

Lawyers Professional Liability Application

I. APPLICANT INFORMATION

1.1	Proposed First Named Insured (This is how the name & address of the Insured will read on the Declarations Page if coverage is Bound.):	
	Firm Name:	
	Primary Location Address:	
	City, State, Zip:	
	County:	
	Phone:	
1.2	Website Address(es):	
1.3	Year Established:	
1.4	Additional Location(s):	

FOR THE REMAINDER OF THIS APPLICATION, "APPLICANT" OR "YOU" REFERS INDIVIDUALLY AND COLLECTIVELY TO THE ENTITY(IES) FOR WHICH COVERAGE IS DESIRED, AS WELL AS EACH PERSON WHO IS AN OFFICER, DIRECTOR, OWNER, PARTNER OR EMPLOYEE OF THESE ENTITY(IES). "COMPANY" REFERS TO CAPITOL INDEMNITY CORPORATION OR CAPITOL SPECIALTY INSURANCE CORPORATION.

II. GENERAL INFORMATION

2.1	Attorney Roster:
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Attorney Name	Year Admitted	Hire Date (mm/dd/yyyy)	Average Hours Worked per Week		
			0-5	6-24	25+
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A SEPARATE PAGE.

2.2	How many attorneys have left the Applicant firm in the past 5 years?	
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2.3	Non-attorney staff:
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Job Position	# of Staff
Legal Secretaries / Assistants:	
Paralegals:	
Other, please describe:	

2.4	Gross Revenues:
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12 month period	Annual Revenue
Previous:	
Projected next:	

2.5	Areas of Practice. Please indicate the percentage of gross revenue from each area of practice during the past 12 months. Total of all practice areas must equal 100%.
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Areas of Practice			
Corporate	% of Gross Revenue	Securities	% of Gross Revenue
Formation	%	<i>Private Placements</i>	%
General	%	<i>State / Federal / Bonds</i>	%
Mergers / Acquisitions	%		
Family Law		Trust / Estate / Probate / Wills	
Asset Values:		Asset Values:	
Less than \$1,000,000	%	Less than \$1,000,000	%
\$1,000,000 - \$5,000,000	%	\$1,000,000 - \$5,000,000	%

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\$5,000,000 +	%	\$5,000,000 +	%
Government		Other Areas	
Federal & State	%	Administrative Law	%
Municipal (No Bonds)	%	Admiralty / Maritime	%
Intellectual Property		Anti-Trust	%
<i>Copyright / Trademark</i>	%	Bankruptcy	%
<i>Patent</i>	%	<i>Banking / Financial Institution</i>	%
<i>Litigation</i>	%	Civil Rights / Discrimination	%
Labor Law		<i>Collections</i>	%
Management	%	Commercial / Business Law	%
Union	%	Communications (FCC)	%
Litigation		Contracts / Transactions	%
Civil Litigation:	%	Criminal	%
Defense Litigation:		Elder Law	%
Bodily Injury	%	Employment	%
Class Action / Mass Tort	%	<i>Entertainment / Sports</i>	%
Legal Malpractice	%	<i>Environmental</i>	%
Medical Malpractice	%	ERISA	%
Products Liability	%	Immigration	%
Workers Compensation	%	Insurance Coverage Opinions	%
Commercial Litigation	%	International Law	%
Construction Litigation	%	Mediation / Arbitration	%
Plaintiff Litigation:		Oil / Gas	%
<i>Auto / Slip & Fall / Dog Bite</i>	%	Public Utilities	%
<i>Class Action / Mass Tort</i>	%	Taxation	%
<i>Legal Malpractice</i>	%	Other, please describe:	%
<i>Medical Malpractice</i>	%		
<i>Products Liability</i>	%		
<i>Workers Compensation</i>	%		
Real Estate			
<i>Commercial</i>	%		
<i>Foreclosure</i>	%		
<i>Litigation</i>	%		
<i>Residential</i>	%		

If involved in any Area of Practice noted in italics, please complete the corresponding Area of Practice Supplement.

III. RISK MANAGEMENT

3.1	Does the Applicant firm file suits for collection of fees? If yes, how many have been filed in the past two (2) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.2	What percentage of the Applicant firm's billings are more than one hundred twenty (120) days overdue?	%
3.3	Does the law firm derive more than 50% of annual gross billings from any single client? If yes, please provide the percentage and details:	<input type="checkbox"/> Yes <input type="checkbox"/> No %
3.4	Does the Applicant firm maintain a computerized docket control system and procedure with at least two (2) independent date controls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.5	In what percentage of cases does the Applicant firm use the following letters:	
	a. Engagement / Retainer:	%
	b. Declination:	%
	c. Termination / Disengagement:	%
	If the total is not 100%, please provide details:	
3.6	Does anyone in the Applicant firm provide any services in connection with any prepaid legal plan? If yes, please provide details of the arrangement:	<input type="checkbox"/> Yes <input type="checkbox"/> No

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3.7	Do you share office space with any firm or attorney(s) who is / are not members of the Applicant firm? If yes, please provide details of the arrangement and list all unaffiliated attorney(s) by name:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.8	Do any attorneys or non-attorneys at the Applicant firm provide professional services as an accountant, insurance agent or broker, investment advisor, real estate agent or broker, securities agent or broker, or any other professional service outside the practice of law? If yes, please provide details below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Member's Name	Type of Service(s) Provided	% of time spent Rendering Services	Name under which Services are Provided	Carrier	Policy Limits	Policy Expiration Date (mm/dd/yyyy)
		%				
		%				
		%				
		%				
		%				

If you need more room please attach additional page.

