

**Philadelphia Insurance Companies**  
**One Bala Plaza, Suite 100**  
**Bala Cynwyd, PA 19004**

**LAWYERS PROFESSIONAL LIABILITY INSURANCE**

This professional liability coverage is provided on a claims made basis; therefore, only claims which are first made against you, and reported to the company, during the policy term, any subsequent renewal of the policy or any extended reporting period are covered, subject to policy provisions.

Please attach a sample of your letterhead to this application. Inconsistencies between your letterhead and the application - such as attorneys named, address, other offices - should be explained on a separate sheet of paper.

**YOUR FIRM**

1. Are you engaged in the private practice of law?  YES  NO  
(If you answer NO, please contact your agent before proceeding.)

2. The precise name of the firm to be insured, as reflected on your letterhead:

3. Your firms' principal location and phone number:

Street Address: City: State:

Zip: Phone:

4. Your firm' mailing address (if different than above):

Street Address: City: State:

Zip:

5. When was your firm established? (Month/Day/Year)

6. Does your firm practice from additional offices?  YES  NO  
(If Yes, please turn to Additional Locations, page 7.)

7. Applicant is a(n) (check one):

Individual  Partnership  Professional Association  Professional Corporation  
 LLC or LLP  Other

8. Please list here your firms' attorneys. Of Counsel attorneys need not be listed unless individual coverage is desired.

ATTORNEYS' NAME	Social Security Number	Associate (A) Owner (O) Partner (P) Officer (OF) Employee (E)	Date Admitted To Bar (Mo./Day/Year)	Date Hired (Mo./Day/Year)	Have you met CLE requirements or have you attended continuing education seminars within the last year?
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

9. Have any of your firms' attorneys been refused admission to practice, disbarred, suspended, or formally reprimanded, or are any such proceedings in progress?  YES  NO  
(If Yes, please provide dates, allegations, outcome and date of reinstatement on a separate sheet and attach it to this application.)
10. What is your total number of clerks, secretaries, paralegals, investigators and other support staff?
11. Is your ratio of staff to attorneys greater than 2:1?  YES  NO  
(If Yes, please turn to ASupport Staff, page 8.)
12. A. Practice sharing: Do you share office space with attorneys other than those listed in Question 8?  
 YES  NO (If no, skip to question 13.)
- B. If you do share offices with other attorneys, does your firm keep separate files, employ separate support staff and present itself as an independent practice to the public?  YES  NO
13. If you are a sole practitioner, please identify the attorney who handles your cases in your absence. (A back-up attorney is required.)  
Back-up attorney: \_\_\_\_\_ Telephone No. \_\_\_\_\_

***YOUR PRACTICE***

14. Some guidelines for completing this section: 1) Express percentages of time devoted in each specialty during the previous year. Sections A, B, C, & D must total 100%. 2) Indicate percentages in **whole numbers next to the type of law you practice, not the business of the client you represent.** 3) Please be as accurate as possible as casual estimates may cause inappropriate evaluation of your practice by our underwriters.

- A.    % Admiralty - Defense
- % Bankruptcy
- % Collections
- % Commercial and General
- % Corporate Litigation
- % Corporation Formation
- % Criminal Matters
- % Defense of Personal or Bodily  
          Injury
- % Defense of Products Liability
- % Defense of Workers  
          Compensation
- % ERISA or Employee Benefits
- % Family Law
- % Immigration
- % Labor - Employee Relations
- % Mediation (Arbitration)
- % Taxation - Individual
- % Wills, Estate Planning, Probate
- % **Subtotal (A)**

- C.       % Investment Counseling
- % Patent, Copyright or Trademark
- % Plaintiffs' representation in Personal or  
          Bodily Injury
- % Plaintiffs' Representation in Products  
          Liability
- % Real Estate - Commercial
- % Real Estate - Residential
- % **Subtotal (C)**

- D.       % Banking, Savings & Loan  
          or Other Financial  
          Institution Services
- % Bonds, Commercial Paper,  
          Limited Partnerships, or State or Federal  
          Securities, Both exempt and non-exempt  
          (If you practice in this category, please ask your  
          agent for a Supplemental Securities Application.  
          It is not attached to this application.)
- % **Subtotal (D)**

- B.       % Admiralty - Other than Defense
- % Entertainment, Sports or  
          Celebrity
- % Environmental
- % Labor Management  
          Representation
- % Labor Union Representation
- % Mergers/Acquisitions
- % Oil, Gas or Mining
- % Utilities
- % Taxation - Corporate
- % Title / Abstracting
- % Other\*
- % **Subtotal (B)**

\*Please provide a written explanation.

