

# Lawyers' Professional Liability Renewal Application



AmTrust E&S Insurance Services  
An AmTrust Financial Company

\*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

This is an application for a claims made and reported policy. Please read the entire application carefully before signing. Whenever used in this application, the term "Firm" means the Named Insured(s) and any other entity proposed for coverage. Please answer all questions and attach all requested materials including the following:

## Section I – Firm Information

Firm: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Website: \_\_\_\_\_

Please complete the attached attorney roster for each lawyer seeking coverage.

- Provide the gross revenues for the last fiscal year: \$ \_\_\_\_\_
- Has the Firm initiated any suits for fees in the past year?  Yes  No
- Has the Firm instituted any changes to Firm-wide risk management practices, including docket controls, intake procedures or conflict of interest protocols?  Yes  No
- Has the Firm merged or acquired any Firm or practice groups in the past year or do you anticipate any mergers or acquisitions in the next 12 months?  Yes  No

If YES to Questions 2, 3 or 4, please describe in detail on the attachment provided.

## Section II – Areas of Practice

- Complete the chart below based on the firm's gross billings:

|                               |   |                                    |   |                                   |             |
|-------------------------------|---|------------------------------------|---|-----------------------------------|-------------|
| Administrative                | % | <b>Trusts &amp; Estates</b>        |   | Labor Law – Management            | %           |
| Admiralty / Maritime          | % | Assets < \$1M                      | % | Labor Law – Union / Employee      | %           |
| Antitrust / Trade Regulation  | % | Assets > \$1M                      | % | <b>Litigation</b>                 |             |
| Banking / Financial           | % | Other: _____                       | % | Class Action / Mass Tort          | %           |
| Bankruptcy                    | % | <b>Family Law</b>                  |   | Commercial                        | %           |
| Collections                   | % | Child Custody / Guardianship       | % | Insurance Defense                 | %           |
| Communications                | % | Divorce w/ Assets < \$1M           | % | Plaintiff                         | %           |
| Construction                  | % | Divorce w/ Assets > \$1M           | % | Workers' Compensation – Defense   | %           |
| <b>Commercial / Corporate</b> |   | Elder                              | % | Workers' Compensation – Plaintiff | %           |
| General                       | % | Social Security                    | % | Real Estate                       | %           |
| Formation / Alteration        | % | Government / Municipal (no bonds)  | % | <b>Securities / Bonds</b>         |             |
| M&A                           | % | Healthcare                         | % | Federal                           | %           |
| Secured Transactions          | % | Immigration / Naturalization       | % | State                             | %           |
| Other: _____                  | % | <b>Intellectual Property</b>       |   | Private Placements                | %           |
| Criminal                      | % | Copyright / Trademark              | % | Bonds                             | %           |
| Employment / Civil Rights     | % | Litigation                         | % | <b>Tax</b>                        |             |
| Environmental                 | % | Patent                             | % | Corporate                         | %           |
| Entertainment                 | % | Investment Counseling / Money Mgt. | % | Individual                        | %           |
| ERISA / Employee Benefits     | % | International Law                  | % | Tax Opinions                      | %           |
| Other: _____                  | % |                                    |   | <b>TOTAL</b>                      | <b>100%</b> |

For all Highlighted Areas, please complete the Lawyers' Professional Liability Supplemental Application.

## Section III – Claims & License Warranty

1. Have all claims, suits or proceedings made during the past year against the (a) Firm; (b) its predecessor in business; (c) any Subsidiary or Affiliate of the Firm; (d) any entity proposed for coverage on this application; or (e) any past or present Principal, Partner, Member, Director, Officer, Employee, Leased Employee or Independent Contractor of the Firm, its predecessors in business or any Subsidiary or Affiliate of the Firm been reported to AmTrust?  Yes  No
2. After diligent inquiry of each Principal, Partner, Managing Member, Director or Officer, is the Firm aware of any fact, circumstance, incident, error, situation or accident that may result in a claim being made against (a) the Firm; (b) its predecessor in business; (c) any Subsidiary or Affiliate of the Firm; (d) any entity proposed for coverage on this application; or (e) any past or present Principal, Partner, Member, Director, Officer, Employee, Leased Employee or Independent Contractor of the Firm, its predecessors in business or any Subsidiary or Affiliate of the Firm or entity proposed for coverage on this Firm?  Yes  No
3. In the past year, has the Firm or any individual or entity seeking coverage been the subject of a Reprimand or Disciplinary Proceeding, or Criminal Proceeding, by any Federal, State or Local Authority, Professional Association or State Licensing Board?  Yes  No

**If YES, to Questions 1, 2, and/or 3, AmTrust must be notified immediately.**

## Fraud Warning

**Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.**

**ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA:** 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. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

**COLORADO:** 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.

**DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA:** 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

**FLORIDA and OKLAHOMA:** Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

**KANSAS:** 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 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 personal or commercial 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 is considered a crime.

