



CALIFORNIA APPLICATION FOR A CLAIMS-MADE AND REPORTED LAWYERS PROFESSIONAL LIABILITY POLICY

PLEASE TYPE OR PRINT IN INK AND RETURN WITH A SAMPLE OF YOUR LETTERHEAD

_____ Legal Name of Firm				_____ Business Phone with Area Code		_____ E-mail Address	
_____ Principal Business Address				_____ Business Fax with Area Code		_____ Effective Date Requested	
_____ City	_____ County	_____ State	_____ Zip				

1. Please list all attorneys practicing on behalf of your firm. Add an attachment if necessary.

Attorney Name	Social Security Number	Designation Code (See choices below)	Part Time or Full Time (See Below)	Years Since Admitted to Bar	Current Legal Malpractice Insurance Carrier	Current Retroactive Date

Designation Code: **E** = Member/Employee of the Firm, **OC** = Of Counsel/Independent Contractor and **F** = Full Time, **PT** = Part Time attorney working 20 hours or fewer per week.

*If an attorney is requesting part time rates please provide the date that this attorney last practiced law full time.

____/____/____ Also, please be advised that this designation should include all hours worked as an attorney, including but not limited to billable hours, non-billable hours and time spent operating a part time law practice.

- Do any members of your firm own, in whole or in part, any business entity other than the applicant law practice?
 Yes No If YES, provide the names of each firm member and the business entity or entities that he/she owns in whole or in part.
- Have any members of your firm been the subject of an investigation, reprimanded, censured, privately or publicly reprovved, privately or publicly disciplined, suspended or disbarred within the past five (5) years? If YES, provide full details on your letterhead.
 Yes No
- Have any professional liability claim(s) or suit(s) been made against the applicant firm or any attorney(s) in the applicant firm or former attorney(s) in the applicant firm within the past five years? If YES, complete the **Claim Supplemental Application**.
 Yes No
- After inquiry, are you or any attorney in your firm aware of any circumstances, incidents, acts or omissions that have led to a professional liability claim that has not yet settled or which could reasonably be expected to lead to a professional liability claim being made against your firm? Yes No If YES, complete the **Claim Supplemental Application**
- Please list the limit of liability and deductible currently carried and circle the appropriate type of limit and deductible. Select the limit and deductible requested.

CURRENT	DESIRED
Limit: \$ _____ Defense Costs Part of the Limit * Defense Costs Outside the Limit * Don't Know	Limit: \$ _____ Defense Costs Part of the Limit * Defense Costs Outside the Limit * Don't Know
Deductible: \$ _____ Per Claim Aggregate Loss Only	Deductible: \$ _____ Per Claim Aggregate Loss Only
Premium: \$ _____	

7. Please provide the percentage of gross billable dollars allocated to each Area of Practice. Please round to the nearest whole number. Total must equal 100%.

ADMIRALTY/MARITIME		GOVERNMENT-FEDERAL AND STATE	
ANTITRUST		GOVERNMENT-LOCAL (NOT BOND WORK)	
ARBITRATION/MEDIATION		IMMIGRATION/NATURALIZATION	
BUSINESS TRANSACTIONS-CORPORATE AND COMMERCIAL		INTERNATIONAL LAW	
BUSINESS TRANSACTIONS-ENTERTAINMENT		LABOR LAW	
CIVIL RIGHTS/DISCRIMINATION		PI/PD-PLAINTIFF	
COLLECTION/BANKRUPTCY		INSURANCE DEFENSE	
CONSTRUCTION LAW (BUILDING CONTRACTS)		WORKERS COMPENSATION-DEFENSE	
CONSUMER CLAIMS		WORKERS COMPENSATION-PLAINTIFF	
BUSINESS ORGANIZATION:		NATURAL RESOURCES/OIL & GAS	
Formation/Alteration and Mergers/Acquisitions		COPYRIGHT/TRADEMARK	
Secured Transactions		PATENT	
Administrative Law/Record Keeping		REAL ESTATE	
CRIMINAL		SECURITIES LAW:	
ENVIRONMENTAL LAW		State or Federal (both exempt and registered)	
ESTATE/TRUST/PROBATE		Municipal Bonds	
FAMILY LAW		TAXATION/TAX OPINIONS	

BOLD INDICATES THAT A SEPARATE SUPPLEMENTAL APPLICATION IS REQUIRED.

