

New Business Application for Lawyers' Professional Liability Insurance

Submitted By: _____

Agency: _____

Address: _____

Phone No: _____

Fax No: _____

Agents Email Address: _____

IMPORTANT NOTICE:

1. Fully answer all questions.
2. Complete and sign supplements referenced in 22 and 24 if applicable.
3. **Provide a sample of your current letterhead.**
4. Sign and date all forms.
5. Complete Area of Practice Supplement (TBP-130) for each attorney requesting coverage.

1. Name of Applicant (name should be consistent with firm's letterhead)

2. Business Address (list all business addresses and designate which is primary; use a separate sheet if necessary):

				County: _____
				County: _____

3. Business Phone: Business Fax: 4. Year firm established

5. Number of: Attorneys Of Counsel Attorneys Paralegals/Law Clerks Support staff

6. If a sole practitioner, who will be responsible for notifying clients in the event of your incapacity, absence or death?

Name: Phone:

Address:

(a). Do you give consent for us to provide the above named with information regarding your coverage? Yes No

7. Insured Designee: (The individual with authority to act in all matters regarding this insurance on behalf of the firm and all persons to be covered by this insurance).

8. Are there any predecessor firm(s) in whose assets and liabilities the Applicant is the majority successor in interest?

Yes No If Yes, please list

9. **Limits of Liability Desired.** Please Check All Limit Quotes Desired.

<input type="checkbox"/> \$ 100,000/\$ 300,000	<input type="checkbox"/> \$1,000,000/\$2,000,000	<input type="checkbox"/> \$3,000,000/\$3,000,000	<input type="checkbox"/> Greater than \$5,000,000 -
<input type="checkbox"/> \$ 250,000/\$ 750,000	<input type="checkbox"/> \$1,000,000/\$3,000,000	<input type="checkbox"/> \$4,000,000/\$4,000,000	Please Specify: <input style="width: 150px;" type="text"/>
<input type="checkbox"/> \$ 500,000/\$1,500,000	<input type="checkbox"/> \$2,000,000/\$3,000,000	<input type="checkbox"/> \$5,000,000/\$5,000,000	<input style="width: 200px;" type="text"/>

Deductible Desired. Please Check All Deductible Quotes Desired.

<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$100,000
<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$7,500	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$50,000	

Please note a deductible of:

- \$1,000 is limited to policies with limits of \$100,000
- \$2,500 is limited to policies with limits less than \$1,000,000
- \$5,000 is limited to policies with limits less than \$2,000,000
- \$7,500 is limited to policies with limits less than \$4,000,000
- \$10,000 is limited to policies with limits less than \$5,000,000

Do you desire a quote:

- With First Dollar Defense - This means the deductible is paid only when there is a Damages payment
- Without First Dollar Defense - This means the deductible is paid when either defense costs or Damages is paid

Policy Effective Date Requested

BANKING

10. During the past five (5) years, have you (if a sole practitioner) or has any member or former member of your firm (while associated with the firm) provided legal services to a financial institution? Yes No

If Yes, has any member (or former member) of the applicant firm:

- (a) had loan commitments with the institution? Yes No
- (b) held stock or any other financial interest in the institution? Yes No
- (c) acted as a director or officer of the institution? Yes No
- (d) been a member of the executive committee? Yes No
- (e) been a member of the loan policy committee? Yes No
- (f) been a member of the audit committee? Yes No
- (g) participated in the preparation of the institution's response to regulatory examination reports? Yes No
- (h) provided legal services to the institution as "Counsel", "General Counsel", or on any other regular "retainer" basis providing the majority of legal services to the institution? Yes No

OFFICE PROCEDURES

11. Are the following utilized?

- a. Engagement letters or fee agreements Yes No Sometimes (Please Explain):
- b. Declination (Non-Engagement) letters Yes No Sometimes (Please Explain):
- c. Termination or closing letters Yes No Sometimes (Please Explain):

12. Which of the following Conflict of Interest Avoidance Systems does the firm utilize?

- a. Manual System Computerized None Other (please explain)
- b. Does your system note:
 - Client Name & Related Parties Opposing Party
 - Matter Description Opposing Counsel
 - Principal, owner(s), officer(s), director(s) and affiliate(s), if client or opposing party is an entity
- c. Upon identifying an actual or potential conflict, does the firm have a procedure that requires members to always obtain written consent from the client before proceeding further with the representation? Yes No
- d. Does the firm's conflict system include attorney-client relationships established by predecessor, merged or acquired firm(s), if applicable? Yes No
- e. Does an attorney supervise the system? Yes No

13. Which of the following Time/Docket Control procedures does your firm utilize? Please check all applicable categories:

- a. Is your system? Manual Computerized None
- b. Single Calendar Dual Calendar Master Plus Individual Calendar
 Other – Please explain
- c. Does your time/docket control system note:
 - Statutes of Limitations Appointments Procedural Deadlines

FEE DISPUTES

- 14. a. Has any member of the firm sued for legal fees in the past 24 months (including sending to a collection agency)? Yes No
- b. Does your firm have a procedure that requires critical review of a matter prior to bringing suit over legal fees owed to the firm? Yes No
- c. Does the firm have a policy not to sue for fees? Yes No
- d. Does the firm have a policy to participate in fee dispute resolution programs, whenever possible, prior to bringing suit over legal fees owed the firm? Yes No
- e. If any member of the firm has sued for fees in the past 24 months, how many suits have been filed?

WEBSITE

15. Does your law firm have a web site? Yes No
 a. If yes, does the web site contain a disclaimer stating that use of the web site does not create an attorney-client relationship? Yes No
 b. Please provide your web-site address:
16. Does the law firm's website permit visitors to contact the firm through the website? Yes No
 a. If yes, is a conflicts check conducted prior to providing the legal advice? Yes No
 b. Other than your own website, do you advertise on the internet? Yes No
 If yes, provide web addresses:
17. Do you advertise your professional services on television or radio? Yes No
 If yes, in what states?

OFFICE SHARING PROCEDURES

Non Applicable

18. Does the firm share any of the following with other attorneys who are not members of this firm? (Check all that apply)
 Office Space Letterhead Cases Non Attorney/Support Staff
19. Do you share a receptionist? Yes No
If Yes, please answer a. and b.
 a. Is the phone answered by giving the names of all attorneys/firms sharing the space? Yes No
 b. Is the phone answered using a generic (e.g. "law offices") with giving the name(s) of each attorney/firm sharing the space? Yes No
20. Does the name(s) of each attorney/firm sharing the office appear together as "Law Offices of..." or some other common listing on the signage for your office suite? Yes No
21. Do you disclose in writing to your clients the parameters and limits of your office sharing arrangement? Yes No

OUTSIDE INTERESTS

22. Are any members of the firm also an owner, manager, employee, director or partner of any organization, other than that of the applicant, which is a *client* of the firm? Yes No
If "Yes" complete Outside Interest Supplement Form (TBP-17)

PUBLICLY TRADED COMPANY(S)

23. In the past 12 months, has any attorney in the firm represented any publicly traded company(s) regarding corporate governance or legal compliance matters? Yes No
If "Yes", submit a brief written description of the legal work performed on separate attachment

CLAIMS

24. After inquiry of each lawyer named in the firm:
 a. has the firm, any member of the firm or any former member of the firm, or predecessor, in the past seven (7) years, been the subject of an investigation, reprimand or disciplinary action or refused admission by any association, court or administrative agency? Yes No
 b. has the firm, any member in the firm or any former member of the firm, or predecessor, in the past seven (7) years, been the subject of a professional liability claim, suit, incident, bar complaint, formal grievance or formal fee dispute filed with a state or local bar association? Yes No
 c. does the firm or any attorney in the firm have knowledge of any incident, circumstance, act or omission, which may give rise to a claim? Yes No
If "Yes" to question a. b. or c., a Supplemental Claim Form (TBP-14) must be completed for each

INDEPENDENT CONTRACTOR(S)

25. Does the firm or any member of the firm retain an attorney(s) on an independent contractor basis? Yes No
If "Yes", please list below the independent contractors

NOTE: No coverage is available under this Policy for the acts or omissions of an Independent Contractor ("IC") unless either: 1) the IC is added as a Named Insured to this Policy; or 2) the IC carries an LPL policy covering the Claim. Under option 2, coverage is limited to the Policyholder and the Insured's under this Policy. We recommend you obtain a copy of the IC's delcarations page.

NOTICE TO APPLICANT - PLEASE READ CAREFULLY:

REPRESENTATION: Insured Designee, on behalf of and with the authority of Applicant represents that the statements and information contained herein are true and that Applicant has not suppressed, omitted or misstated any facts. Applicant has made inquiry with each lawyer in the firm regarding the accuracy of the answers on this application. Applicant agrees that this application shall be the basis of the Policy of insurance issued by the Company and incorporated therein. Applicant agrees to notify the Company of any material change(s) in the statements in the application forms between the date of application and the effective date of the Policy of insurance. Applicant understands that any change(s) may result in an adjustment of the terms and conditions of the Policy of insurance and/or premium.

Applicant understands that the Policy applied for provides coverage on a "Claims Made and Reported" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD and that coverage ceases with the termination, cancellation or expiration of the Policy unless Applicant exercises the options available in the Policy for Extended Reporting Coverage.

IMPORTANT REMINDER

TO AVOID LOSS OF COVERAGE IT IS IMPERATIVE THAT ALL KNOWN CIRCUMSTANCES, ACTS OR OMISSIONS WHICH COULD RESULT IN A PROFESSIONAL LIABILITY CLAIM AGAINST YOU, YOUR FIRM OR A PREDECESSOR IN BUSINESS BE REPORTED TO YOUR PRESENT INSURER WITHIN THE TIME PERIOD SPECIFIED IN YOUR PRESENT POLICY. PLEASE CONTACT THE BAR PLAN MUTUAL INSURANCE COMPANY IF YOU DESIRE ASSISTANCE.

Printed Name:

Email address of Insured Designee: Date:

Signature of Insured Designee*:

Check this box **Only** if you want to receive a paper copy of your quotes and policy instead of an email transmission.

*Signing this form and tendering premium does not bind the Applicant or the Company. Application must be signed and dated to be considered for a quotation. If not the Insured Designee, the person submitting this Application affirms he/she is doing so under the express authority of the Insured Designee.

<p>Anti Fraud Warning: Indiana "Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing false, incomplete or misleading information commits a felony."</p>
<p>Anti Fraud Warning: Tennessee "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, fine and denial of insurance benefits."</p>