LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION

(Claims-Made Basis)

Submitting Agency: _____
Agency Code: _____ ☐ Direct ☐ Sub-Produced

☐ **Gulf Insurance Company**, St. Louis, Missouri
☐ **Atlantic Insurance Company**, Irving, Texas
☐ **Select Insurance Company**, Irving, Texas

INSTRUCTIONS

ALL QUESTIONS MUST BE ANSWERED ACCURATELY AND COMPLETELY. IF A POLICY IS ISSUED, THE COMPLETED APPLICATION AND SUPPLE-MENTS WILL BE ATTACHED TO AND BECOME PART OF THE POLICY. IF ADDITIONAL SPACE IS NEEDED, CONTINUE ON YOUR LETTERHEAD AND REFER TO THE QUESTION NUMBER.

COVERAGE REQUESTED

1. Limits of Liability. Claims expenses are outside the limits of liability in AR, ID, KS, LA, ME, MI, MO, NC, NY, VA and VT and only under certain circumstances in AK, NJ, NM and SD. Refer to policy language.

☐ $100,000/$300,000	☐ $1,000,000/$1,000,000	☐ $4,000,000/$4,000,000	☐ $9,000,000/$9,000,000
☐ $200,000/$600,000	☐ $1,000,000/$2,000,000	☐ $5,000,000/$5,000,000	☐ $10,000,000/$10,000,000
☐ $250,000/$500,000	☐ $2,000,000/$2,000,000	☐ $6,000,000/$6,000,000	
☐ $500,000/$500,000	☐ $2,000,000/$4,000,000	☐ $7,000,000/$7,000,000	
☐ $500,000/$1,000,000	☐ $3,000,000/$3,000,000	☐ $8,000,000/$8,000,000	

2. Deductible Amount Requested. Amount will apply PER CLAIM and will include defense costs except in LA, NJ, NY and VA.

☐ $1,000	☐ $2,500	☐ $4,000	☐ $10,000	☐ $20,000	☐ $35,000	☐ Other:
☐ $2,000	☐ $3,000	☐ $5,000	☐ $15,000	☐ $25,000	☐ $50,000*	$ _____

3. Other Deductible and Limit Options:

Annual Aggregate Deductible	☐ Currently Have	☐ Interested in Quotation
Deductible Not Applicable Towards Defense Costs	☐ Currently Have	☐ Interested in Quotation
Claims Expenses Outside Limits of Liability	☐ Currently Have	☐ Interested in Quotation

GENERAL APPLICANT INFORMATION

4. Name(s) of Legal Entity(ies) to be Insured: _____
(as Reflected on Your Letterhead)_____
_____

5. a. Principal Address: _____
City: _____ County: _____ State: _____ Zip_____
Phone: _____ Fax Number: _____
PLEASE ATTACH A COPY OF THE FIRM'S LETTERHEAD FOR EACH OFFICE LOCATION.
b. Does your Firm practice from any other office location(s)? ..... ☐ Yes ☐ No
*If "**Yes**", please complete the **Additional Locations Supplement.***

6. Date Applicant Firm Established: _____

7. Firm is a(n): ☐ Partnership ☐ Professional Corporation or Association ☐ Limited Liability Company or Partnership ☐ Sole Proprietor ☐ Association
☐ Other: _____

8. Indicate the Firm's gross revenue for the applicable fiscal year. If Firm is newly established, please advise best estimate for current fiscal year only.
Estimate for current fiscal year: $ _____
Actual for immediate past fiscal year: $ _____
Actual for second previous fiscal year: $ _____

9. Do you have any single client(s) representing 20% or more of your gross revenue? ..... ☐ Yes ☐ No
*If "**Yes**", please list.*

Client/Industry	Area(s) of Practice	% of Revenue

10. Do you advertise? ..... ☐ Yes ☐ No
*If "**Yes**", please indicate in which of the following media and include a copy of the ad and/or transcript.*

☐ Yellow Pages ☐ Fliers ☐ Newspapers ☐ Periodicals ☐ Radio ☐ Television ☐ Internet

11. List all predecessor firm(s) of the applicant. This is defined as a law firm or practice which has undergone dissolution and at least 50% of the owners, officers, partners, principals or shareholders of the prior firm have joined the successor firm.

