

Lawyers Professional Liability Insurance New Business Application – For Firms With 1 - 4 Attorneys

National Union Fire Insurance Company of Pittsburgh, Pa.
1271 Ave of the Americas FL 37
New York, NY 10020-1304
(A capital stock company, herein called the Company)

THE POLICY FOR WHICH YOU ARE APPLYING IS A CLAIMS MADE POLICY. IT APPLIES ONLY TO THOSE CLAIMS THAT ARE FIRST MADE DURING THE POLICY PERIOD AND ANY APPLICABLE EXTENDED REPORTING PERIOD, AS THOSE TERMS ARE DESCRIBED IN THIS POLICY. PLEASE REVIEW THIS POLICY CAREFULLY AND DISCUSS THIS COVERAGE WITH YOUR INSURANCE AGENT OR BROKER. CLAIM EXPENSES MAY REDUCE AND EXHAUST THIS POLICY'S LIMITS OF LIABILITY AND MAY BE SUBJECT TO THE POLICY'S DEDUCTIBLE. PLEASE DISCUSS THIS WITH YOUR INSURANCE AGENT OR BROKER.

Name: _____ Contact Name: _____
 Address: _____ Contact Phone: _____
 City: _____ Contact Email: _____
 State: _____ Website: _____
 Zip: _____

Does the Applicant Firm have any additional locations? Yes No

If yes, please complete the following for each additional location

Address	City	State	Zip

1. Firm Details:

- a. Year Applicant Firm established: _____
- b. How many years of experience in this industry? _____
- c. Projected annual revenue (next 12 months) \$ _____
- d. Applicant Firm is:

Sole Proprietorship	Corporation	LLC	Trust
Partnership	Non-Profit	LLP	Other
- e. Total number of owners (actively involved in business operations) _____
- f. Number of full-time employees: *(Exclude officers, owners, partners, and independent contractors)* _____
- g. Number of part-time employees: *(Exclude independent contractors)* _____
- h. Is the number of non-attorney staff higher than 5 times the number of attorneys at your firm? Yes No

i. Enter full-time and part-time attorneys' details here. Part-time = fewer than 26 hours per week on average. Do not include "of counsel," independent contractor or per diem.

Name	Part-Time or Full-Time	Hire Date	Prior Acts Date

*The prior acts date will be the more recent of the hire date and the firm prior acts date

- j. Does any outside attorney provide services to your firm in any of the following capacities: Yes No
 Of Counsel, independent contractors, per diem attorneys?

Please advise total annual number of hours provided to the Applicant Firm by of counsel, independent contractors and per diem attorneys. *(if zero, indicate 0):* _____

2. Areas of Practice

Please indicate below the percentage of the Applicant Firm's gross revenues in the most recent fiscal year derived from each area of practice:

Group 1

Admiralty/Maritime	% Election & Campaign	%
Administrative (Social Security Disability)	% ERISA/Employee Benefits/Executive Compensation	%
Agricultural	% Employment	%
Alternative Dispute (Arbitration/Mediation)	% Family	%
Antitrust/Trade Regulation	% Governmental (Non-Contracts, Non-Lobbying)	%
Appellate – Criminal	% Governmental Contracts	%
Appellate – Civil	% Governmental Relations/Lobbying	%
Aviation & Aerospace	% Healthcare (Non-Malpractice)	%
Bankruptcy	% Immigration	%
Business/Commercial – General & Contracts	% Indigent Legal Services	%
Civil Litigation –Defense other than Insurance	% Insurance (Non-Defense)	%
Civil Litigation – Insurance Defense	% International Trade	%
Civil Rights	% Labor – Management	%
Communications	% Labor – Unions	%
Constitutional	% Military	%
Construction	% Municipal (other than Securities)	%
Corporate General	% Probate/Trust/Wills/Estates	%
Criminal	% Tribal & Native Populations	%
Education	% Workers Compensation/Defense	%
Elder Law	% Workers Compensation/Plaintiff	%
	GROUP 1 SUB-TOTAL	%

Group 2

Banking & Finance	% Investment Counseling	%
Bonds	% Mergers & Acquisitions	%
Civil Litigation – Legal Malpractice	% Natural Resources/Mining & Minerals/Oil & Gas/Energy	%
Civil Litigation – Mass Tort/Class Action	% Real Estate – Residential	%
Civil Litigation – Medical Malpractice	% Real Estate – Commercial	%
Civil Litigation – Not Otherwise Classified	% Real Estate – Syndication/Development	%
Civil Litigation – Other Malpractice	% Real Estate – Title Work	%
Civil Litigation – Personal Injury	% Real Estate – Condo Offering	%
Civil Litigation – Products Liability	% Real Estate – Foreclosure/Loan Workout	%
Corporate Formation (other than M&A)	% Securities – Publicly Traded	%
Debtor & Creditor/Collections	% Securities – Private Placement	%
Entertainment/Sports/Fine Art/Media/Public Figures	% Tax – Individuals	%
Environmental	% Tax – Opinions/Corporate	%
Intellectual Property	%	
	GROUP 2 SUB TOTAL	%

COMBINED TOTAL (MUST = 100%) %

- a. In the past three (3) years, has the Applicant Firm provided legal services for a cannabis industry client? Yes No
- b. In the past three (3) years, has the Applicant Firm provided legal services for a cryptocurrency or blockchain client? Yes No