FEE VOLUME

- 0 - 100,000
- 100,001 - 250,000
- 250,001 - 400,000
- 400,001 +

% **Subtotal (A)**  
 % **Subtotal (B)**  
 % **Subtotal (C)**  
 % **Subtotal (D)**  
 =      100 % **TOTAL** (should equal 100%)

15. Complete Financial Institution Supplement on Page 12 if questions 15A, 15B, or 15C are answered Yes.

A) Have any lawyers performed services on or behalf of a financial institution other than those listed below?  YES  NO

Bankruptcy	Real Estate Closings
Collection	Real Estate Foreclosures
Loan Documentation	Title Work/Conveyances
Loan Workout	Trust Work

B) Has any lawyer:

1) had any financial control over or equity interest in a financial institution?  YES  NO

2) acted as director, officer, general counsel or committee member for a financial institution?  YES  NO

3) been involved with the initial formation of or provided any securities services for a financial institution?  YES  NO

C) Are any of your firms' financial institution clients uninsured by a government agency such as the FDIC or NCUA?  YES  NO

16. Does any firm member practice law :

as a Prosecuting Attorney?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
as a Public Defender?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
as a Municipal/State Counsel?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
as an employed lawyer elsewhere?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If Yes, please complete Practice Specialties Details Supplement.

**INTERNAL PROCEDURES** (Please provide a written explanation for all No responses.)

17. a) Does your firm maintain a Docket Control system for litigated and non-litigated items?  YES  NO

If Yes, does the system encompass 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 two individuals involved in maintaining the Docket 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 Docket Control of a matter rest with the lawyer handling the matter?  YES  NO

- e) Does your firm require the use of engagement letters including fee agreement on all engagements undertaken by firm?  YES  NO
- f) Does your firm notify clients or prospective clients in writing when you decline to represent them, and when an existing client relationship is terminated?  YES  NO
- g) Does your firm have written procedures in place for identifying potential or actual conflicts of interest?  YES  NO
- h) How many suits for collection of fees have been filed by the firm during the past two (2) years?  
 Dollar Amount Last Year \$ \_\_\_\_\_ Dollar Amount Previous year \$ \_\_\_\_\_
- \* How many of these suits have been resolved successfully?  
 \* What percentage of your firms' billings are 90 days overdue?
- i) Does your firm delegate or refer legal work, retaining a portion of the fees? (If Yes, please turn to Delegated Work, page 9)  YES  NO

***OUTSIDE INTERESTS***

Note: If you answer Yes to 18A or B, please complete the section entitled Outside Interests on page 10.

18. A. Do any of your firms' attorneys serve as a director, an officer or an employee of any CLIENT of your firm, or have an equity interest in any CLIENT of your firm?  YES  NO
- B. Does any single CLIENT represent 10% or more of your firms' total gross billings?  YES  NO
19. Does any member of your firm provide professional services as an accountant / CPA, insurance agent or broker, or real estate agent or broker?  YES  NO  
 (If Yes, please complete the chart below. If more than 5% of the applicant firm' income is derived from these services, please provide a written explanation.)

	% of Income Derived	Professional Liability Insurer	Limits of Liability
Accountant/CPA			\$
Insurance Agent			\$
Real Estate Agent			\$

***YOUR INSURANCE***

20. Coverage requested to be effective on \_\_\_\_\_ (Month/Day/Year)

21. Please select the limits and deductible you prefer:

Deductible			Limits (maximum each claim/ maximum each year)	
<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 (Submit firms 'current financial statement)	<input type="checkbox"/> \$100,000/\$300,000	<input type="checkbox"/> \$1,000,000/\$2,000,000
<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$15,000		<input type="checkbox"/> \$250,000/\$500,000	<input type="checkbox"/> \$2,000,000/\$2,000,000
<input type="checkbox"/> \$5,000			<input type="checkbox"/> \$500,000/\$500,000	<input type="checkbox"/> \$2,000,000/\$4,000,000
			<input type="checkbox"/> \$500,000/\$1,000,000	<input type="checkbox"/> \$3,000,000/\$3,000,000
			<input type="checkbox"/> \$1,000,000/\$1,000,000	<input type="checkbox"/> \$4,000,000/\$4,000,000
			<input type="checkbox"/> \$5,000,000/\$5,000,000	

22. Is your firm currently insured against malpractice claims?  YES  NO  
(If NO, skip to Question 35)

23. Does your current policy have a prior acts exclusion?  YES  NO  
(If Yes, what is your prior acts exclusion date? (Month/Day/Year))

24. Please provide your firms' recent insurance history below:

	Insurance Company	Limits per Claim/ Aggregate	Policy Period (Month/Day/Year)	Premium
Current Year		\$	From: To:	\$
Previous Year 1		\$	From: To:	\$
Previous Year 2		\$	From: To:	\$
Previous Year 3		\$	From: To:	\$
Previous Year 4		\$	From: To:	\$

25. If your firm was established less than five years ago, please provide recent insurance history for each attorney in your firm on charts on page 11.

