: To:	\$
Previous Year 1		\$	From: To:	\$
Previous Year 2		\$	From: To:	\$
Previous Year 3		\$	From: To:	\$
Previous Year 4		\$	From: To:	\$

25. If your firm was established less than five years ago, please provide recent insurance history for each attorney in your firm on charts on page 7.

26. During the past five years, has any insurance carrier canceled or refused to renew your professional liability 27 insurance for any reason other than carrier’s withdrawal from the market?  Yes  No If you answer this question “Yes,” please provide on the next page the name of the carrier, the date and reason for cancellation or non-renewal, and any comments you may wish to add.

27. After inquiry, are any attorneys in your firm aware...

A. of any professional liability claims made against them **in the past five years?**  Yes  No

B. of any legal work or incidents that might reasonably be expected to lead to a claim or suit against them?



**DELEGATED WORK: (From Question 17)**

If you delegate work and retain some portion of the fees, please provide us . . .

To whom you delegate	Certificate of insurance on record	Nature of Legal Services Provided	%*

\*Percentage of your firm’s annual gross billings delegation represents.

**PRACTICE SPECIALTIES DETAILS: (From Question 16)**

If you practice any of the specialties listed under Question 16, please provide the information requested below for those types of practice.

**Practice specialty:** \_\_\_\_\_  
 CLE Course related to this specialty within the last 12 months: \_\_\_\_\_  
 \_\_\_\_\_

Legal Service you provide in this specialty: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Practice specialty:** \_\_\_\_\_  
 CLE Courses related to this specialty within the last 12 months: \_\_\_\_\_  
 \_\_\_\_\_

Legal Service you provide in this specialty: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Practice specialty:** \_\_\_\_\_  
 CLE Courses related to this specialty within the last 12 months: \_\_\_\_\_  
 \_\_\_\_\_

Legal Service you provide in this specialty: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OUTSIDE INTERESTS: (From Question 18)** Please photocopy and provide separate pages for each client. If you answered “Yes” to Questions 18A or B, please provide us with this information for each applicable client.

**Client:** \_\_\_\_\_ Date of affiliation with client: \_\_\_\_\_

Nature of client’s business: \_\_\_\_\_ Name of attorney assigned: \_\_\_\_\_

Annual percentage of firm’s gross billings: \_\_\_\_\_% Percent of equity interest: % \_\_\_\_\_ Dollar Value \$ \_\_\_\_\_

Attorney’s management role or committee assignments: \_\_\_\_\_  
 \_\_\_\_\_

Does this client carry D & O insurance?  Yes  No Name of D & O Carrier: \_\_\_\_\_  
 At what limits? \$ \_\_\_\_\_

**Client:** \_\_\_\_\_ Date of affiliation with client: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Nature of client's business: \_\_\_\_\_ Name of attorney assigned: \_\_\_\_\_

Annual percentage of firm's gross billings: \_\_\_\_\_% Percent of equity interest: \_\_\_\_\_% Dollar Value \$ \_\_\_\_\_

Attorney's management role or committee assignments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does this client carry D & O insurance?  Yes  No Name of D & O Carrier: \_\_\_\_\_

At what limit? \$ \_\_\_\_\_  
\_\_\_\_\_

**INDIVIDUAL ATTORNEY'S INSURANCE HISTORY: (From Question 25)** Please photocopy and provide information for individual attorneys as needed.

If your firm was established less than five years ago, please provide us the following information for each attorney.

**Attorney's name:** \_\_\_\_\_

	INSURANCE COMPANY	Limits Per Claim/Aggregate	Policy Period (Month/Day/Year)	
Current Year		\$	From:	To:
Previous Year 1		\$	From:	To:
Previous Year 2		\$	From:	To:
Previous Year 3		\$	From:	To:
Previous Year 4		\$	From:	To:

Does your current policy have a prior acts exclusion?  Yes  No If Yes, what is your prior acts exclusion date?

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

Has the firm ever purchased an Extended Reporting Period endorsement or coverage?  Yes  No If Yes, indicate effective date of this coverage endorsement: \_\_\_\_/\_\_\_\_/\_\_\_\_/ (Month/Day/Year), and the length of the reporting period: \_\_\_\_\_

**Attorney's name:** \_\_\_\_\_

	Insurance Company	Limits per Claim/Aggregate	Policy Period (Month/Day/Year)	
Current Year		\$	From:	To:
Previous Year 1		\$	From:	To:
Previous Year 2		\$	From:	To:
Previous Year 3		\$	From:	To:
Previous Year 4		\$	From:	To:

Does your current policy have a prior acts exclusion?  Yes  No If Yes, what is your prior acts exclusion date?

