



**APPLICATION FOR
LAWYERS PROFESSIONAL LIABILITY
INSURANCE
(Claims Made and Reported Policy)**

Alta Pro Insurance Services
Phone: (866)532-2582
Fax: (734)786-0067
Email: Apps@altaproinsurance.com

THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED INSURANCE POLICY. IT IS IMPORTANT THAT YOU REPORT ANY KNOWN FACTS OR CIRCUMSTANCES THAT COULD REASONABLY BE EXPECTED TO RESULT IN A CLAIM TO YOUR CURRENT INSURER OR PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT IN ORDER TO PRESERVE COVERAGE FOR SUCH INCIDENTS.

Name of Applicant Firm:		Date Established:	
Address:			
City:	State:	Zip Code:	County:
Website:	Phone:	Fax:	
Contact:	Contact Email:		

No. Lawyers in Firm: _____ No. Support Staff: _____

Do you have other office locations? Yes No If yes, how many? _____ **Please provide a list showing each location and the number of attorneys at each location**

1.	Requested Effective Date:			
2.	a. Current Limits:	Deductible:	Retroactive Date:	

b. Optional coverages you are requesting (please check):
 First Dollar Defense: Aggregate Deductible: Claim Expense Outside Limits:

3. a. Is the firm currently insured for professional liability? Yes No
Please provide a copy of your current policy declarations including the retroactive date as evidence of current coverage.
 b. Does your current policy have any type of endorsements that exclude or modify coverage? Yes No
If yes, please provide a copy of each such endorsement.

4. List the names of all predecessor firms of the applicant firm.
Name only those firms where the applicant is a majority successor to the predecessor firm's assets and liabilities.

Name of Predecessor Firm	Date Dissolved	Number of Lawyers

5. a. In the last 12 months, how many attorneys have left your firm? _____ b. Joined the firm? _____
 c. How many attorneys does the firm plan to add during the next 12 months? _____
 d. In the last 12 months, how many non-lawyer employees have left your firm? _____ e. Joined the firm? _____

6. Has any professional liability insurance for the applicant, or any member of the applicant firm ever been declined or canceled, refused to be renewed, or accepted only on special terms? Yes No
If yes, please provide a detailed narrative in the space provided on page 2 or on firm letterhead.

7. Please identify your legal professional liability insurance for the past five years.

Company	Policy Period	Limits	Deductible	Premium	# of Attorneys

8. Does any client or group of related clients make up 25% or more of the firm's gross receipts? Yes No

9. Please complete the information below for your five largest clients:

Client Name or Industry	Date Services Began	Percent of Revenues	Description of Legal Services Provided

21. Total firm revenues last fiscal year: _____ Current fiscal year revenues: _____

22. Complete the following table based upon your gross revenue or billable hours for each category.
Total Must Equal 100%

This Practice Profile is based on: gross revenue or billable hours.