26. During the past five years, has any insurance carrier canceled or refused to renew your professional liability insurance for any reason other than the carriers withdrawal from the market?  YES  NO  
(If you answer this question Yes, please provide on the bottom of this page the name of the carrier, the date and reason for cancellation or non-renewal, and any comments you may wish to add.)

27. After inquiry, are any attorneys in your firm aware ...

- A. of any professional liability claims made against them **in the past five years?**  YES  NO  
 B. of any legal work or incidents that might reasonably be expected to lead to a claim or suit against them?  YES  NO

(If you answer either question Yes, please complete the Supplemental Claim Form on page 11.)

Thank you for completing this application. Unless you've been directed in the questions above to fill out supplementary information on the following pages, the application is finished.  
 Please turn to the last page and sign the application.

The following pages provide for additional information we may need on some aspects of your practice.  
 If this information is required, you've already been directed to the appropriate section.  
 Provided you've done this, you need only turn to the last page and sign the application.  
 If you have any questions, please contact your agent.

THANK YOU!

---

**ADDITIONAL INFORMATION:**

**ADDITIONAL LOCATIONS (from Question 6)**

IF your firm practices from more than one office ...

Does responsibility for your firms' other offices rest with management at your principal location indicated in Question 3?  YES  NO

Please provide us with:

Address of Other Offices	Number of Attorneys
1.	
2.	
3.	
4.	
5.	

**SUPPORT STAFF (from Question 11)**

IF your ratio of staff-to-attorneys is greater than 2:1 ...

Is your support staff supervised by an attorney who is ultimately responsible for their work?  YES  NO

Please give us details of their work:

Job Title	Number of Staff by Job Title	Duties	Full Time / Part Time
1.			<input type="checkbox"/> / <input type="checkbox"/>
2.			<input type="checkbox"/> / <input type="checkbox"/>
3.			<input type="checkbox"/> / <input type="checkbox"/>
4.			<input type="checkbox"/> / <input type="checkbox"/>
5.			<input type="checkbox"/> / <input type="checkbox"/>
6.			<input type="checkbox"/> / <input type="checkbox"/>
7.			<input type="checkbox"/> / <input type="checkbox"/>
8.			<input type="checkbox"/> / <input type="checkbox"/>
9.			<input type="checkbox"/> / <input type="checkbox"/>
10.			<input type="checkbox"/> / <input type="checkbox"/>

**DELEGATED WORK (from Question 17i)**

IF you delegate work and retain some portion of the fees, please provide us ...

To Whom You Delegate	Certificate of Insurance on Record	Nature of Legal Services Provided	%*
1.			
2.			
3.			
4.			
5.			
6.			
7.			

\*Percentage of your firms' annual gross billings delegation represents.

**PRACTICE SPECIALTIES DETAILS (from Question 14)**

IF you practice any of the specialties listed under Question 14, please provide the information requested below for those types of practice.

Practice specialty:

CLE Courses related to this specialty within the last 12 months:

Legal Service you provide in this specialty:

Practice specialty:

CLE Courses related to this specialty within the last 12 months:

Legal Service you provide in this specialty:

Practice specialty:

CLE Courses related to this specialty within the last 12 months:

Legal Service you provide in this specialty:

**OUTSIDE INTERESTS (from Question 18)** Please photocopy and provide separate pages for each client.

IF you answered Yes to questions 18 A or B, please provide us with this information for each applicable client:

**Client:** Date of affiliation with client:

Nature of clients' business:

Name of attorney assigned:

Annual percentage of firms' gross billings      %    Percent of equity interest      %    Dollar Value \$

Attorneys' management role or committee assignments:

Does this client carry D&O insurance?  YES  NO      Name of D&O Carrier:  
At what limits? \$

**Client:** Date of affiliation with client:

Nature of clients' business:

Name of attorney assigned:

Annual percentage of firms' gross billings      %    Percent of equity interest      %    Dollar Value \$

Attorneys' management role or committee assignments:

Does this client carry D&O insurance?  YES  NO      Name of D&O Carrier:  
At what limits? \$

**INDIVIDUAL ATTORNEYS' INSURANCE HISTORY (from Question 25)** Please photocopy and provide information for individual attorney as needed.

IF your firm was established less than five years ago, please provide us the following information for each attorney.

Attorneys' name:

	<b>Insurance Company</b>	<b>Limits per Claim/ Aggregate</b>	<b>Policy Period (Month/Day/Year)</b>	
Current Year		\$	From:	To:
Previous Year 1		\$	From:	To:
Previous Year 2		\$	From:	To:
Previous Year 3		\$	From:	To:
Previous Year 4		\$	From:	To:

Does your current policy have a prior acts exclusion?  YES  NO

(If Yes, what is your prior acts exclusion date? (Month/Day/Year))

Has the firm ever purchase an Extended Reporting Period endorsement or coverage?  YES  NO

(If Yes, indicate effective date of the coverage endorsement (Month/Day/Year) and the length of the reporting period .)

Attorneys' name:

	<b>Insurance Company</b>	<b>Limits per Claim/ Aggregate</b>	<b>Policy Period (Month/Day/Year)</b>	
Current Year		\$	From:	To:
Previous Year 1		\$	From:	To:
Previous Year 2		\$	From:	To:
Previous Year 3		\$	From:	To:
Previous Year 4		\$	From:	To:

Does your current policy have a prior acts exclusion?  YES  NO

(If Yes, what is your prior acts exclusion date? (Month/Day/Year))

Has the firm ever purchase an Extended Reporting Period endorsement or coverage?  YES  NO

(If Yes, indicate effective date of the coverage endorsement (Month/Day/Year) and the length of the reporting period .)

Complete only if you have answered Yes to questions 15A, 15B, or 15C. Attach additional sheets as needed.

1.

<p>Financial Institution and Location: Name:</p> <p>City/State:</p>	<p>Is the institution insured by any government agency such as FDIC or NCUA?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is any lawyer involved with the approval of loans?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Check any if applicable:</p> <p><input type="checkbox"/> Equity interest in this financial institution. Complete Directors and Officers Outside Interest Supplement</p> <p><input type="checkbox"/> Initial formation or securities services were provided for this financial institution. Complete Securities Supplement.</p>
<p>Check any of the following positions held:</p> <p><input type="checkbox"/> No Position Held</p> <p><input type="checkbox"/> Director</p> <p><input type="checkbox"/> Officer</p> <p><input type="checkbox"/> Audit Committee</p> <p><input type="checkbox"/> Loan Committee</p> <p><input type="checkbox"/> Executive Committee</p> <p><input type="checkbox"/> General Counsel - List Services Below</p> <p><input type="checkbox"/> Other List Services Below:</p>	<p>If the Financial Institution has been taken over by a regulatory agency, check if services were provided:</p> <p><input type="checkbox"/> Prior to takeover <input type="checkbox"/> After takeover</p> <p><input type="checkbox"/> Both Apply <input type="checkbox"/> Not Applicable</p> <p>Describe services provided during each time period:</p>	<p>List services provided other than in Question 3 of Section A:</p>	

2.

<p>Financial Institution and Location: Name:</p> <p>City/State:</p>	<p>Is the institution insured by any government agency such as FDIC or NCUA?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is any lawyer involved with the approval of loans?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Check any if applicable:</p> <p><input type="checkbox"/> Equity interest in this financial institution. Complete Directors and Officers Outside Interest Supplement</p> <p><input type="checkbox"/> Initial formation or securities services were provided for this financial institution. Complete Securities Supplement.</p>
<p>Check any of the following positions held:</p> <p><input type="checkbox"/> No Position Held</p> <p><input type="checkbox"/> Director</p> <p><input type="checkbox"/> Officer</p> <p><input type="checkbox"/> Audit Committee</p> <p><input type="checkbox"/> Loan Committee</p> <p><input type="checkbox"/> Executive Committee</p> <p><input type="checkbox"/> General Counsel - List Services Below</p> <p><input type="checkbox"/> Other List Services Below:</p>	<p>If the Financial Institution has been taken over by a regulatory agency, check if services were provided:</p> <p><input type="checkbox"/> Prior to takeover <input type="checkbox"/> After takeover</p> <p><input type="checkbox"/> Both Apply <input type="checkbox"/> Not Applicable</p> <p>Describe services provided during each time period:</p>	<p>List services provided other than in Question 3 of Section A:</p>	



## **REPRESENTATIONS:**

I/We affirm that the information contained here and in any addendum is true to the best of my/our knowledge and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We hereby authorize the release of claim information from any prior insurer to the Company or its representatives.

**WARNING:** ANY PERSON WHO, KNOWINGLY AND WITH THE 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.

**NOTICE TO NEW YORK RESIDENT APPLICANTS:** 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.

Signature of Applicant

Must be Partner or Officer\*

Title:

Date:

\*Signing this form and tendering premium does not bind the applicant or the Company or its agents to complete the insurance. Unless the application is fully completed, no coverage can be bound or quotes issued.

## **NOTICE**

1. Any claim or incident:
  - a) reported on page 6, 13, or 14; or
  - b) which any member of the applicant firm has knowledge of prior to policy inception will not be afforded coverage under any policy which may subsequently be issued by any of the Philadelphia Insurance Companies.
  
2. Failure to report to your current insurance company any:
  - a) claim made against you during your current policy term, or
  - b) fact, circumstances or event which you are aware of which may give rise to a claim BEFORE policy expiration may create a lack of coverage.

## **REMINDER**

Please attach a sample of your letterhead to this application.