

For your convenience, the following form(s) has been created in a "fillable" pdf format. When using the **full copy** of Adobe Acrobat Versions 4.0 or higher you will be able to complete the form and send via [e-mail to one of our representatives](#). If you are using the Acrobat Reader you will be able to complete the form and print it and fax it back to us @ (973) 669-2399. Please remember that we require a copy of **all** signature pages be signed and faxed and/or mailed to our office. Call us toll free with any questions at 877-396-3501.



**APPLICATION
LAWYERS PROFESSIONAL LIABILITY INSURANCE POLICY
THIS IS A CLAIMS-MADE POLICY**

Firm Name	() - Business Phone (Included Area Code)
Principal Business Address (INCLUDING COUNTY) - Street Address Only - No P.O. Boxes	() - Fax Number
Principal Business Address (Continued) NJ	Effective Date Requested
City State Zip County (Please list any secondary or foreign location on a separate sheet)	Month / Year Firm Established Form of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Assn. <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Partnership / Corp <input type="checkbox"/> Other

COVERAGE SELECTION:

Limits Desired-

- | | |
|---|--|
| <input type="checkbox"/> \$ 100,000/\$300,000 | <input type="checkbox"/> \$1,000,000/\$1,000,000 |
| <input type="checkbox"/> \$ 250,000/\$750,000 | <input type="checkbox"/> \$2,000,000/\$2,000,000 |
| <input type="checkbox"/> \$ 500,000/\$1,500,000 | <input type="checkbox"/> \$3,000,000/\$3,000,000 |
| <input type="checkbox"/> \$ 750,000/\$1,500,000 | <input type="checkbox"/> \$4,000,000/\$4,000,000 |
| <input type="checkbox"/> \$ _____ / _____ | <input type="checkbox"/> \$5,000,000/\$5,000,000 |
- Higher limits are available to qualifying firms.

Per Claim Deductibles Desired-

- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> \$ 1,000 | <input type="checkbox"/> \$4,000 |
| <input type="checkbox"/> \$ 2,000 | <input type="checkbox"/> \$5,000 |
| <input type="checkbox"/> \$ 2,500 | <input type="checkbox"/> \$10,000 |
| <input type="checkbox"/> \$ 3,000 | <input type="checkbox"/> \$ _____ |
- Higher deductibles are available to qualifying firms.

Aggregate Deductible Desired:

- \$ _____ Per Claim/ _____ Aggregate
 Available to qualifying firms.

FIRM CHANGES

1. (a) Has applicant's firm name changed in the past five (5) years? Yes No

If "yes", please provide the following information in chronological order:

Predecessor Firm Name	# of partners, officers owners of predecessor at date of dissolution	# of partners, officers, owners of predecessor who joined successor	% of billings assigned successor
			%
			%
			%
			%
			%

(b) Over the past 5 years, has there been a change in the firm's operations such as a merger, the opening or closing of a branch office or the addition or deletion of 25% or more of the lawyers in the firm? If yes, explain by attachment. Yes No

Is a merger, name change, or organizational change pending? If yes, explain by attachment. Yes No

STAFFING

3. (a) Please complete the Insured Supplement for Lawyers Professional Liability Insurance and attach a sample of your letterhead.

Total Number of Lawyers

(b) Does any lawyer named in Question (a) above have any other law partner, associate, of counsel employed lawyer or office sharing arrangement other than those named in Questions 1 ? If your response is yes, and the other law partner, etc. appears on your letterhead but no in Question 1, complete the following:

Yes No

Type of Practice	Insurance Company	Policy Number	Nature of Association with your firm

(c) Provide the number of employees and/or support staff utilized: (There is no additional charge for nonlegal staff.)

Law Clerks	Investigators	Abstracters	Accountants	Paralegal Personnel	Clerical Staff/Secretary	None

(d) If you are a sole practitioner, please provide the name of the attorney(s) who would be responsible for your affairs if you were absent for an extended period of time (i.e., vacation, illness, etc.).

Name: _____
 Address (City, State Zip): _____
 Telephone Number: () - _____

AREA OF PRACTICE

4. Indicate the percentage of gross billable dollars for the last fiscal year, from activities devoted to the following areas of practice. If this is a newly established firm, please provide estimates.

