

# State National Insurance Company

**APPLICATION FOR:  
LAWYERS PROFESSIONAL LIABILITY INSURANCE**

**NOTICE:** This professional liability coverage is provide on a "claims-made" basis; therefore, only claims which are first made against you, and reported to the Company, during the policy term, any subsequent renewal of this policy or any extended reporting period are covered, subject to policy provisions.

**Please attach a sample of your letterhead to this application.** Inconsistencies between your letterhead and the application – such as attorneys named, address, and other offices – should be explained on a separate sheet of paper.

**YOUR FIRM**

1. Are you engaged in the private practice of law?       Yes    No   (If "No," please contact agent before proceeding.)

2. The precise name of the firm to be insured, as reflected on your letterhead: \_\_\_\_\_  
\_\_\_\_\_

3. Your firms principal Location and phone number:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

4. Your firm's mailing address (if different than above):

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. When was your firm established? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Month/Day/Year)

6. Does your firm practice from additional offices?       Yes    No   (If yes, turn to "Additional Locations," page 8.)

7. Applicant is a(n) (check one):       Individual       Partnership       Professional Association  
 Professional Corporation       LLC or LLP       Other: \_\_\_\_\_

8. List all predecessors of the firm:

(Predecessor means any partnership, professional corporation, professional association, limited liability partnership or limited liability corporation engaged in legal services; and to whose financial assets and liabilities the firm is the majority successor in interest.)

Include the date the predecessor firms were established and the date of merger.       None

Name of Predecessor Firm	Date Established	Date of Merger

9. Total number of lawyers who have left in the past year: \_\_\_\_\_

10. Have any of your firm's attorneys been refused admission to practice, disbarred, suspended or formally reprimanded, or are any such proceedings in progress?       Yes    No   (If yes, please provide dates, allegations, outcome and date of reinstatement on a separate sheet and attached it to this application.)

11. What is your total number of clerks, secretaries, paralegals, investigators, and other support staff? \_\_\_\_\_

12. A. Practice Sharing: Do you share office space with attorneys other than those listed in Question 13?

Yes  No

B. If you do share offices with other attorneys, does your firm keep separate files, employ separate support staff, and present itself as an independent practice to the public?  Yes  No

13. Please list here your firm's attorneys.

Attorneys Name	A - Associate E - Employee O - Owner OF - Of Counsel P - Partner PT - Part Time	Date Admitted to Bar (MM/DD/YYYY)	Date Hired / Joined Firm (MM/DD/YYYY)	Have you completed any CLE or have you attended continuing education seminars within the last 2 years?	
				Yes	No

14. For "Of Counsel" attorneys: Please complete the following for each "of counsel" attorney.

Attorneys Name	Does attorney work exclusively for the applicant firm?	How many hours per week worked for the applicant firm?	Does attorney have independent professional liability insurance coverage?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

15. What is your total number of clerks, secretaries, paralegals, investigators, and other support staff? \_\_\_\_\_

16. If you are a sole practitioner, identify the attorney who handles your cases in your absence. (A back-up attorney is required.)

Back-up Attorney: \_\_\_\_\_

Address, City & St: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**INTERNAL PROCEDURES** (Please provide a written explanation for all "NO" responses.)

17. a) Does your firm maintain a Docket Control system for litigated and non-litigated items?  Yes  No  
 Please check **all** applicable categories  
 Single Calendar  Computer  Tickler Cards  
 Dual Calendar  Master Listing  Other (describe): \_\_\_\_\_
- b) Does the firm have procedures to back-up computer systems or some other form of emergency back-up system in the event of disruption of business due to emergency or natural disaster?  Yes  No
- c) Are at least two individuals involved in maintaining the Docket Control System?  Yes  No
- d) Please indicate how frequently time deadlines are crosschecked?  
 Daily  Weekly  Monthly  Other (Describe): \_\_\_\_\_
- e) Does the ultimate responsibility for the Docket Control of a matter rest with the lawyer handling the matter?  
 Yes  No
- f) Does your firm require the use of engagement letters including fee agreement on all engagements undertaken by firm?  
 Yes  No
- g) Does your firm notify clients or prospective clients in writing when you decline to represent them, and when an existing relationship is terminated?  
 Yes  No
- h) Which of the following tools are used to avoid conflict of interest?  
 Oral/Memory  Index File  Computer  
 Conflict Committee  Written Procedure  Other (describe): \_\_\_\_\_
- i) Does the conflict of interest system allow the cross-checking of conflicts between former, existing or potential clients of the applicant and all individual attorneys before accepting new clients or new matters?  Yes  No
- j) How many suits for collection of fees have been filed by the firm during the past two (2) years? \_\_\_\_\_  
 Dollar Amount Last Year: \$ \_\_\_\_\_ Dollar Amount Previous Year: \$ \_\_\_\_\_
- How many of these suits have been resolved successfully? \_\_\_\_\_
  - What percentage of your firm's billings are 90 days overdue? \_\_\_\_\_