Name of Prior Firm(s)/ Sole Practitioner(s)	Date Established	Date Dissolved	# of Owners, Officers, Partners at:		# of Owners, Officers, Partners from Prior Firm that joined successor	
			Start	End	Start	End

12. If you are a Sole Proprietor, have you made arrangements with another attorney to handle your cases in the event of your extended absence from your practice? .... ☐ Yes ☐ No
*If "**Yes**", please provide the following concerning your back-up attorney:* ☐ N/A

Name: _____ Phone #: _____
City/State: _____

13. Is this a full-time, private practice of law? ..... ☐ Yes ☐ No

14. Please list all attorneys associated with the Firm (including yourself) by category, using the following position designations.

O = Owner/Officer/Shareholder
A = Associate practicing for Firm
P = Partner of the Partnership
S = Sole Proprietor
OC = Of Counsel Attorneys of the Firm
CA = Attorneys on contract or per diem
EA = Employed practicing attorneys of the Firm not otherwise designated.
RP = Retired Partners of the Firm

Name	Position (See Key)	Month/Year Admitted to Bar (Identify All States)	Month/Year Attorney Joined Firm	Average Hours Worked Per Week for OC's and Any Part Time Attys	Participated in CLE during the past (12) months?
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

15. Does the Firm or any member of the Firm have any other law partner(s), associated, employed or independently contracted attorney(s) other than those named above? ..... ☐ Yes ☐ No
*If "**Yes**", please provide details of such relationships.*

16. Does any member of the Firm act as a public defender, prosecuting attorney, public official, an in-house attorney of any corporation or governmental agency, or an independent contractor or Of Counsel to another firm? ..... ☐ Yes ☐ No
*If "**Yes**", please provide details.*

17. Provide the total number of non-attorney staff serving as:

Law Clerks _____ Abstractors _____ Clerical _____ Other _____ (Describe Below):
Paralegals _____ Title Agents _____ Investigators _____ _____

18. Does any attorney or non-attorney member of your Firm provide professional services as an accountant, insurance agent or broker, investment adviser, real estate agent or broker or securities agent or broker? ..... ☐ Yes ☐ No
*If "**Yes**", please indicate member's name, type of services provided, percentage of time spent, under which name these services are provided, professional liability carrier, limit of liability and copy of letterhead used.*

19. Complete the following chart based upon the Firm's gross revenue for each category. The total must equal 100%. If Firm is newly established, please provide best estimate.

