ExecutivePerils

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dba: Executive Perils Insurance Services

APPLICATION FOR LAWYERS’ PROFESSIONAL LIABILITY INSURANCE

(CLAIMS-MADE FORM)

#### General Applicant Information

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| --- | --- | --- | --- | --- | --- | --- |
| 1. Name of Firm: | |  | | |  | |
| 2. Principal Address : | |  | | | | |
| 3. City : |  | | County: | State: | | Zip Code: |
| 4. Phone: |  | | Fax: | | | |

5. Does the Firm practice from additional offices? Yes  No

a. Please advise the address(s) of the additional locations and the names of each attorney at each location.

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| 1. |
| 2. |

b. Does responsibility for the Firm's other offices rest with management at your principal location?  Yes  No

c. How are the date/docket and conflict of interest avoidance systems coordinated between the offices?

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d. Does the Firm practice as:  Corporation  Partnership  Individual  LLC  Other

6. Date Firm was established:

1. Please list the names of all predecessor firms of the applicant Firm (Name only those firms where the applicant is a successor to the former firm’s assets and liabilities*)*

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| --- | --- | --- |
| **Name of Former Firm** | **Year Established** | **Number of Partners and/or Officers** |
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**Applicant’s Practice**

8. Does the Firm or any of the its attorneys share office space or staff with any other attorney(s) or with any other

professional(s)? Yes  No

1. If you are a Sole Practitioner, please advise the name, address, telephone number and professional liability carrier of your back-up attorney, who will be responsible for your affairs in the event of you are absent for an extended period of time.

10. Indicate the gross income for the applicable fiscal year. (Gross income means all sums billed to clients for legal services rendered.)

|  |  |  |
| --- | --- | --- |
| Year | Amount | |
| a. Current Projected | $ |  |
|  |  |  |
| b. Past Fiscal Year | $ |  |
|  |  |  |
| c Second Past Fiscal Year | $ |  |

11. List the areas of law practice in which the Firm practices (based upon gross revenue).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Area of Practice Group A.** | **%** | **Area of Practice**  **Group B.** | **%** | **Area of Practice**  **Group C.** | **%** |
| Administrative |  | Admiralty/Maritime Defense |  | Admiralty/Maritime Plaintiff |  |
| Anti-Trust /Trade Regulation |  | Banking/Financial Institutions **(1)** |  | Bonds |  |
| Arbitration/Mediation |  | B.I./P.I. Plaintiff |  | Corporate Mergers/Acquisitions |  |
| Bankruptcy |  | Construction Law |  | Entertainment/Sports **(2)** |  |
| B.I./P.I. Defense |  | Corporate Litigation |  | Environmental |  |
| Civil Litigation |  | Corporate Formation/Alteration |  | Investment Counseling |  |
| Civil Rights / Discrimination |  | Commercial Law / Litigation |  | Limited Partnership Formation |  |
| Collections / Repossessions |  | Communications (FCC) |  | Labor Unions |  |
| Corporate General |  | Domestic Relations/Family Law |  | Money Management |  |
| Criminal |  | Eminent Domain |  | Oil/Gas/Mining |  |
| Foreign Practice / International |  | Estate Planning/Trust/Probate |  | Patent/Copyright/  Trademark **(3)** |  |
| Immigration |  | Foreclosures **(1)** |  | Private Placements |  |
| Labor Management |  | Labor Employee Relations |  | Real Estate Commercial |  |
| Lobbying |  | Medical Malpractice Defense |  | Real Estate Development |  |
| Municipal Law Zoning/Planning |  | Real Estate Residential |  | Real Estate Syndication |  |
| Public Utilities |  | Taxation Corporate Preparation |  | Taxation Opinions |  |
| Taxation Individual Preparation |  | Title / Abstracting / Escrow |  | Securities (Federal & State) |  |
| Workers Comp. Defense |  | Workers Comp. Plaintiff |  | Other (Please describe) |  |
| TOTAL GROUP A |  | TOTAL GROUP B |  | **TOTAL GROUP C** |  |

If the Applicant Firm practices in an area the following notes, complete the appropriate supplement:

(1**) Financial Institution** (2) **Risk Management** (3) **Patent/Trademark/Copyright**

12. If your practice includes Real Estate law, please answer the following:

(a) What percentage of the Firm’s real estate revenue for the last fiscal year was derived from:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Residential | % | Commercial | % | Agricultural | % | Industrial | % |

(b) Does the Firm accept compensation for legal services on a basis of a commission or percentage

of dollar value of a transaction?*(If "yes", please provide full details).* Yes  No

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(c) For each of the following that describes the Applicant Firm’s real estate practice, please give an approximate percentages on a gross billings basis of the real estate income for the past 12 months:

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| --- | --- | --- | --- | --- | --- |
| Service: |  |  |  |  | Percentage % |
| 1. Acquisition, sale, conveyance of title: | | | |  |  |
| 2. Land use regulation, subdivision (zoning, not environmental) | | | |  |  |
| 3. Construction Documentation | | | |  |  |
| 4. Representation of secured lenders/borrowers | | | |  |  |
| 5. Partnerships and joint ventures | | | |  |  |
| 6. Eminent domain | | | |  |  |
| 7. Other (describe): |  | | |  |  |
|  |  |  | TOTAL |  | 100% |

(d) On a gross billing basis for the past 12 months, what percentage of the Applicant Firm’s real estate revenue was derived from:

|  |  |
| --- | --- |
| Speculative Real Estate: % | Non - Speculative Real Estate: % |

13. If the Applicant firm does any Plaintiff Representation under Personal Injury and Negligence, please answer the following:

(a) What is the average number of years experience in this area of law for attorneys in the Firm?

(b) What is the average case load per attorney on an annual basis?

(c) What is the estimated average dollar amount of judgments, awards and settlements? $

14. Does any member of the Firm provide professional services as a practicing real estate agent or broker, insurance agent, title insurance agent, investment advisor, mediator, arbitrator, accountant, trustee or securities broker/dealer?  Yes  No *(If "yes", please provide full details).*

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1. Has any member or former member of the Firm, at any time since January 1, 1981, provided any legal services or served as a fiduciary, committee member, director, officer, partner, or employee of any Financial Institution? Yes  No (*If "yes", please complete the* ***Financial Institution Supplement*)** Yes  No

16. Does the Applicant Firm advertise?  Yes  No (*If "yes", please include in what type of media and* *include a copy of the ad and/or transcript)*

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1. Has the Firm or any of its members or former members (while associated with the Firm), in the past five years provided services in any way related to a security or to activities or transactions (whether or not consummated) which are or maybe subject to the Securities Acts of 1933 and 1934, any state blue sky or securities law, and other law related to any purchase, sale or offer to purchase or sell a security or any rules or regulations issued pursuant to any of the foregoing?  Yes  No

(*If "yes", please complete the* ***Securities Supplement*)**

**Staff Information**

1. Please list professional legal personnel by category, using the following \*designations. (Please attach a separate sheet if additional space is required).

O = Owner/Officer/Shareholder S = Sole Practitioner

A = Associate Attorney OC = Of Counsel Attorney

P = Partner RP = Retired Partner

EA = Employed Attorney PT = Part Time Attorney (less than 20 hours a month)

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| --- | --- | --- | --- | --- | --- |
| **Name of each Attorney** | **Firm**  **Designation\*** | **Year Admitted to the State Bar Association** | **Year Joined Firm** | **Primary Area of Practice Specialty** | **C.E. Yes or No.** |
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19. Please advise the following regarding the Applicant Firm’s staff:

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| --- | --- | --- | --- |
| **\***Total Number of Attorneys | # of Clerical Support Staff | # of Lawyers added within the past 12 months | # of Lawyers terminated or resigned past 12 months |
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\*If over 10 attorneys, please complete the **Risk Management Supplement**

**Risk Management**

20. Is the office computerized or automated?  Yes  No

1. If “yes”, what parts or areas of the operation and practice are computerized or automated?

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21. Does the Firm maintain a docket/date control system and procedures with an independent date control(s) for all litigated and non-litigated items? Yes  No