**CLIENT RELATIONS**

1. Major Client - Did any one client (including affiliated or related clients) account for 25% or more of your gross revenues during the past twelve (12) months?  Yes  No  
 If yes, please provide complete details on a separate attachment.
2. a. Suits for Fees – How many suits for fees have been filed against clients in the last two (2) years? \_\_\_\_\_  
 b. Provide the following information on each suit for unpaid legal fees filed within the last two (2) years. Please attach separate sheet if necessary:

DATE FILED	NAME OF CLIENT	\$ AMOUNT SOUGHT	STATUS/RESULT

- c. What steps have been taken by the firm to reduce or avoid the necessity of future fee collections suits?  
 \_\_\_\_\_  
 \_\_\_\_\_
- d. When evaluating whether a case should be sent for collection, does the firm review the file for the purpose of evaluating whether the possibility of a counter claim alleging malpractice might be filed in response thereto?  
 Yes  No

18. Website: Do you or your firm have an Internet website?  Yes  No (If Yes, please provide web address)  
 \_\_\_\_\_

**YOUR PRACTICE**

19. Some guidelines for completing this section:

- a. Express percentages of time devoted to each specialty during the previous year.
- b. Indicate percentages in **WHOLE NUMBERS** next to the type of law you practice, not the business client you represent.
- c. Please be as accurate as possible as casual estimates may cause inappropriate evaluation of your practice by our underwriters.

AREA OF PRACTICE Round to the nearest whole percent	%	AREA OF PRACTICE Round to the nearest whole percent	%
Administrative Law		Insurance Defense	
Admiralty Defense		International Law	
Admiralty Marine		Investment Money Manger	
Adoptions		Juvenile	
Arbitration/Mediation		Labor Unions	
Banking		Labor/Employee	
Bankruptcy		Labor/Management	
BI/PI Defense		Landlord Tennant/Leases	
<b>Bonds **</b>		Lobbying	
Business Transactions		Local Government	
Civil Rights		Medical Malpractice Defense	
Civil/General Litigation		<b>Medical Malpractice Plaintiff *</b>	
<b>Class Action Plaintiff *</b>		Mergers & Acquisitions	
Collection		Municipal Law	
Commercial Defense		Oil & Gas Mining	
Commercial Law		Oil & Gas Title	
Consumer Claims		<b>Patent, Trademark, Copyright – Filing **</b>	
Construction Law		<b>Patent, Trademark, Copyright Litigation **</b>	
Contracts		<b>Patent, Trademark, Copyright Prosecution**</b>	
Corporate Formation		<b>Plaintiff BI/PI (Non Product Liability) *</b>	
Corporate General		<b>Product Liability Plaintiff *</b>	
Corporate Litigation		Real Estate Closings/General	
Criminal Law		Real Estate Commercial Title	
Divorce		Real Estate Development	
Employment Law		Real Estate Investment Trusts	
<b>Entertainment **</b>		Real Estate Limited Partnership	
<b>Environmental Law **</b>		Real Estate Residential Title	
ERISA		Real Estate Syndication	
Estate Planning		<b>Securities **</b>	
Estate/Trust/Probate		Taxation Opinions	
Family Law – (Non-Divorce)		Taxation Preparation	
Fiduciary		Taxation Representation	
Foreclosures		Traffic	
Foreign Law		Wills	
Guardianships		<b>Workers Compensation Plaintiff *</b>	
High Profile Divorce or Monied		Workers Compensation Defense	
Immigration/Naturalization		Other: Please Explain on firm Letterhead	
		<b>Total</b>	<b>100%</b>

\* Please Complete Plaintiff Supplement on Page 8.

\*\* Please Contact Agent for Supplement.