3.9	Does the Applicant firm provide legal services outside of the United States? If yes, please provide details including % of services and type:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.10	If a sole practitioner, do you have a backup attorney? If yes, please provide name:	<input type="checkbox"/> Yes <input type="checkbox"/> No

IV. INSURANCE AND LOSS HISTORY

4.1	Provide your details for past 5 years below:																																													
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 10%;">Year</th> <th rowspan="2" style="width: 15%;">Carrier</th> <th colspan="2" style="width: 20%;">Limit of Liability</th> <th rowspan="2" style="width: 10%;">Retention</th> <th rowspan="2" style="width: 10%;">Annual Premium</th> <th rowspan="2" style="width: 15%;">Policy Period (mm/dd/yyyy)</th> </tr> <tr> <th style="width: 10%;">Per Claim</th> <th style="width: 10%;">Aggregate</th> </tr> </thead> <tbody> <tr> <td>Current</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Previous 1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Previous 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Previous 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Previous 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Year	Carrier	Limit of Liability		Retention	Annual Premium	Policy Period (mm/dd/yyyy)	Per Claim	Aggregate	Current							Previous 1							Previous 2							Previous 3							Previous 4							
Year	Carrier			Limit of Liability					Retention	Annual Premium	Policy Period (mm/dd/yyyy)																																			
		Per Claim	Aggregate																																											
Current																																														
Previous 1																																														
Previous 2																																														
Previous 3																																														
Previous 4																																														
4.2	Are you currently insured for lawyers professional liability coverage? If yes, what is the retroactive date (mm/dd/yyyy) of the current policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																												

If requesting prior acts coverage you will be asked upon binding coverage to provide a copy of your current insurance declaration page documenting the expiring retroactive date and limits. Prior acts coverage may not be available if the date of your current retroactive coverage is different from what we have quoted or if there is any gap between effective dates.

4.3	Requested Limits:	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> Other _____
4.4	Requested Retention:	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> Other _____
4.5	Have you or any person or entity seeking coverage under this policy ever had professional liability insurance cancelled or non-renewed? If yes, how many complaints?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.6	Is there any criminal conviction or pending criminal indictment, proceeding or investigation against any attorney at the Applicant firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.7	Has any attorney at the Applicant firm been the subject of a bar complaint, investigation, disciplinary proceeding, or similar action within the past 5 years or have any attorneys been disbarred or suspended? If yes, how many complaints?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.8	After inquiry with each person for whom coverage is sought, are you, or any of your attorneys, or non-attorney staff aware of any claims against the Applicant firm or its attorneys in the past five (5) years? If yes, how many claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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4.9	After inquiry with each person for whom coverage is sought, are you, or any of your attorneys, or non-attorney staff aware of any acts, errors, omissions, incidents or circumstances that may reasonably be expected to be the basis of a claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, how many potential claims?	

For each and every matter for which "Yes" has been indicated in response to Questions 4.6, 4.7, 4.8 or 4.9, please complete a separate Supplemental Claim/Incident form and include a currently valued loss run for the past five (5) policy terms.

Without limiting the rights of the Company, any claim arising from a matter disclosed or which should have been disclosed in response to Questions 4.6, 4.7, 4.8 or 4.9 is excluded from any proposed insurance.

V. FRAUD WARNING

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 and subjects that person to criminal and civil penalties.

(Not applicable in AL, AR, CO, DC, FL, KY, KS, LA, ME, MD, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, WA and WV).

APPLICABLE IN AL, AR, DC, LA, MD, NM, 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 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 FL AND OK

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)*. *Applies in FL only.

APPLICABLE IN KS

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 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 commits a fraudulent insurance act.

APPLICABLE IN KY, NY, OH AND 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

APPLICABLE IN ME, TN, VA AND WA

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 denial of insurance benefits. *Applies in ME only.

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 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.

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The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts. The Applicant agrees to notify the Company of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued pursuant to this Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the Company's sole discretion. Completion of this form does not bind coverage. Applicant's acceptance of the Company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the Company in conjunction with this Application are hereby incorporated by reference into this Application and made a part of this Application.

Applicant Signature:

(Must be signed by a Principal, Partner, or Officer of the Firm)

Title

Print / Type Applicant Name:

Date

Agent / Broker Name:
