

# Lawyers Professional Liability Insurance New Business Application

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

## 1. Application Firm Information

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Suite/Appt: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip \_\_\_\_\_  
 Application Firm is:    Proprietorship    Partnership    Corporation    Association    LLP    LLC    Other  
 Year Applicant Firm Established: \_\_\_\_\_ Primary Contact: \_\_\_\_\_ Email: \_\_\_\_\_  
 Does the Applicant Firm have any additional office locations? \_\_\_\_\_ Yes    No  
*If, "yes," please explain by separate attachment.*  
 Does any lawyer of the Applicant firm practice in jurisdictions outside of the United States? \_\_\_\_\_ Yes    No  
*If, "yes," please explain by separate attachment.*

## 2. Limits Requested – Per Claim/Aggregate

\$100,000/\$300,000	\$500,000/\$500,000	\$1,000,000/\$2,000,000
\$250,000/\$500,000	\$500,000/\$1,000,000	\$1,000,000/\$3,000,000
\$250,000/\$750,000	\$1,000,000/\$1,000,000	\$2,000,000/\$2,000,000
Other: _____		

## 3. Deductible Requested

\$0    \$1000    \$2,500    \$5,000    \$10,000    \$15,000    \$25,000    \$50,000    Other

## 4. Personnel – List all Lawyers to be covered (do not include "of counsel", independent contractors or per diem lawyers)

Name	Status Designation Code*	State(s) Admitted to Practice	Year First Admitted to Bar	Date of Hire	Individual Prior Acts Exclusion Date
1.					
2.					
3.					
4.					
5.					

\* **S** – sole proprietor                      **P** – partner/member                      **E** – employed lawyer  
**PT** – part-time lawyer working less than 26 hours per week    **Note:** Attach separate sheet if necessary.

Total hours of service per year provided to Applicant Firm by "of counsel," independent contractor and per diem lawyers

Total number of lawyers who left the Applicant Firm in the past year

Total hours of CLE per year

### NON-LAWYER STAFF

Total Non-Lawyer Staff: \_\_\_\_\_ Firm Administrator:    Yes    No

## 5. Area 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 and 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	%
	<b>GROUP 1 SUB-TOTAL</b>	%

### 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	%	%
	<b>GROUP 2 SUB TOTAL</b>	%

**COMBINED TOTAL (MUST = 100%)** %

Please complete the corresponding Area of Practice Supplemental application for any revenue in any section of "Group 2"

- A. In the last five (5) years:
- Has the Applicant Firm provided legal services for a cannabis industry client?  
*If "yes," please complete the Cannabis Industry Supplement* Yes No
  - Has the Applicant Firm provided legal services for a cryptocurrency or blockchain client?  
*If "yes," please complete the Cryptocurrency Industry Supplement* Yes No
- B. Does the Applicant Firm have any high-profile clients who are entertainers, sports figures, or public officials?  
*If "yes," please complete the Entertainment/Sports/Public Figures Supplement* Yes No
- C. Does the Applicant Firm have discretionary investment authority for any clients?  
*If "yes," please list the total number of clients* Yes No
- Does any one client account for more than \$500,000? Yes No
  - Is the authority limited and in writing? Yes No
- D. In the last five (5) years, has any attorney with the Applicant Firm represented any financial institution; acted as SEC counsel, regulatory counsel, or general counsel of any financial institution; acted as director, officer or committee member of or held any equity interest in any financial institution? (Financial Institution means any savings and loan association, bank, credit union, saving bank, banking and loan Association, commercial banking institution or any subsidiary or lending affiliate thereof.)  
*If "yes," please complete the Financial Institutions Supplement.* Yes No
- E. Does any attorney with the Applicant Firm have any equity interest in, serve as director, officer, trustee (other than estate trusts), partner or employee of; exercise fiduciary control or possess any ownership interest in any client or any business venture with a client?  
*If "yes," please complete the Outside Interests Supplement* Yes No
- F. In the last five (5) years, has any attorney with the Applicant Firm provided legal services in any way related to intellectual property matter that include patent infringement counseling, domestic or foreign patent prosecution, patent searches or filings? Yes No

## 6. Claims, Incidents & Disciplinary Actions

After inquiry, has any lawyer to be insured under this policy:

- A. Ever had professional liability insurance cancelled or non-renewed?  
**Missouri Applicants Need Not Reply** *If "Yes", please explain by attachment* Yes No
- B. Ever been disbarred or been the subject of reprimand, censure, sanction or other disciplinary action, been convicted or plead guilty to a crime, or been refused admission to the Bar?  
*If "Yes", please explain by attachment* Yes No
- C. Been the subject of a professional liability claim or suit in the last five (5) years? Yes No
- D. Had knowledge of any circumstance, act, error, or omission that could result in a professional liability claim under this policy?  
*If "Yes", to C. or D. above, please complete a Claims Supplement for each instance* Yes No

## 7. Firm Policies & Procedures

Does the Applicant Firm:

- A. Use engagement letters on all new matters? Yes No
- B. Require clients to sign engagement letters/agreements? Yes No
- C. Use non-engagement and disengagement letters?  Yes No

- D. Does the firm's engagement letter include any of the following?  
(check all that apply):

Scope of Representation	Attorney Fees	Arbitration Language
Document Retention	Post-Closing Matters	Fund Transfer Procedures (Prevention of invoice or wire fraud)
Waiver Language for Joint Representation	Client Responsibilities	

- E. Use a computerized system for identifying conflicts? Yes No
- 
- F. Cross-check conflicts by former, existing and potential clients? Yes No
- 
- G. Cross-check conflicts by predecessor, merged or acquired firms? Yes No
- 
- H. Insist on obtaining a written waiver from its clients in order to perform on-going services when an actual/potential conflict exists? Yes No
- 
- I. Allow attorneys to enter into business with Applicant Firm clients? Yes No
- 
- J. Require disclosure if such relationships are permitted? Yes No
- 
- K. Maintain a calendar system using these methods:
- Single Calendar Yes No

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  - Dual Calendar Yes No

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  - Computer Yes No

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- L. Have a computerized system to alert of approaching statute of limitation deadlines? Yes No
- 
- M. Use two individuals to maintain its calendar system? Yes No
- 
- N. Update its calendar system at least weekly? Yes No
- 
- O. If you are a sole practitioner, have you designated a lawyer(s) who will be responsible for your affairs if you are absent for an extended period of time (i.e., vacation, etc.) Yes No
- 
- P. How many times has the Applicant Firm sued a client for unpaid fees in the last 3 years? Yes No
- 
- Q. Does any single client account for more than twenty-five percent (25%) of the Applicant Firm's gross annual billings? Yes No  
*If "Yes", please identify client, nature of client's business, and the percentage of billings, by attachment.*
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- R. What percentage of the Applicant Firm's billings are past due more than 90 days? Yes No
- 
- S. Prior to any fund transfer, are all requests double checked by telephoning the authorizing party to assure legitimacy and accuracy of the intended receiver's account? N/A Yes No  
*If the Applicant Firm doesn't hold client funds, please mark as N/A*
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## 8. Prior Insurance

### A. Current Prior Acts Exclusion Date or Retroactive Date

Inception From (MM/DD/YYYY)	Expiration to (MM/DD/YYYY)	Insurance Company	Limits of Liability	Deductible	Premium

Is the applicant being covered by an Extended Reported Period Endorsement? Yes No  
*If "yes," please attach details.*

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## 9. 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 diligent 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 this application does not bind the Company to issue nor 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 into 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 into this application.

### Sign and date in ink

\_\_\_\_\_  
Signature of Owner, Partner or Office

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

**Florida and New Hampshire Producers: Please provide your name and the additional information required by your state, as indicated below:**

**Agent/Producer:** \_\_\_\_\_

**Producer License Number (Florida Only):** \_\_\_\_\_

**Producer Signature (New Hampshire only):** \_\_\_\_\_

### IMPORTANT NOTICES

For Utah Applicants Only: The Application and all relevant documents will be attached to the policy at the time of delivery.

### FRAUD WARNINGS

**NOTICE TO APPLICANTS:** 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 ACT, WHICH IS A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ALABAMA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES, OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

**NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO CALIFORNIA APPLICANTS:** FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

**NOTICE TO COLORADO APPLICANTS:** 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.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**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.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** 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 OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO 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.

**NOTICE TO MINNESOTA APPLICANTS:** A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW MEXICO APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**NOTICE TO OREGON APPLICANTS:** 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW

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