Type of Practice	Prev. %	New %	Type of Practice	Prev. %	New %
Administrative Law			Juvenile / Guardian Ad Litem		
Admiralty / Maritime			Labor Relations		
Arbitration / Mediation			Landlord / Tenant		
Banking / Financial Institution			Litigation		
Complete the Corresponding Supplement			General Commercial - Defense		
Bankruptcy			General Commercial - Plaintiff		
Bonds: Federal, State or Municipal			Bodily Injury / Personal Injury - Defense		
Complete the Corresponding Supplement			Bodily Injury / Personal Injury - Plaintiff		
Business / Corporate			Insurance Defense		
Collections			Workers Compensation - Defense		
Copyrights / Patents / Trademarks			Workers Compensation - Plaintiff		
Corporate Formation / Alteration			Municipal Law - Do not include bond work		
Criminal			Oil & Gas		
Discrimination / Harassment			Product Liability		
Domestic / Family Law			Public Liability		
Entertainment			Real Estate		
Complete the Corresponding Supplement			Securities Law - State or Federal		
Environmental			securities both exempt and registered. Include syndication, limited partnerships, prospectus, private placements, corporate bonds, etc.		
Complete the Corresponding Supplement			Complete the Corresponding Supplement		
ERISA / Employee Benefits			Social Security		
Estate Planning / Probate / Trusts / Wills			Taxation		
Immigration			Tax Options		
International Law			Other - If greater than 5% provide details		
Investment Counseling / Money Management					
Complete the Corresponding Supplement			TOTAL MUST EQUAL 100%	%	%

(b) Does any member of the firm provide professional services as an accountant? If yes, complete the following: Yes No

Type of Practice	Percent of Practice	Insurance Carrier	Expiration (Mo.-Day-Yr)
	_____ %		
	_____ %		

(c) In the past 5 years, has any member of the firm practiced law in the capacity of prosecuting attorney, public defender, municipal counsel, state counsel, or in-house counsel? If yes, complete the following: Yes No

Name of Attorney	Entity	Services Provided	Firm's Percent of Practice	Insurance Carrier	Expiration (Mo.-Day-Yr)
			_____ %		
			_____ %		

5. How many suits for collection of your legal fees were filed during the past fiscal year? # _____

RISK MANAGEMENT

6. (a) Does your firm's calendar control system include the following: (Please check all applicable categories)
 Single Calendar Yes No Dual Calendar Yes No Tickler Cards Yes No
 Computer Yes No Master Listing Yes No Other (describe) _____

(b) Are at least 2 individuals involved in maintaining the calendar 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 Calendar Control of a matter rest with the lawyer handling the matter? Yes No

7. (a) Does your firm require the use of engagement letters including fee agreements on all new matters undertaken by the firm? Yes No

(b) Are declination or non-engagement letters issued on all matters declined by your firm? Yes No

8. (a) How does the firm maintain its conflict of interest avoidance system? (Please check all applicable categories)
 Computer Index File Conflict Committee Other (describe by attachment) _____

(b) How often is the conflict of interest system updated?
 Daily Weekly Monthly Other (describe) _____

(c) Does the firm's conflict of interest avoidance system disclose attorney-client relationships established by newly hired lawyers, partners, predecessor, merged or acquired firms? Yes No

(d) Are business ventures permitted with clients of the firm? Yes No

(e) If any lawyer of the firm becomes aware of a conflict of interest, do they disclose it in writing to all parties involved and all partners? If no, explain by attachment. Yes No

(f) In the past 5 years, has any current or past lawyer of the firm served or is currently serving as a director, officer, partner or employee of any past or present CLIENT? **IF YES, COMPLETE OUTSIDE INTEREST SUPPLEMENTAL APPLICATION.** Yes No

(g) Has any current or past lawyer of the firm had, or currently have, any equity interest in any past or present CLIENT? **IF YES, COMPLETE OUTSIDE INTEREST SUPPLEMENTAL APPLICATION.** Yes No

9. Has any current or past lawyer of the firm provided any professional services, acted as director, or serve on an internal committee of a financial institution (defined as savings and loan, bank credit union, savings association, building and loan association or any other banking institution, holding company or affiliate thereof) within the past 5 years? Yes No

If "yes", please complete the attached **Financial Institutions Supplement.**

10. Has any current or past lawyer of the firm performed any legal services in connection with the offer and sale of securities within the past 5 years? Yes No

If "yes", please complete the attached SEC Supplement.