Area of Practice	% of Practice	Area of Practice	% of Practice
Administrative	%	Investment Counseling / Money Management	%
Admiralty / Maritime - **Defense**	%	Loans	%
Admiralty / Maritime - **Plaintiff** **(6)**	%	Labor Law - Management	%
Antitrust / Trade Regulation	%	Labor Law - Union	%
Arbitration / Mediation	%	Labor Litigation - **Defense**	%
Aviation	%	Labor Litigation - **Plaintiff** **(6)**	%
Banking / Financial Institutions **(1)**	%	Litigation - Commercial - **Defense**	%
Bankruptcy	%	Litigation - Commercial - **Plaintiff** **(6)**	%
BI / PI - **Defense**	%	Mergers and Acquisitions	%
BI / PI - **Plaintiff**		Municipal / Governmental - Zoning & Planning	%
General Liability **(6)**	%	Municipal / Governmental - Other (Not Bonds)	%
Medical Malpractice **(6)**	%	Oil / Gas / Minerals	%
Products Liability **(6)**	%	Patent **(2)**	%
Other Plaintiff **(6)**	%	Public Utilities	%
Civil Rights / Discrimination	%	Real Estate - Commercial **(4)**	%
Collection / Repossession / Foreclosures	%	Real Estate - Escrow Agent **(4)**	%
Communication / FCC	%	Real Estate - Residential **(4)**	%
Copyright / Trademark (Not Patent) **(2)**	%	Real Estate - Title Work **(4)**	%
Corporate - Formation / Alteration	%	Real Estate - Syndication / Development **(4)**	%
Corporate - General	%	School Law	%
Criminal	%	Securities, Bonds, Secured Transactions **(5)**	%
Domestic Relations / Family / Juvenile	%	Social Security / Elder Law	%
Eminent Domain	%	Tax - Corporate / Business Opinions	
Employee Benefit Plans / ERISA	%	Tax - Corporate / Business Preparation	%
Entertainment / Sports **(3)**	%	Tax - Individual	%
Environmental - General **(4)**	%	Water Rights	%
Environmental - Litigation	%	Workers Compensation - **Defense**	%
Estate / Estate Planning / Probate / Trusts / Wills	%	Workers Compensation - **Plaintiff** **(6)**	%
Foreign (Non-U.S. Law) / International	%	Other - Describe in Detail - Miscellaneous Not Acceptable	
Healthcare	%		%
Insurance	%	**THE ABOVE MUST TOTAL 100%**	

If the Firm practices in any area(s) above with a numerical notation(s), complete the associated **Supplement** so indicated below.

(1) Financial Institutions **(3) Entertainment** **(5) Securities**
(2) Copyright Patent Trademark **(4) Real Estate** **(6) Plaintiff Litigation**

20. Has any member or former member of the Firm, at any time in the past six (6) years, provided any legal services or served as a fiduciary, committee member, director, officer, partner or employee of any Financial Institution? ..... ☐ Yes ☐ No
*If "**Yes**", please complete the **Financial Institution Supplement.***

21. Has any member or former member of the Firm, at any time in the past six (6) years, provided legal services:

a. To issuers, underwriters or affiliates thereof, with respect to the issuance, offering or sale of securities? ..... ☐ Yes ☐ No
b. In any way related to the formation, syndication, promotion or management of any limited partnerships? ..... ☐ Yes ☐ No
*If "**Yes**" to any part of Question 21 above, please complete the **Securities Supplement.***

22. Does the Firm provide any services in connection with any pre-paid legal services plan? ..... ☐ Yes ☐ No
*If "**Yes**", please provide details.*

RISK MANAGEMENT

23. Concerning your docket control and/or calendaring system(s):

a. Does the Firm regularly make use of these system(s) with a least two independent date controls for each item? ..... ☐ Yes ☐ No
b. Indicate all types regularly utilized: ☐ Computer ☐ Tickler System ☐ Two Calendar System
☐ Other (Describe): _____ ☐ Perpetual Calendar ☐ Daytimer ☐ Pocket Calendar
c. Are two separate individuals entering dates into different systems for the same matter? ..... ☐ Yes ☐ No
d. Are the entries in different systems being cross-checked on a regular basis? ..... ☐ Yes ☐ No

23. Continuation of Question 23 from Prior Page:

e. Who is calculating the follow-up dates to be entered into the systems? _____

f. If the answer to the above is not an attorney, does an attorney regularly review them to make sure the proper date has been selected? ..... ☐ Yes ☐ No

g. If you are a Sole Practitioner with no employees, who is providing back-up for these systems in the event of your extended absence? _____ ☐ N/A

h. Do you have a procedure in place to ensure that calendar entries are being reviewed and responded to for any attorney who is absent from the office for an extended period? ..... ☐ Yes ☐ No

