



**LAWYERS'
MUTUAL**
INSURANCE COMPANY

LAWYERS PROFESSIONAL LIABILITY INSURANCE
LAWYERS' INSURANCE DEFENSE PROGRAM APPLICATION
Claims Made & Reported Policy

Please complete this form to the best of the Firm's knowledge and return with a *sample of the Firm's Letterhead*

I. General Information:

Applicant Firm name: _____ Principal address: _____

Primary contact number: _____

Primary fax number: _____ Does the Firm have a satellite office(s): Yes No

Primary contact e-mail: _____ Satellite address(es): _____

Website address: _____

Date the Firm was established: _____

Effective date requested: _____

Check Firm type: Individual Partnership Professional Corporation LLP Association Other _____

List all Predecessor Firm names with years used for endorsement: _____

II. Limits and Deductible:

Provide current policy limits: _____ Provide current policy deductible: _____

Provide current policy attorney count: _____ Provide current policy premium: _____

Check Firm's desired limits and deductible:

Limits	<input type="checkbox"/> \$1M/\$3M	<input type="checkbox"/> \$3M/\$5M	<input type="checkbox"/> \$5M/\$7M	<input type="checkbox"/> \$7M/\$9M	<input type="checkbox"/> \$9M/\$11M
	<input type="checkbox"/> \$2M/\$4M	<input type="checkbox"/> \$4M/\$6M	<input type="checkbox"/> \$6M/\$8M	<input type="checkbox"/> \$8M/\$10M	<input type="checkbox"/> \$10M/\$12M
Deductible	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000

*All Policies include a \$50,000 Defense and Containment Cost Allowance outside the Policy Limits
The Deductible Applies to Costs of Investigation & Defense as well as Settlements & Judgments*

IMPORTANT: This is an application for a **Claims-Made and Reported Policy**. The Policy issued by Lawyers' Mutual Insurance Company EXCLUDES coverage for your prior acts. This means that the Company will not defend or indemnify you for any claim arising out of an act, error or omission which occurred prior to the Policy effective date. However, prior acts coverage is available upon request and approval with submission of proof of current coverage.

III. Lawyers and Staffing:

List ALL Lawyers practicing on behalf of the Firm:

Total Number of Lawyers: _____

Lawyer Name	Bar Number & State(s)	Admit Date	Date of Hire ¹	Status ²	Position ³
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)					

Lawyers and Staffing NOTES:

- 1** Date of Hire will be used as individual prior acts date assuming the Firm has maintained consecutive coverage
- 2** Status: **FT** = Full Time or **PT** = Part Time (working 20 hours or less per week)
- 3** Position: **P** = Partner; **A** = Associate; **IC** = Independent Contractor; **OC** = Of Counsel; **PL** = Provisionally licensed

How many Of Counsel attorneys does the firm employ? _____

How many provisionally licensed attorneys does the firm employ? _____

Number of Lawyers who have **joined** the firm in the past 2 years: _____

Number of Lawyers who have **left** the firm in the past 2 years: _____

List ALL employed Staff in each category:

Total Number of Staff: _____

Accountant	Administrator	Clerical	Investigator	Paralegal	Real Estate Agent/Broker	Other (Please add Title)		

IV. Firm – Area(s) of Practice: Complete the table below based on the *Average Caseload during the last 3 years*

Area(s) of Practice	% of Cases	Area(s) of Practice	% of Cases
Administrative Law		Family Law / Dissolution	
Admiralty / Marine - Defense		Government Contracts / Municipal	
Admiralty / Marine - Plaintiff		Healthcare	
Anti-Trust / Trade Regulation		Immigration & Naturalization	
Appellate		Insurance Defense	
Arbitration / Mediation		International Law	
Banking / Financial Institutions		Juvenile Dependency	
Bankruptcy / Collection		Labor Law - Management	
Business / Investment Litigation		Labor Law - Union / Employee	
Civil Rights / Discrimination		Landlord / Tenant / Unlawful Detainer	
Class Action / Mass Torts – Defense		Mergers / Acquisitions	
Class Action / Mass Torts – Plaintiff		Oil / Gas / Mineral Rights	
Commercial or Civil Litigation - Defense		Other	
Commercial or Civil Litigation - Plaintiff		Patent Law	
Construction / Building Contracts		Pension and Employee Benefits (ERISA)	
Consumer Claims		Personal Injury - Defense	
Copyright Law		Personal Injury - Plaintiff	
Corporate Law		Real Estate	
Criminal Law		Securities / Corporate Bonds	
Elder Law / Social Security		Special Practice	
Employment Law		Tax Opinions	
Entertainment / Sports Law		Taxation	
Environmental Law		Trademark Law	
Estate, Probate, Trusts & Wills < \$2M		Workers Compensation - Defense	
Estate, Probate, Trusts & Wills > \$2M		Workers Compensation - Plaintiff	

What percentage of the Firm’s average caseload is Defense related? _____%

V. Claim Experience and Bar Discipline:

- After inquiry of all Partners in the Firm, does Applicant have knowledge of any act, error, omission or disagreement which might reasonably give rise to a claim or suit? If yes, explain. ____Yes ____No
- Have any claims been made against the Firm or any current Partners arising from the performance of professional services during the past 5 years? If yes, complete the Supplemental Claim Sheet. ____Yes ____No
- In the past 5 years, has the Firm’s professional liability policy been non-renewed, cancelled, or rescinded? If yes, explain. ____Yes ____No
- Have any disciplinary proceedings been brought by the State Bar of California or any other state bar against any current Partner at the Applicant Firm in the last 5 years? If yes, explain. ____Yes ____No
- Has any Lawyer at the Firm been charged or convicted of a felony offense? If yes, explain. ____Yes ____No
- Briefly describe the Firm’s billing collection procedures: _____

IMPORTANT: This Policy **WILL NOT PROVIDE COVERAGE** for any actual or potential **CLAIMS KNOWN** to any applicant/insured **PRIOR TO THE INCEPTION OF THIS POLICY**, including matters disclosed on this application. Any such claim(s) should be reported to your current carrier prior to expiration of your current Policy.