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

Has the firm ever purchased an Extended Reporting Period endorsement or coverage?  Yes  No If Yes, indicate effective date of the coverage endorsement: \_\_\_\_/\_\_\_\_/\_\_\_\_/ (Month/Day/Year), and the length of the reporting period: \_\_\_\_\_

**Complete only if you have answered "Yes" to Questions 15A, 15B or 15C.** Attach additional sheets as needed.

**Financial Institution and Location** Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Is the institution insured by any government agency such as FDIC or NCUA?  Yes  No

Is any lawyer involved with the approval of loans?  Yes  No

Check any if applicable:  Equity interest in this financial institution. Complete Directors and Officers Outside Interest Supplement.  
 Initial formation or securities services were provided for this financial institution. Complete Securities Supplement.

Check any of the following positions held:  No Position Held  Director  Officer  Audit Committee  
 Loan Committee  Executive Committee  General Counsel – List Services Below  Other – List Services Below: \_\_\_\_\_

If the Financial Institution has been taken over by a regulatory agency, check if services were provided:  Prior Takeover  After Takeover  Both Apply  Not Applicable Describe services provided during each time period: \_\_\_\_\_

List Services provided other than in Section A of Question 15: \_\_\_\_\_

**Financial Institution and Location** Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Is the institution insured by any government agency such as FDIC or NCUA?  Yes  No

Is any lawyer involved with the approval of loans?  Yes  No

Check any if applicable:  Equity interest in this financial institution. Complete Directors and Officers Outside Interest Supplement.  
 Initial formation or securities services were provided for this financial institution. Complete Securities Supplement.

Check any of the following positions held:  No Position Held  Director  Officer  Audit Committee  
 Loan Committee  Executive Committee  General Counsel – List Services Below  Other – List Services Below: \_\_\_\_\_

If the Financial Institution has been taken over by a regulatory agency, check if services were provided:  Prior to Takeover  After Takeover  Both Apply  Not Applicable Describe services provided during each time period: \_\_\_\_\_

List services provided other than in Section A of Question 15: \_\_\_\_\_

**SUPPLEMENTAL CLAIM INFORMATION: (From Question 27)**

If within the last five years you have been involved in any malpractice claim or suit, or are aware of an incident which may give rise to a claim, please complete the form below for each claim or incident. If space is insufficient to answer any questions fully, attach separate sheet.

1. Full name of individual(s) and/or firm involved in the claim: \_\_\_\_\_

2. Full name of claimant: \_\_\_\_\_

3. Indicate whether:  Incident  Claim  Suit

4. Date and Location of alleged error: \_\_\_\_\_

5. Date of claim: \_\_\_\_\_

6. Additional defendants: \_\_\_\_\_

7. IF CLOSED: \* Total Paid: \$ \_\_\_\_\_ Indicate whether:  Court judgment  Out of court settlement  
\*Including Defense Expenses incurred.

8. IF PENDING: Claimant's settlement demand: \$ \_\_\_\_\_ Insurer's loss reserve: \$ \_\_\_\_\_  
Your assessment of damages or offer for settlement: \$ \_\_\_\_\_ Is claim in suit?  Yes  No If  
If Yes, amount asked in summons: (attach copy)

9. Name of Insurer responding to this claim or incident: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Limits of Liability: \$ \_\_\_\_\_ Deductible: \_\_\_\_\_ Type of form:  Occurrence or  Claims Made

10. Description of claim: (Provide enough information to allow evaluation and use additional sheet if more space is required.)

A. Alleged act, error or omission upon which Claimant bases claim: \_\_\_\_\_

B. Describe what activities gave rise to the claim or incident: \_\_\_\_\_

C. Describe the type and extent of injury or damage allegedly sustained: \_\_\_\_\_

D. Does this incident or claim follow or result from an action to collect fees?  Yes  No

**REPRESENTATIONS:**

I/We affirm that the information contained here and in any addendum is true to the best of my/our knowledge and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We hereby authorize the release of claim information from any prior insurer to the Company or its representatives.

**WARNING:** ANY PERSON WHO, KNOWLYING AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLCIATION 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.

**NOTICE TO NEW YORK RESIDENT APPLICANTS:** 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Signature of Applicant \_\_\_\_\_  
Must be Partner or Officer\* \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

\*Signing this form and tendering premium does not bind the application or the Company or its agents to complete the insurance. Unless the application is fully completed, no coverage can be bound or quotes issued.

**NOTICE**

1. Any claim or incident:
  - a.) reported on page 4, or 8; or
  - b.) which any member of the applicant firm has know ledge of prior to policy inception will not be afforded coverage under any policy which may subsequently be issued by any of the Philadelphia Insurance Companies.
2. Failure to report to your current insurance company any:
  - a.) claim made against you during your current policy term; or
  - b.) fact, circumstances or event which you are aware of which may give rise to a claim BEFORE policy expiration may create a lack of coverage.

**REMINDER**

Please attach a sample of your letterhead to this application.