PRACTICE PROFILE

Area of Practice	Percentage	Area of Practice	Percentage
Admiralty (AM)	Plaintiff %:	Guardian Ad Litem (GAL)	%:
	Defense %:	Health Care (HC)	Compliance %:
	Other %:		Litigation %:
Antitrust (AT)	Plaintiff %:	Immigration (IM) *	%:
	Defense %:	Insurance Defense (ID)	Coverage %:
	Other %:		Litigation %:
	Other %:		
Appellate (AP)	Plaintiff %:	Intellectual Property (IP) *	Patent %:
	Defense %:		Trademark %:
	Other %:		Litigation %:
Arbitration, Mediation (ADR)	%:		
Aviation (AV)	%:	International Law (IL)	%:
Bankruptcy (BC) *	Creditor Rep %:	Labor & Employment (LE)	Management %:
	Debtor Rep %:		Union/Labor%:
	Trustee Rep %:		Other %:
Business Formation/Alteration Merger&Acquisition (CF) *	Form/Alt %:	Municipal Law (ML)	Defense %:
	Merge/Ac%:		Zoning %:
Business Secured Transactions - UCC - Commercial (CF) *	Public Corp %:		
Business Admin, Records (CO)	Private %:	Natural Resources, Oil & Gas (NR)	Leasing %:
Civil Rights/Discrimination (CR)	%:		Compliance %:
	Defense%:		Other %:
Collections (CB) *	Plaintiff %:	Plaintiff Personal Injury Legal Malpractice (PL) *	Plaintiff %:
	Creditor %:	Plaintiff Personal Injury Medical Malpractice (PL) *	
	Debtor %:		
Commercial Litigation (GL)	Defense Lit%:	Plaintiff Personal Injury – MDL, Mass Tort, Class Action (PL) *	Plaintiff %:
	Plaintiff Lit%:		
Construction Law (CL)	Contracts%:	Plaintiff Personal Injury Products Liability (PL) *	Plaintiff %:
	Litigation%:		
Consumer Claims (CC)	Defense%:	Plaintiff Personal Injury Auto,BI/PD (PI) *	Plaintiff %:
	Plaintiff %:		
Criminal Defense (CD)	%:		
Elder Law (EL)	%:	Real Estate Commercial (REC) *	%:
Employee Benefits (EB)	%:	Real Estate Development (RED) *	%:
Entertainment/Agency/ /Sports Agency (EN) *	Management %:	Real Estate Foreclosure (REF) *	%:
	Other %:	Real Estate Escrow (REE) *	%:
Environmental * (ER)	Plaintiff %:	Real Estate Residential (RER) *	%:
	Defense %:	Real Estate Title (RET) *	%:
	Other %:	Securities * (SE)	Public Offering%:
	Corp. Bonds %:		
	Private Placemt:		
Estate, Probate, Trust (ES) * (ESP) * (EST) *	Est. Planning %:		Other %:
	Probate %:	Social Security (SS)	Soc Sec%:
	Trust Admin %:	Tax, Tax Opinions (TX)	Personal %:
	Corporate %:		
	Other %:		
Family Law (FL) (1)	Adoption %:	Workers Compensation (WC)	Plaintiff %:
	Divorce %:		Defense%:
	Juvenile %:		
FCC/Communications (FCC)	%:		
Financial Institutions (FI) *	%:	Other (OT) (Describe):	%:
General Civil Litigation (GL)	Plaintiff %:		%:
	Defense %:		%:
	Other %:	%:	
Government Contracts (GC)	%:		%:

* Indicates that completion of the corresponding Supplement is required.

Total Percentage %:

(1) Family Law. In the last 24 months, please indicate the following:

Average value of property settlement handled: _____ Highest value of property settlement handled: _____

Does any firm member provide any of the following services?

Surrogacy contracts Ovum or sperm donation contracts Embryo donation agreements

22. a. Please complete the Firm Profile below for each attorney associated with your firm.
Please attach an additional sheet if more space is needed.

FIRM PROFILE

Attorney Name	Position P, A, OC, I	Hire Date	Date First Admitted	States Admitted	Ave. Hours/ Week	Areas of Practice

P = Partner/Owner/Member A = Associate/Employee OC = Of Counsel I = Independent Contractor

23. If you are a sole practitioner, who handles your cases in the event of your incapacitation or vacation?
Note: If a policy is issued in reliance upon this application, it shall not apply to the attorney below:
Name of backup attorney: _____

24. Does your firm accept any form of compensation other than legal fees? Yes No
If yes, please provide an explanation in the space provided on page 2 or on firm letterhead.

25. a. Does your firm have a system for detecting and avoiding conflicts of interest? Yes No
If yes, check all that apply:
 Computerized Includes Client Name Includes Opposing Party Includes Client Subsidiaries
 Includes Client Principals Includes Lateral Hires' Previous Firms Other: _____

b. Does your firm require written disclosure of potential conflicts to all clients? Yes No

c. Does your firm require written consent from all parties to a potential conflict prior to representation? Yes No

26. Has any firm member:
a. Engaged in a business venture with a client? Yes No
b. Introduced clients to one another for investment purposes? Yes No
c. Represented adverse but friendly parties in the same matter? Yes No
If yes to 26. a, b, or c, please provide an explanation in the space provided on page 2 or on firm letterhead.