24. Concerning your conflict of interest avoidance system(s) and procedure:

a. Does the Firm regularly make use of a conflict of interest avoidance procedure when accepting new clients or a new matter from existing clients? ..... ☐ Yes ☐ No

b. Indicate method(s) used to achieve conflict checks:
☐ Oral/Memory ☐ Computer ☐ Index File ☐ Conflict Committee
☐ Perpetual Calendar ☐ Client Lists ☐ Other (Describe): _____

c. Does the Firm disclose to clients, in writing, all actual or potential conflicts of interest? ..... ☐ Yes ☐ No

d. Upon disclosure of actual or potential conflicts, do you or your Firm always obtain written consent to perform ongoing legal services or decline further representation in writing? ..... ☐ Yes ☐ No

e. Does this procedure capture attorney-client relationships established by predecessor, merged or acquired firms? ..... ☐ Yes ☐ No ☐ N/A

25. Concerning the Year 2000 (Y2K) computer software compliancy problem, has the Firm:

a. Determined if there are any potential problems with any of the Firm's internal computer or support systems? ..... ☐ Yes ☐ No

b. Adopted a plan for resolution of these problems if probable or have manual back-up systems in place? ..... ☐ Yes ☐ No

c. Been advising your clients of this problem when it could detrimentally affect their businesses if not contemplated in their current legal dealings? ..... ☐ Yes ☐ No

*If "**No**" to any part of Question 25 above, what is your time frame for addressing these issues or why aren't they of concern?*

26. Has the Firm or any present or former member of the Firm or predecessor firm provided legal professional services to clients or referred clients to any business organization in which ANY FIRM MEMBER OR SPOUSE ever:

a. Served as a director, officer, partner, trustee or fiduciary (such as an administrator, conservator, executor, guardian, trustee, receiver, escrow agent)? ..... ☐ Yes ☐ No

b. Owned an equity or financial interest? ..... ☐ Yes ☐ No

*If "**Yes**" to any part of Question 26 above, please complete the **Outside Interest** and/or **Trustee Supplement(s)** as applicable.*

27. Do you regularly make use of written fee or retainer agreements and/or engagement letters when accepting work? ..... ☐ Yes ☐ No
*If "**No**", please explain how you eliminate misunderstandings about the scope and cost of services being provided.*

28. Do you regularly make use of written declination or non-engagement letters when declining work? ..... ☐ Yes ☐ No
*If "**No**", please explain how you eliminate misunderstandings about representation.*

29. Within the past five (5) years, have you sued to collect fees or threatened to do so? ..... ☐ Yes ☐ No
*If "**Yes**", please indicate number _____ and advise what steps you are taking to prevent countersuits for malpractice.*

30. What percentage of your accounts receivable are over ninety (90) days past due? _____
*If more than **30%**, what steps are being taken to reduce this percentage?*

PRIOR COVERAGE AND CLAIMS HISTORY

31. In the past five (5) years, has any professional liability claim or suit ever been made against the Firm or any predecessor firm or any current or former member of the Firm or predecessor firm? ..... ☐ Yes ☐ No
*If "**Yes**", please indicate how many ____ and complete a separate **Supplemental Claim Form** for each claim.*

32. Does any attorney for whom coverage is sought know of any incident, act, error or omission that could result in a claim or suit against the Firm or any predecessor firm or any of the current or former members of the Firm? ..... ☐ Yes ☐ No
*If "**Yes**", please indicate how many ____ and complete a separate **Supplemental Claim Form** for each incident.*

33. Has any attorney for whom coverage is sought been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, or held in contempt by any court, administrative agency or regulatory body or been the subject of a disciplinary complaint made to any of the aforementioned entities? ..... ☐ Yes ☐ No
*If "**Yes**", please provide details.*

34. List the Lawyers Professional Liability Insurance Coverage carried during the past five (5) years, including any periods without coverage. Also, if currently uninsured, please check this box: ☐

	Name of Insurer (Not Agency)	Policy Period From: MM/DD/YY To: MM/DD/YY	Limits of Liability	Deductible/ Retention	Premium	# of Atty(s)
Current Year						
Prior Year 1						
Prior Year 2						
Prior Year 3						
Prior Year 4						

35. Inception date of firm's first claims made policy, maintained without interruption to date: ________________________.