VI. Firm Management:

- 1. Does the Firm use written letters on all matters for all clients for the following:
 - a. Engagement letter on new matters, outlining scope of representation & billing procedures ___Yes ___No
 - b. Declination or non-engagement letter on new matter not undertaken ___Yes ___No
 - c. Termination or disengagement letters at completion/termination of representation ___Yes ___No
- 2. Does the Firm use a procedure to protect valuable and irreplaceable documents? ___Yes ___No
- 3. Does the Firm use a system to cross reference clients to prevent potential conflicts of interest? ___Yes ___No
 Manual conflict check Computerized conflict check Other: _____
- 4. If a conflict or potential conflict exists are written disclosures made? ___Yes ___No
- 5. How often is the conflicts system updated? _____
- 6. Who is responsible for performing the conflicts check? _____
- 7. Does the Firm employ dual calendaring systems? *Select applicable two.* If no, explain. ___Yes ___No
 Lawyer calendar Matching staff calendar Computerized Other: _____
- 8. Who has the ultimate responsibility for the calendar system? _____

- 9. How often are the calendars cross checked? *Select one.*
 Daily Bi-Weekly Weekly Monthly Other: _____
- 10. Are Associates assigned to work under one Partner? If no, please explain. ___Yes ___No

- 11. Does any Lawyer at the Firm serve as a director, officer or trustee of a business other than the Applicant Law Firm?
If yes, provide position held, length of service, nature of business and whether D&O coverage carried. ___Yes ___No
- 12. Has any Lawyer at the Firm represented or served as director, officer, executive or committee member of any financial institution in any manner in last 5 years? If yes, explain. ___Yes ___No
- 13. Does any Lawyer at the Firm act in the capacity of accountant, insurance broker, real estate agent or entertainment agent?
If yes, explain and provide information on any other E&O coverage. ___Yes ___No

VII. Disclosure:

IMPORTANT NOTE

The forgoing responses are true and complete. Applicant understands that the Company will rely upon the accuracy of this application and that the Company retains the right to rescind any Policy which is issued based upon an application containing false or incomplete information. Applicant hereby authorize the release and exchange of information involving underwriting and claims matters between the Company and our past and present carriers and appoints the Company our attorney-in-fact for obtaining such information. Applicant hereby authorizes the State Bar of California to release information to the Company concerning membership, certifications, and disciplinary proceedings. Applicant agrees any person or organization furnishing information to the Company pursuant to this authorization will not be liable for furnishing such information, even if the information is inaccurate or untrue.

THIS APPLICATION WILL BE CONSIDERED ONLY IF ALL QUESTIONS ARE ANSWERED, LETTERHEAD IS ATTACHED, AND THE APPLICATION IS SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT FIRM. APPLICANT MUST REPORT ANY CHANGES IN THESE ANSWERS OF WHICH IT BECOMES AWARE AFTER SIGNING THIS APPLICATION BUT BEFORE THE EFFECTIVE DATE OF THE POLICY. IF APPLICANT BECOMES AWARE OF ANY ACTUAL OR POTENTIAL CLAIM AFTER SIGNING THIS APPLICATION AND BEFORE THE EFFECTIVE DATE OF THE POLICY, SUCH ACTUAL OR POTENTIAL CLAIM WILL NOT BE COVERED UNDER THIS POLICY.

VIII. Signature:

Signature (Owner, Partner, or Officer): _____

Print Name & Title: _____ Date: _____

Preferred Method of Contact (please select one): Email USPS

Completed applications should be returned via email to applications@lawyersmutual.com, or via fax to (818) 565-5516 or via mail to 3110 W. Empire Ave., Burbank, CA 91504.

For clarification, please CONTACT our UNDERWRITING TEAM at - 1 (800) 252-2045

LAWYERS PROFESSIONAL LIABILITY INSURANCE

Supplemental Claim Sheet

for Claims Made & Reported Policy

Please complete ONE FORM for EACH CLAIM OR INCIDENT and answer completely.

Firm Name: _____ Claim Number: _____

Claimant(s) Name: _____ Client? No Yes

Additional Defendants: _____

Lawyer(s) who rendered the legal services: _____

Lawsuit Filed? No Yes Date Filed: _____

Current STATUS of Matter: _____

Claims Reported to CARRIER? No Yes Date Reported: _____

NAME OF CARRIER: _____ POLICY LIMITS: _____

Current Reserves: _____ Defense _____ Indemnity

Amounts Paid by Carrier: _____ Defense _____ Indemnity

Amounts Paid by You: _____ Defense _____ Indemnity

CLAIM DESCRIPTION

Describe facts of representation: _____

Describe claimant's allegations: _____

Describe alleged damages: _____

Describe your defenses: _____

Describe outcome of matter: _____

Describe steps you have taken to prevent similar claims or incidents in the future: _____

NOTE: This Supplemental Claims Information Sheet does NOT require the disclosure of privileged attorney/client communications. THIS SHEET MUST BE DATED AND SIGNED BY OWNER, PARTNER OR OFFICER OF THE FIRM. FURTHER, YOU UNDERSTAND THAT THE INFORMATION SUBMITTED BECOMES A PART OF THE LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

Signature (Owner, Partner, or Officer): _____

Print Name & Title: _____ Date: _____

For clarification, please CONTACT our UNDERWRITING TEAM at - 1 (800) 252-2045