**MAINE:** 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 denial of insurance benefits.

**NEW YORK:** 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

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OREGON:** 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 may be guilty of a crime and may be subject to fines and confinement in prison.

**TENNESSEE and WASHINGTON:** 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 and/or denial of insurance benefits.

## Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

### Applicant:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.**

Name of Producing agency: \_\_\_\_\_

Signature of Producing agent: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY**

# Attorney Roster

Complete grid for every lawyer seeking coverage for the proposed policy period. Copy this sheet as needed for additional lawyers.

| Lawyer | Status* | Date Hired | Date Admitted | State(s) Licensed | Years in Private Practice | Billable Hours Past Year | CLE Hours Past Year** |
|--------|---------|------------|---------------|-------------------|---------------------------|--------------------------|-----------------------|
| 1.     |         |            |               |                   |                           |                          |                       |
| 2.     |         |            |               |                   |                           |                          |                       |
| 3.     |         |            |               |                   |                           |                          |                       |
| 4.     |         |            |               |                   |                           |                          |                       |
| 5.     |         |            |               |                   |                           |                          |                       |
| 6.     |         |            |               |                   |                           |                          |                       |
| 7.     |         |            |               |                   |                           |                          |                       |
| 8.     |         |            |               |                   |                           |                          |                       |
| 9.     |         |            |               |                   |                           |                          |                       |
| 10.    |         |            |               |                   |                           |                          |                       |
| 11.    |         |            |               |                   |                           |                          |                       |
| 12.    |         |            |               |                   |                           |                          |                       |
| 13.    |         |            |               |                   |                           |                          |                       |
| 14.    |         |            |               |                   |                           |                          |                       |
| 15.    |         |            |               |                   |                           |                          |                       |
| 16.    |         |            |               |                   |                           |                          |                       |
| 17.    |         |            |               |                   |                           |                          |                       |
| 18.    |         |            |               |                   |                           |                          |                       |
| 19.    |         |            |               |                   |                           |                          |                       |
| 20.    |         |            |               |                   |                           |                          |                       |
| 21.    |         |            |               |                   |                           |                          |                       |
| 22.    |         |            |               |                   |                           |                          |                       |
| 23.    |         |            |               |                   |                           |                          |                       |
| 24.    |         |            |               |                   |                           |                          |                       |
| 25.    |         |            |               |                   |                           |                          |                       |
| 26.    |         |            |               |                   |                           |                          |                       |
| 27.    |         |            |               |                   |                           |                          |                       |
| 28.    |         |            |               |                   |                           |                          |                       |
| 29.    |         |            |               |                   |                           |                          |                       |
| 30.    |         |            |               |                   |                           |                          |                       |
| 31.    |         |            |               |                   |                           |                          |                       |
| 32.    |         |            |               |                   |                           |                          |                       |
| 33.    |         |            |               |                   |                           |                          |                       |
| 34.    |         |            |               |                   |                           |                          |                       |
| 35.    |         |            |               |                   |                           |                          |                       |
| 36.    |         |            |               |                   |                           |                          |                       |
| 37.    |         |            |               |                   |                           |                          |                       |
| 38.    |         |            |               |                   |                           |                          |                       |
| 39.    |         |            |               |                   |                           |                          |                       |
| 40.    |         |            |               |                   |                           |                          |                       |

**\*Status Key:** **A** = Associate / Employed Lawyer    **C** = Counsel / of counsel    **I** = Independent Contractor    **P** = Partner / Principal

**\*\*CLE:** List number of *Continuing Legal Education* hours completed by attorney in the past year.

# Additional Narrative

Please use this sheet for details, or any additional underwriting information that the firm would like to have considered. Copy this sheet as needed.