8. Does any member of your firm handle or has any member of your firm handled a mass tort/class action/multiple plaintiff case within the past five (5) years? Yes NO

If YES, please provide a narrative describing the mass tort/class action/multiple plaintiff case[s] *on your letterhead*. Description should include the capacity in which any attorney in the firm was involved in the case, the size of the class, and the amount of money involved.

The applicant represents that the above statements are true and correct to the best of his or her knowledge and that no material or relevant facts have been suppressed or misstated and agree that the policy, if issued, will be issued on the reliance of such representations.

Applicant acknowledges a continuing obligation to report to us as soon as practicable any material changes in the facts or statements above, and in each supplementary application, which applicant becomes aware after signing the application.

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

Signature of Owner/Partner _____ Date: _____

Print name: _____ Title: _____

PLEASE NOTE THAT THE FOLLOWING SECTION ONLY APPLIES TO FIRMS WITH ONE OR TWO ATTORNEYS

There are many factors used by the company to evaluate an application for Lawyers Professional Liability Insurance. Such factors may include a law firm's areas of practice, loss history, risk management and an insurance score.

An insurance score is developed from a mathematical model that weighs and measures credit information obtained from a number of sources, including a consumer credit report. Credit information may include payment history, the number of collections, bankruptcies, outstanding debt, length of credit history, types of credit in use and the number of new applications for credit. These factors have been shown to correlate with insurance loss history.

You may be eligible for a premium discount based upon your insurance score. An insurance score will not result in a premium increase. The insurance score is also never the basis on which this company will accept or reject an application for an insurance policy.

If this is acceptable all members of the applicant firm must provide authorization. If you do not wish to have your insurance score computed, only check the box below.

(1) Signature _____ Date: _____

Print name: _____ Title: _____

(2) Signature _____ Date: _____

Print name: _____ Title: _____

Do not compute my insurance score

Name of firm:



CALIFORNIA SMALL FIRM RISK MANAGEMENT QUESTIONNAIRE

To be used for firms with 1–5 attorneys

Please provide additional details in support of a response to any question on a separate attachment.

1. Are departing lawyers' files reviewed by a partner or officer of the Firm? Yes No
2. Have you sued any client for fees in the past five years? (if yes, please explain) Yes No
3. Does your firm utilize an electronic docket control system? Yes No
4. Does your firm have an electronic conflict avoidance system? Yes No
5. Does your firm use engagement letters on all matters? Yes No
6. Does the Firm outline and reduce to writing its billing policy and procedures when agreeing to represent a new client? Yes No
7. Does your firm use non-engagement letters on matters not undertaken? Yes No
8. Does the Firm have a formal system to respond to complaints? Yes No
9. Does the firm have a procedure for evaluating prospective client's financial strength, management expertise, reputation, and history of changing lawyers? Yes No
10. Is information as to all new clients made available on at least a weekly basis to all lawyers of the Firm? Yes No
11. Does the Firm use scope of service letters when taking on new matters for existing clients? Yes No
12. Does the Firm have formal, written procedures regarding the maintenance of custodial accounts and escrow funds? Yes No
13. Do you participate in an office sharing agreement with attorneys not listed on your letterhead? Yes No

If you are a solo practitioner:

Do you have a back up attorney in the event of leave of absence? Yes No N/A

Are you currently listed as a back up for another firm on their application? Yes No N/A

INFORMATION SECURITY

1. Does the firm store or handle less than 10,000 of the listed types of records: Yes No
- Social security number
 - Medical or healthcare data including protected health information
 - Any account number, credit or debit card number, and if applicable, any associated password or security code that would permit access to the financial account
 - Proprietary business information
 - 3rd Party confidential information
- If yes, please provide an estimate _____.
2. Is firewall technology used to prevent unauthorized access to and from internal networks and external networks? Yes No
- If yes:
 - 1. Are firewall configurations regularly reviewed and kept up to date? Yes No
 - 2. Is any data stored or retained outside of the firewall (while not in transit) Yes No
3. Is anti-virus software installed on all computers/servers that connect to your network? Yes No
- If so, is the anti-virus software package updated regularly? Yes No
4. What third-party systems do you use to maintain network security?

5. During the last 3 years, have you had any information security breaches including unauthorized access, unauthorized use, denial of service attack, breach, theft of data, fraud, electronic vandalism, sabotage or other security events? If yes, please explain on a separate attachment. Yes No

Signature of Owner, Officer or Partner	Title	Date
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