27. Please indicate which of the following the firm uses to manage its docket and scheduling demands:
 Computer Docket Clerk/Administrator Individual Diaries Daily or Weekly firm-wide circulation of master calendar Other: Describe: _____

28. Does the firm use law practice management software? Yes No
If yes: Name of software: _____
Check all that apply:
 Updated daily Centralized/Firm-wide All offices integrated Monitored by multiple individuals
 Tracks statutes of limitations Data backed up/stored offsite Hardware Firewall Software Firewall
 Other: Describe: _____

29. With respect to cyber security, does the firm:
a. Use computer system security products to detect viruses and other malware? Yes No
b. Use firewalls and intrusion detection systems? Yes No
c. Purchase cyber liability insurance? Yes No

29.	d. Require verification of all wire transfer instructions by phone call only to known parties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e. Require all wire transfer instructions to be sent by encrypted email or fax?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30.	For all clients and potential clients, does the firm use:	
	Engagement letters/Fee Agreements: <input type="checkbox"/> Yes <input type="checkbox"/> No	Declination of Representation Letters: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Termination of Services Letters: <input type="checkbox"/> Yes <input type="checkbox"/> No	Regular File Status Updates: <input type="checkbox"/> Yes <input type="checkbox"/> No
	If no to any, please explain in the space provided on page 2.	
31.	Are any of the firm's Accounts Receivable more than 90 days past due?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, approximately what percentage of Accounts Receivable are past due:	%
32.	a. How many suits for fees were filed against clients in the last two years?	
	b. Are fee suits filed only after the statute of limitations for legal malpractice has passed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. If no to 32.b, are files reviewed for possible negligence claims before suit is filed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33.	Describe the firm's Risk Management activities:	
	a. Does the firm have a formal procedures manual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Does the firm outline its billing policy and procedures in writing to clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Does the firm have a formal process for responding to client complaints?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. Does the firm have a formal document retention policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e. Are all employees trained regarding firm policies and procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	f. Are new attorneys supervised by a more senior attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	g. Are all cases brought in by new attorneys from prior firms reviewed by at least one senior partner or officer of the firm for potential conflicts of interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	h. Is support personnel work reviewed by an attorney prior to release to the client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	i. Are all new matters reviewed prior to acceptance by firm management?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	j. Does firm management regularly review all ongoing matters?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 COLORADO APPLICANTS

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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
Print Name		
AGENCY:		PHONE:
ADDRESS:		FAX:

1.	Full name of Applicant Firm:		
2.	Full name(s) of firm member(s) involved in claim:		
3.	Other defendants:		
4.	Name of potential/actual claimant(s):		
5.	Check whether: <input type="checkbox"/> Incident <input type="checkbox"/> Claim <input type="checkbox"/> Lawsuit <input type="checkbox"/> Disciplinary Action		
6.	a. Date of alleged act, error, or omission:		
	b. Date reported to insurer:		
	c. Insurance carrier responding to this claim:		
7.	Present status of claim (include any deductible amount in figures provided):		
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> a. <input type="checkbox"/> Closed Date Closed: _____ Total loss paid (including deductible): \$ _____ Total expense paid (including deductible): \$ _____ <input type="checkbox"/> Court judgment <input type="checkbox"/> Out-of-court settlement <input type="checkbox"/> Dismissed <input type="checkbox"/> Arbitration award </td> <td style="width: 50%; vertical-align: top;"> b. <input type="checkbox"/> Open Claimant's settlement demand: \$ _____ Defendant's offer for settlement: \$ _____ Insurer's claim reserve: \$ _____ Expense reserve: \$ _____ Expenses paid to date: \$ _____ <input type="checkbox"/> Currently in Suit <input type="checkbox"/> Incident/Report Only (No reserve established, no expenses to date) </td> </tr> </table>	a. <input type="checkbox"/> Closed Date Closed: _____ Total loss paid (including deductible): \$ _____ Total expense paid (including deductible): \$ _____ <input type="checkbox"/> Court judgment <input type="checkbox"/> Out-of-court settlement <input type="checkbox"/> Dismissed <input type="checkbox"/> Arbitration award	b. <input type="checkbox"/> Open Claimant's settlement demand: \$ _____ Defendant's offer for settlement: \$ _____ Insurer's claim reserve: \$ _____ Expense reserve: \$ _____ Expenses paid to date: \$ _____ <input type="checkbox"/> Currently in Suit <input type="checkbox"/> Incident/Report Only (No reserve established, no expenses to date)
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8.	a. Description of events, including alleged act or omission upon which the claim or incident is based: _____ _____ _____ b. What steps have been taken to prevent a similar loss in the future? _____ _____ c. Does this claim or incident arise from an action to collect fees? <input type="checkbox"/> Yes <input type="checkbox"/> No		

I represent that the statements above are true and complete to the best of my knowledge, that I have not suppressed or misstated any facts and I understand that this supplement becomes part of my application.

Signature of Officer or Partner of Firm	Title	Date
Print Name of Officer or Partner		