11. (a) Has any current or past lawyer of the firm performed any federal, state or municipal bond engagements within the past 5 years? Yes No
- (b) In the past 5 years, has any member of the firm provided any legal services in connection with the offer and sale of bonds issued by the United States or any State Municipality, political subdivision, or public instrumentally of the U.S., state, or any municipality? Yes No

If "yes" to b. above, please complete the attached **Bond Supplement**.

12. (a) Does the firm delegate, sub-contract and/or have any split fee arrangements? Yes No
- (b) If yes, what percentage of your total revenue is derived from these arrangements? _____ %
- (c) Are the firms associated with these arrangements insured? Yes No

13. Does the firm receive more than 25% of its gross billings from a single client? Yes No

If yes, please provide the name of the client, industry, percentage or gross billings and services provided on a separate sheet.

CLAIMS AND DISCIPLINARY ACTION

Has any current or past lawyer of the firm listed on the **Insured Supplement**:

14. (a) Had his/her legal license or authority to practice law revoked? Yes No
- (b) Been subject to disciplinary action by any state or local bar or ABA? Yes No
- (c) Been subject to any fine, reprimand or criminal penalty related to performance of professional services? Yes No
- (d) Has applicant firm, predecessor in business or lawyer had their lawyers professional liability insurance denied, canceled or non-renewed (other than due to loss of market)? Yes No

If "yes" to any of the above, please explain below, including the date and outcome.

15. (a) Have any claims or suits been brought against any listed on the **Insured Supplement**, a predecessor of the firm or any current or past partner, office, owner or employed lawyer thereof during the past 5 years? Yes No
- (b) Having inquired of all partners, officer, owners and employed lawyers, are there any circumstances which may result in a claim being made against the firm, its predecessors or any current or past partner, officer, owner or employed lawyer of the firm? Yes No

If "yes" to 15 (a) or (b), please complete the attached **Supplemental Claim Form** for each claim or circumstances which could give rise to a claim.

PRIOR INSURANCE

16. (a) Was lawyers professional liability carried by you, your firm or previous firms during the past FIVE (5) years? If yes, list by year.

Inception (Mo/Day/Yr)	Expiration (Mo/Day/Yr)	Insurance Company	Premium	Limits	Deductible	Per Claim or Aggregate Deductible

- (b) Has the firm or any lawyer listed on the **Insured Supplement** purchased an endorsement to extend the claims reporting period? (i.e., tail, extending reporting endorsement, ERP, etc.) Yes No
 (if yes, complete the following:

Lawyer/Firm who purchased: _____

Effective Date of endorsements: _____ Length of reporting period: _____ months.

(c) Does your current policy, or any individual lawyer in the firm, have a prior acts exclusion? Yes No
 (Please provide a copy to ensure proper rating.)

Firm/Lawyer _____ Mo/Day/Yr _____
 Effective Date of *Exclusion*

Attach a separate sheet, if necessary.

(d) Does your current policy, or any individual lawyer in the firm have any restrictive endorsements? Yes No

If "yes", please provide a copy of any restrictive endorsements.

17. CONTINUING LEGAL EDUCATION

What is the total number of hours of continuing legal education within the past 12 months for all lawyers listed on the **Insured Supplement**?

Notice to Applicant - Please Read Carefully

I/WE REPRESENT THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND THAT NO INFORMATION HAS BEEN OMITTED OR MISREPRESENTED. I/WE UNDERSTAND THAT THIS APPLICATION INFORMATION SHALL BE THE BASIS OF THE POLICY OF INSURANCE AND DEEMED INCORPORATED HEREIN.

Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in the facts and statements above, and in each supplemental application, of which applicant becomes aware after signing the application.

NOTE: In applying for coverage, applicant agrees that covered losses must be defended by a Company lawyer and that the deductible applies to damages and claims expenses, investigation costs and legal fees. If applicant elects to handle a claim without involving the Company, then the policy may not afford coverage for such claim.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO THE POLICY.

Applicant hereby authorizes the release of claim information from any prior insurer to the Company indicated above.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Signing this form and tendering premium does not bind the applicant or the Company to complete the insurance. Application must be signed and dated to be considered for quotation.

Applicant Signature **(Must be signed and dated in ink by an Owner, Partner or Officer)**

Print or Type Name and Title

Date (Mo-Day-Yr)

NOTICE:

Failure to report:

1. Any claim made against you during your current policy term, or
2. Any facts, circumstances or events which may give rise to a claim to your current insurance company **BEFORE** policy expiration may create a lack of coverage