36. Does your current policy have a prior acts limitation or retroactive date applicable to the Firm or any individual attorney? .. ☐ Yes ☐ No
*If "**Yes**", please indicate date and to whom it applies if other than the Firm:* ______________________________________

37. Does your current policy contain any exclusions or coverage limitations tailored specifically to your Firm? .... ☐ Yes ☐ No
*If "**Yes**', please describe and attach a copy of the endorsement:* ____

38. In the past five (5) years, has the Firm or any Firm member ever had professional liability insurance or similar insurance declined, cancelled or non-renewed? .... ☐ Yes ☐ No
*If "**Yes**", please explain.*

39. Has the Firm or any attorney for whom coverage is sought ever purchased an extended reporting period endorsement? .... ☐ Yes ☐ No
*If "**Yes**", please provide details.*

NOTICE TO APPLICANT-PLEASE READ CAREFULLY

THE UNDERSIGNED MEMBER, PROPRIETOR, PARTNER OR OFFICER UNDERSTANDS THAT THE POLICY APPLIED FOR WILL PROVIDE COVERAGE ON A CLAIMS-MADE BASIS. COVERAGE SHALL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE APPLICANT DURING THE POLICY PERIOD AND ARISING FROM ACTS, ERRORS OR OMISSIONS OF THE INSURED COMMITTED ON OR AFTER THE EFFECTIVE DATE OF THE POLICY, OR RETROACTIVE DATE, IF ANY, AND PRIOR TO THE EXPIRATION OR TERMINATION DATE OF THE POLICY, WHICHEVER IS THE EARLIER DATE.

THE COMPLETION OF THIS APPLICATION AND ANY SUPPLEMENTS DOES NOT BIND THE COMPANY TO ISSUE, NOR THE APPLICANT TO PURCHASE THE INSURANCE. IF A POLICY IS ISSUED, THIS APPLICATION AND ANY SUPPLEMENTS WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.

THE FOLLOWING APPLIES TO ALL STATES EXCEPT ALASKA, ARKANSAS, IDAHO, KANSAS, LOUISIANA, MAINE, MICHIGAN, MISSOURI, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH CAROLINA, SOUTH DAKOTA, VERMONT & VIRGINIA: THE UNDERSIGNED ALSO ACKNOWLEDGES THAT HE/SHE IS AWARE THAT THE LIMIT OF LIABILITY CONTAINED IN THE POLICY SHALL BE REDUCED AND MAY BE EXHAUSTED BY THE COSTS OF CLAIMS EXPENSES, AND THE COMPANY SHALL NOT BE LIABLE FOR THE COSTS OF CLAIMS EXPENSES OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT IT EXCEEDS THE LIMIT OF THE POLICY. ALSO, CLAIMS EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE AND ARE THE RESPONSIBILITY OF THE APPLICANT.

THE FOLLOWING APPLIES TO ALL STATES EXCEPT MINNESOTA AND PENNSYLVANIA: THE UNDERSIGNED PROPRIETOR, PARTNER, MEMBER OR OFFICER ACTING ON BEHALF OF THE APPLICANT DECLARES, AFTER DILIGENT INQUIRY, THAT THE STATEMENTS AND PARTICULARS MADE IN THIS APPLICATION INCLUDING ALL SUPPLEMENTS, ARE TRUE, ACCURATE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

NOTICE TO FLORIDA, KENTUCKY, NEW YORK AND OHIO 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 IN NEW YORK PUNISHABLE BY A FINE OF UP TO $5,000.

Signature: ____ Print Name: ____
(Must be signed by a Proprietor, Partner or Officer of the Applicant Firm.)

Title: ____ Date: ____

Return this application to your insurance agent. Agents should forward this submission to the Gulf Insurance Group, Lawyers Professional Liability, One Tower Square, 2 PB, Hartford, CT, 06183-3004, Telephone: (800) 842-3112, Facsimile: (800) 842-9326.