Please respond to all following questions that apply to the Applicant Firm’s areas of practice above:

3. **Plaintiff Civil Litigation:** (check here if NA)
- a. In the past three (3) years, have there been more than two plaintiff cases with a value greater than \$5 million? Yes No
- b. For any legal or medical malpractice cases, is any of the work done in house (not referred to other firms)? Yes No

4. **Real Estate:** (check here if NA)
- a. During the past three (3) years, has the firm had more than two residential real estate or condo transactions greater than \$10 million? Yes No
- b. During the past three (3) years, has the firm had more than two commercial transactions greater than \$50 million? Yes No
- c. Does your firm, or any attorney for whom coverage is sought, wholly own a title agency? Yes No
- d. During the past three (3) years, of all commercial real estate transactions, was the percentage that involved more than 5 passive investors higher than 5%? Yes No

5. **Debtor/Creditor Collections:** (check here if NA)
- a. Has the firm received more than one allegation or notice of violation of the Fair Debt Collections Practices Act or any similar “fair debt collection” law? Yes No

6. **Probate/Trust/Wills/Estates:** (check here if NA)
- a. Is discretionary investment authority either greater than \$1 million or not limited in writing? Yes No

7. **Banking & Finance:** (check here if NA)
- a. Has any past or present financial institution client of the firm ceased operations, gone insolvent or become controlled or operated by the FDIC, OCC, OTS, or any other government agency? Yes No

8. Please indicate which of the traits below apply to your firm (select all that apply):

- i. Uses engagement letters on all new matters
- ii. Uses non-engagement and disengagement letters
- iii. Has computerized system for identifying conflicts which includes cross check for former, current, and potential clients, and predecessor merger and/or acquired firms
- iv. Requires written waiver when actual or potential conflict exist
- v. Has computerized docket/calendar system
- vi. Has a non-computerized dual calendar system
- vii. Currently complies with state continuing legal education requirements

- a. Does any lawyer of the Applicant Firm practice in jurisdictions outside of the United States? Yes No
- b. In the past 5 years, has any attorney currently working at the firm provided service as an Officer, Director, Regulatory or General Counsel? Yes No

c. In the past three (3) years, has the firm filed three or more suits to collect unpaid client fees? Yes No

d. Has anyone at your firm: Yes No

- Been disbarred?
- Been the subject of reprimand, censure, sanction, or other disciplinary action?
- Been convicted or pled guilty to a crime
- Been refused admission to the Bar?

e. In the past three (3) years, has any attorney at your firm: Yes No

- Been the subject of a professional liability claim suit?
- Had knowledge of anything that could result in a professional liability claim that has not yet been reported to an insurance carrier?
- Had professional liability insurance cancelled or non-renewed for any reason other than the insurance carrier exiting the market? (**Missouri Applicants Need Not Reply**)

9. Coverage Information

a. Does your firm currently have Professional Liability insurance? Yes No

What is the expiration date of your current policy

b. Does your current policy have a retroactive or prior acts date listed on your firm? Yes No

If yes, firm's prior acts date

c. Has the firm had continuous professional liability coverage from the retroactive or prior acts date indicated above to present? Yes No

d. When would you like your policy to start? (MM/DD/YYYY)

e. Limits Requested – Per Claim/Aggregate

<input type="checkbox"/> \$100,000/\$300,000	<input type="checkbox"/> \$500,000/\$1,000,000	<input type="checkbox"/> \$1,000,000/\$2,000,000
<input type="checkbox"/> \$250,000/\$500,000	<input type="checkbox"/> \$1,000,000/\$1,000,000	<input type="checkbox"/> \$2,000,000/\$2,000,000
<input type="checkbox"/> Claim Expenses	<input type="checkbox"/> Included in the Limit of Liability	<input type="checkbox"/> Paid in addition to the Limit of Liability
<input type="checkbox"/> Other:		

f. Deductible Requested

<input type="checkbox"/> \$0	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> Other:
Deductible Type: <input type="checkbox"/> Damages Only <input type="checkbox"/> Damages & Claim Expenses <input type="checkbox"/> Aggregate						

Signature

Please read carefully and sign below where indicated.

The undersigned proprietor, partner, member or officer, acting on behalf of the Applicant Firm and all others to be insured, hereby,

- A. Declares after diligently inquiry that the above statements and particulars are true and that no material facts have been omitted or misstated to the best of his or her knowledge;
- B. Understands and agrees that the completion of the application does not bind the Company to issue no the Applicant Firm to purchase the insurance; and
- C. Acknowledges that (1) this application will be the basis of the policy, if issued; (2) all written statements and material furnished to the company in conjunction with this application are hereby incorporated by reference in this application and made part hereof; and (3) if the Company issues a policy, the Company will have relied upon, as representations, the declarations and statements which are contained in or attached to or incorporated in this application

By signing, I acknowledge above and hereby provide consent to receiving Electronic Delivery of all documentation. If I want to withdraw my consent to Electronic Delivery, I will send an e-mail to affinitylawyersadmin@aon.com and request such a change.

Sign and Date in ink

Signature of Owner, Partner or Officer

Date

Name (please print)

IMPORTANT NOTICES

NOTICE TO KANSAS APPLICANTS: 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, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR 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 THAT 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.