

## I. APPLICANT INFORMATION

Applicant: \_\_\_\_\_ Requested effective date: \_\_\_\_\_

Address: \_\_\_\_\_  
(STREET)

\_\_\_\_\_  
(CITY) (COUNTY) (STATE) (ZIP)

Contact person: \_\_\_\_\_ Contact title/role: \_\_\_\_\_

Contact email: \_\_\_\_\_

Year firm commenced operations: \_\_\_\_\_ Insured web page: \_\_\_\_\_

If the Applicant has staffed branch offices in other cities or states, please indicate the 3 largest by **gross revenue** (use last fiscal data):

#1 City/State: \_\_\_\_\_ #2 City/State: \_\_\_\_\_ #3 City/State: \_\_\_\_\_

Total gross revenue by fiscal year:

Current year to date: \_\_\_\_\_

Last year: \_\_\_\_\_

Two years ago: \_\_\_\_\_

Total # of attorneys as of ( \_\_\_\_\_ ): \_\_\_\_\_  
(DATE) (TOTAL)

In the past 12 months, how many total attorneys have: Joined #: \_\_\_\_\_ Departed #: \_\_\_\_\_

What % of current attorneys spend 50% or more of their time working remotely?\* \_\_\_\_\_ %

What % of current non-attorney staff spend 50% or more of their time working remotely?\* \_\_\_\_\_ %

\*Do not include remote travel on named insured business.

## II. COVERAGE INFORMATION

Current limits of liability: \_\_\_\_\_ / \_\_\_\_\_ Current deductible: \_\_\_\_\_

Current retroactive date: \_\_\_\_\_  Yes  No

If yes, please provide: \_\_\_\_\_

In the past 10 years, has the applicant been non-renewed by a lawyers' professional liability carrier for reasons other than the carrier departing the market?  Yes  No

If yes, please identify the reason for non-renewal:

### III. AREA OF PRACTICE

Please complete using *whole percentages* based on *gross revenue*.

Area of practice	Percent	Area of practice	Percent
Admiralty/Marine	%	Health care	%
Antitrust/Trade regulation	%	Immigration and naturalization	%
Arbitration/Mediation	%	Insurance defense: litigation	%
Appellate law	%	Insurance defense: coverage	%
Bankruptcy	%	Intellectual property: copyright/trademark	%
Bonds	%	Intellectual property: patent	%
Business & commercial litigation	%	Intellectual property: litigation	%
Business formation	%	Litigation – defense	%
Business transactions	%	Litigation – plaintiff	%
Civil rights & discrimination	%	Class action/mass tort	%
Collection/Foreclosure/Workouts	%	Personal injury	%
Construction law/building contracts	%	Med mal	%
Consumer claims/administrative law	%	Mergers & acquisitions	%
Criminal law	%	Natural resources/oil & gas	%
Employee benefits	%	Real estate – commercial	%
Employment: management/defense	%	Real estate – landlord-tenant/condo	%
Employment: labor	%	Real estate – residential	%
Entertainment law	%	Securities	%
Environmental law	%	Taxation/Tax opinions – commercial	%
Estate/Trust planning & drafting	%	Taxation/Tax opinions – personal	%
Family law: divorce	%	Securities (except corporate formation)	%
Family law: elder, juvenile, other	%	Estate probate/trust administration	%
Financial institutions: regulatory	%	Workers compensation – defense	%
Financial institutions: other	%	Workers compensation – plaintiff	%
Government (no bond work)	%	Other	%
		<b>TOTAL (must equal 100%)</b>	<b>%</b>