1. Does the procedure provide for the immediate entry of dates, including statutory dates, procedural dates and deadlines that are applicable to the Firm's area(s) of practice? Yes  No
2. How many independent date controls are kept?
3. How often are they cross-checked?  Daily  Weekly  Biweekly  Monthly
4. Does the system have a procedure for daily verification of the completion or appropriate rescheduling of events? Yes  No

e. Does the ultimate responsibility for docket/date control of litigation rest with the attorney handling the case?  Yes  No

1. On the firm’s letterhead, please describe how the applicant’s docket/date control system operates.

22. Does the Firm have a procedure for maintaining clients lists and identifying any actual or

potential conflicts of interest? (*Please describe how your system works*) Yes  No

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a. Does any Firm member have check signing authority for any client?  Yes  No

b. If “yes”, are dual signatures required? Yes  No

c. How many suits for fees have been filed in the last 2 years?

d. How many have been successfully resolved?

1. What steps have been taken to reduce the number of suits for fees in the future

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1. Are client communication letters utilized for all new representation or declinations to represent?

Yes No (Please attach sample forms).

23. Does any current member of the Firm provide any professional services to any clients in which any

Firm member or SPOUSE serves as a director, officer, partner, trustee or own any equity or financial interest?

*(If "yes", please complete the* ***Outside Interest Supplement*** *or* ***Trustee Supplement****).* Yes  No

**Claim History**

24. In the past (5) five years, has any professional liability claim or suit ever been made against the Firm, any predecessor firm, any current member of the Applicant Firm or predecessor firm or any former member of

the Firm or predecessor firm?(*If "yes", please complete the*  ***Claim Supplement*** *and provide currently valued company loss runs)* Yes  No

25. Does any attorney for whom coverage is sought know of any incident, act, error or omission that could result

in a claim or suit against the Firm or any predecessor firm or any of the current or former members of the firm? Yes  No

*(If "yes", please complete the*  ***Claim Supplement*** *and provide currently valued company loss runs****)***

1. Have all matters in Questions 24 and 25 been reported to the Firm's former or current insurer(s) or to the former

insurer of any predecessor firm or former insurer of a current member of the Firm?  Yes  No

27. Has any attorney for whom coverage is sought been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, or held in contempt by any court, administrative agency or regulatory body? Yes  No

Yes  No. (*If "yes", please provide full details)*

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**Insurance History**

28. Please list the Firm’s Professional Liability Insurance Coverage carried during the past five (5) years, including any periods without coverage.

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| --- | --- | --- | --- | --- | --- |
| Name of Insurer | Policy Period | Limits of  Liability | Deductible  Retention | Premium | Number of Lawyers |
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1. Does the current policy have a prior acts limitation or retroactive date? (This date should be the date which the firm first purchased claims made coverage that has been continuously renewed). If “Yes,” please indicate date*:*

|  |  |  |
| --- | --- | --- |
| **/** | **/** |  |
| Month | Day | Year |

(Please forward a copy of the expiring declarations page and all endorsements)

30. Has the Applicant Firm or any attorney for whom coverage is sought ever purchase an extended reporting endorsement? (*If "yes", please provide date purchased and term of endorsement)*  Yes  No

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1. In the past five (5) years, has the Firm or any Firm member ever had professional liability insurance or similar insurance declined, cancelled or non-renewed? (I*f "yes", please provide full details)*  Yes  No

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32. Desired Limits: 33.Desired Deductible:  34. Desired Effective Date:

1. **Please attach:**

a. A sample of the Firm’s **Letterhead.**

b. The Firm’s Martindale Hubbell rating.

c. A copy of your expiring policy declarations page & prior acts endorsement.

##### Representations

All written statements and materials furnished to the insurance company to which this application is submitted (herein called the company) in conjunction with this application are hereby incorporated by reference into this application and made part hereof.

This application does not bind the applicant to buy, or the company to issue the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy. The undersigned applicant declares that if the information supplied on this application changes between the date of this application and the time when the policy is issued, the applicant will immediately notify the company of such changes, and the company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

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Signature of the Insured, Owner, Partner or Principal Title Date

Producer:

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