

<b>1.</b>	<b>Full Name of Applicant Firm :</b>	<b>Current Policy #:</b>	
	<b>Address:</b>	Please check if this is a new address within the last 12 months: <input type="checkbox"/>	
	<b>Contact Name:</b>	<b>Website:</b>	
	<b>Contact Email:</b>	<b># Support Staff:</b>	
	<b>Practice Management Software Used:</b>	Check here if none: <input type="checkbox"/>	
<b>2.</b>	<b>Please list all members of the firm below.</b> Attach a separate roster if additional space is required. O – Owner/Officer/Partner    E – Employed Lawyer    OC – Of Counsel    IC – Independent Contractor		
	<b>Name</b>	<b>Designation</b>	<b>Hours Per Week</b>
	<b>Email Address</b>		
<b>3.</b>	In the last 12 months, has there been any change in firm ownership or organization? <b>If “yes”, please provide a complete description of the changes made.</b>		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>4.</b>	In the last 12 months, have any claims been made or suits filed against the firm, any predecessor firm or any firm member that have not been reported to the Company? <b>If “yes”, please complete a Claim Supplement for each claim or incident.</b>		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>5.</b>	In the last 12 months, has any firm member become aware of any facts, circumstances, incidents, acts or omissions that could result in a professional liability claim against the firm that have not been reported to the Company? <b>If “yes”, please complete a Claim Supplement for each claim or incident.</b>		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>6.</b>	In the last 12 months has there been any change in status of a claim or incident that was reported to a previous carrier? <b>If “yes”, please complete a Claim Supplement for each claim or incident.</b>		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>7.</b>	In the last 12 months has any firm member been the subject of any disciplinary investigation or complaint pending, or been refused admission to the bar or any bar association, court or administrative agency? <b>If “yes”, please provide and explanation including a copy of the complaint and order.</b>		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>8.</b>	In the last 12 months, has any member of the firm:		
	a) Provided legal services to or sat on the board of a financial institution?		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
	b) Been involved in class action or mass tort litigation?		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
	c) Provided legal services involving the offering or sale of securities?		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
	d) Provided legal services involving federal, state or municipal bonds?		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
	e) Been a director, officer, employee or trustee of an entity other than the firm?		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
	<b>If “yes” to any of the above, please explain on a separate addendum.</b>		
<b>9.</b>	In the last 12 months, has any firm member:		
	a) Shared cases or co-counseled with other attorneys or law firms?		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
	b) Shared letterhead with other attorneys or law firms?		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
	c) Referred clients to other firms and maintained an economic interest?		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
	d) Worked as an independent contractor for other law firms?		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
	e) Handled cases or transactions for clients in other states?		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
	<b>If “yes”, please attach a list of all lawyers or firms, shared letterhead, percentage of your practice, and a brief description of the cases. Please confirm that all other lawyers have malpractice insurance.</b>		
<b>10.</b>	a) Please estimate the firm’s gross revenues for the current fiscal year:	\$	
	b) Please indicate the firm’s gross revenues for the past fiscal year:	\$	
	c) Please indicate the number of new clients to the firm in the last year:	#:	
	d) In the last 12 months, how many attorneys have left the firm:	#:	
	e) In the last 12 months, how many attorneys have joined the firm:	#:	
	f) In the last 12 months how many non-lawyer staff members have left the firm:	#:	
	g) In the last 12 months, how many non-lawyer staff members have joined the firm:	#:	

<b>11.</b>	Please complete the following for your three largest clients in the last 12 months:		
	<b>Name of Client / Industry</b>	<b>% of Revenues</b>	<b>Description of Legal Services Provided</b>

**12.** In the last 12 months, has any firm member:

<b>a)</b> Withdrawn from any cases or been fired by a client?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b)</b> Engaged in any business venture with a client?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>c)</b> Represented potentially adverse but friendly parties in the same matter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>d)</b> Filed any suits for fees against clients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>e)</b> Received compensation other than fees for legal services rendered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**If "yes", please provide the number of such cases and a brief explanation.**

**GENERAL FRAUD NOTICE**

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 false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions.

**NOTICE TO INDIANA APPLICANTS**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**NOTICE TO KENTUCKY APPLICANTS**

Any person who knowingly and with intent to defraud any insurance company or other person files a 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 MINNESOTA AND OHIO APPLICANTS**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application, or files a claim containing a false or deceptive statement, is guilty of insurance fraud.

**NOTICE TO TENNESSEE APPLICANTS**

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.

**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 OBTAINED BY FRAUD, MATERIAL MISREPRESENTATION OR OMISSION IS VOID.**

Signature of Officer or Partner of Firm	Title	Date
	<b>Agency:</b>	

Print Name