**IV. FIRM & RISK MANAGEMENT**

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- Is the applicant managed by a managing partner or governing body?  Yes  No  
If yes, how many attorneys sit on this governing body? \_\_\_\_\_
- Does applicant have a full-time, non-lawyer, legal administrator?  Yes  No
- Does applicant have an attorney acting as general counsel?  Yes  No
- Does applicant utilize written risk avoidance policies & procedures?  Yes  No
- Does applicant provide legal services outside the United States?  Yes  No
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- Does applicant have a common new client intake process?  Yes  No  
If yes, does this process include partner or governing body sign off?  Yes  No
- Does applicant have a central, computerized conflict system?  Yes  No
- Are conflict checks required prior to any work being done for new clients?  Yes  No
- Are conflicts disclosed, in writing, to clients/potential clients?  Yes  No
- Are appropriate waivers, in writing, obtained prior to work being completed on behalf of a new client?  Yes  No
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- Does the firm utilize a central computerized docketing system?  Yes  No
- Do all lawyers use this to control statutory dates & deadlines?  Yes  No
- Are attorneys responsible for establishing correct entries?  Yes  No
- Are docketing calendars accessible by other applicant employees?  Yes  No
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- Do you have a written policy regarding use of engagement letters?  Yes  No
- Does this letter mandate the scope of service being provided?  Yes  No
- Do you mandate the use of engagement for new clients?  Yes  No
- Are engagement letters required for new matters for existing clients?  Yes  No
- Please articulate the applicant firm's philosophy and practice for dis-engagement and non-engagement letters:
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- Do you file suits against clients/former clients for the recovery of fees?  Yes  No  
If yes, how many of these suits have you filed in the past 2 years? \_\_\_\_\_
- If yes, do you require a minimum amount due before suit is filed?  Yes  No
- If yes, do you wait for the statute of limitations to pass?  Yes  No
- If yes, is the file reviewed for potential malpractice claims?  Yes  No
- Are all lawyers, regardless of geographical location, able to access all firm risk management systems including but not limited to conflicts, docketing, or letters?  Yes  No

If you have responded no to any of these questions or would like to provide more detail on your process, please use the space below to explain:

Are lawyers permitted to hold positions in client business/boards?  Yes  No

Are lawyers permitted to take ownership in client businesses?  Yes  No

If yes to either of these questions, are these positions/ownership subject to management review and approval?  Yes  No

\*\*If you have responded yes to any of these questions, please complete the outside officers & directors supplement.

## V. CLAIM HISTORY

After inquiry of all attorneys, have any lawyers' malpractice claims or suits been made in the past 5 years against the applicant or any past or present owners, shareholders, partners, officers, associates, employed lawyers, contract lawyers, or employees or its predecessors?  Yes  No

If yes, please complete a claim supplement for each matter.

After inquiry of all attorneys, are you aware of any circumstances, allegations, tolling agreements, or contentions as to any incident that may result in a claim being made against the applicant or any past or present owners, shareholders, partners, officers, associates, employed lawyers, contract lawyers, or employees or its predecessors?  Yes  No

If yes, please complete a claim supplement for each matter.

After inquiry of all attorneys, has any applicant lawyer ever been disbarred, refused admission to practice law, suspended, reprimanded, sanctioned, fined, placed on probation, held in contempt, or been subject to any disciplinary complaint, grievance, or action by any court, administrative agency, or regulatory body?  Yes  No

If yes, please provide details.

Have all claims, incidents, or circumstances outlined in the above questions in this section already been reported to and accepted by a current or past insurer?  Yes  No

If not all claims, incidents, or circumstances have been reported, it is incumbent on you to report these matters to your current carrier(s) prior to obtaining coverage with Applied Financial Lines as there may not be coverage afforded under a new insurance policy.

# FRAUD STATEMENTS/SIGNATURE

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The following is part of the Application:

## **Applicable in AL**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

## **Applicable in AR, LA, MD, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

\*Applies in MD Only.

## **Applicable in CA**

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

## **Applicable in CO**

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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

## **Applicable in DC**

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

## **Applicable in FL**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

## **Applicable in KS**

A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

## **Applicable in KY**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

## **Applicable in ME**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

## **Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

## **Applicable in NM**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

## **Applicable in NY**

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.

**Applicable in OH**

Any person who, with intent to defraud or knowing that he 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.

**Applicable in OK**

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PA**

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 subjects such person to criminal and civil penalties.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Applicable in TN and VA**

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.

**Applicable in WA**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO. (Required in FL)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER