



Approved Carrier of the
State Bar of 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**

Firm/Applicant Name				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	Years in Private Practice	Designation Code (See choices below)		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, P = Part Time (26 hours or fewer per week)

2. Have any members of your firm been reprimanded, censured, suspended or disbarred within the past five (5) years? If YES, provide full details on your letterhead. Yes No
3. 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
4. After inquiry, are you or any attorney in your firm aware of any circumstances, incidents, acts or omissions that has led to a professional liability claim that has not yet settled or which could lead to a professional liability claim being made against your firm? If YES, complete the Claim Supplemental Application Yes No
5. 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 Deductible: \$ _____ Per Claim Aggregate Loss Only Premium: \$ _____	Limit: \$ _____ Defense Costs Part of the Limit * Defense Costs Outside the Limit * Don't Know Deductible: \$ _____ Per Claim Aggregate Loss Only

6. 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)	
BUSINESS TRANSACTIONS-CORPORATE AND COMMERCIAL		IMMIGRATION/NATURALIZATION	
BUSINESS TRANSACTIONS-ENTERTAINMENT		INTERNATIONAL LAW	
CIVIL RIGHTS/DISCRIMINATION		LABOR LAW	
COLLECTION/BANKRUPTCY		PI/PD-PLAINTIFF	
CONSTRUCTION LAW (BUILDING CONTRACTS)		INSURANCE DEFENSE	
CONSUMER CLAIMS		WORKERS COMPENSATION-DEFENSE	
BUSINESS ORGANIZATION:		WORKERS COMPENSATION-PLAINTIFF	
Formation/Alteration and Mergers/Acquisitions		NATURAL RESOURCES/OIL & GAS	
Secured Transactions		PATENT/TRADEMARK/COPYRIGHT (INTELLECTUAL PROPERTY)	
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.

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 to Applicant: **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 false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions.**

Completion of this form does not bind coverage. Applicant's acceptance of company's quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance should a policy be issued and it will be attached to the policy.

Signature of Owner/Partner _____ Date: _____

Print name: _____ Title: _____