**FEE VOLUME/BILLINGS:**     \$0 - \$100,000     \$100,001 - \$250,000     \$250,001 - \$400,000  
 \$400,001 - \$500,000     \$500,001 - \$1,000,000     \$1,000,001 +

**DOES ANY FIRM MEMBER PRACTICE LAW:**

as a Prosecuting Attorney?  Yes  No    as a Municipal/State Counsel?     Yes  No  
as a Public Defender?     Yes  No    as an Employed Lawyer elsewhere?     Yes  No

**OUTSIDE INTERESTS** If you answer "Yes" to 20A or 20B, please complete the section titled "Outside Interests" page 6.

20. a) Do any of your firm's attorneys serve as a director, an officer or an employee of any client of your firm, or have an equity interest in any CLIENT of your firm?  Yes  No  
 b) Does any single CLIENT represent 25% or more of your firm's gross billings?  Yes  No

**YOUR INSURANCE**

21. Coverage requested to be effective on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Month/Day/Year)

22. Please select the limits and deductible you prefer:

- | DEDUCTIBLE                         |                                     | LIMITS (Maximum Each Claim/Maximum Each Year)      |   |
|------------------------------------|-------------------------------------|--|---|
| <input type="checkbox"/> \$ 0 None | <input type="checkbox"/> \$ 15,000  | <input type="checkbox"/> \$ 100,000 / \$ 300,000   | <input type="checkbox"/> \$2,000,000 / \$2,000,000  |
| <input type="checkbox"/> \$ 1,000  | <input type="checkbox"/> \$ 25,000  | <input type="checkbox"/> \$ 250,000 / \$ 500,000   | <input type="checkbox"/> \$2,000,000 / \$4,000,000  |
| <input type="checkbox"/> \$ 2,500  | <input type="checkbox"/> \$ 50,000* | <input type="checkbox"/> \$ 500,000 / \$ 500,000   | <input type="checkbox"/> \$2,000,000 / \$5,000,000  |
| <input type="checkbox"/> \$ 5,000  | <input type="checkbox"/> \$ 75,000* | <input type="checkbox"/> \$ 500,000 / \$1,000,000  | <input type="checkbox"/> \$3,000,000 / \$3,000,000  |
| <input type="checkbox"/> \$10,000  | <input type="checkbox"/> \$100,000* | <input type="checkbox"/> \$1,000,000 / \$1,000,000 | <input type="checkbox"/> \$4,000,000 / \$4,000,000  |
|                                    |                                     | <input type="checkbox"/> \$1,000,000 / \$2,000,000 | <input type="checkbox"/> \$4,000,000 / \$7,000,000  |
|                                    |                                     | <input type="checkbox"/> \$1,000,000 / \$3,000,000 | <input type="checkbox"/> \$5,000,000 / \$5,000,000  |
|                                    |                                     |  | <input type="checkbox"/> \$5,000,000 / \$10,000,000 |
- \* Please submit firm's current financial statement

23. Is your firm currently insured against malpractice claims?  Yes  No  
 24. Does your current policy have prior acts exclusion?  Yes  No  
 25. If Yes, What is your Prior Acts Exclusion Date? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Month/Day/Year)

26. Please provide your current Insurance History below:

	Insurance Company	Limits Per Claim/Aggregate	Policy Period (MM/DD/YYYY)	Premium Paid
Current Year 1		\$ / \$	/	\$
Previous Year 2		\$ / \$	/	\$
Previous Year 3		\$ / \$	/	\$

27. During the past five years, has any insurance carrier canceled or refused to renew your professional liability insurance for any reason other than carrier's withdrawal for the market?  Yes  No  
 a. If you answer this question "Yes," please provide on the next page the name of the carrier, the date and reason for cancellation or non-renewal, and any comments you may wish to add.  
 28. After inquiry, are any attorneys in your firm aware:  
 If you answer either question "Yes," please complete the " Supplemental Claim Form" .  
 a. of any professional liability, claims made against them **in the past five years?**  Yes  No  
 b. of any legal work or incidents that might reasonably be expected to lead to a claim or suit against them?  Yes  No

The following pages provide for additional information we may need on some aspects of your practice. If this information is required, you've already been directed to the appropriate section. Provided you've done this, you need only turn to the last page and sign the application. If you have any questions, please contact your agent.

**THANK YOU!**

**OUTSIDE INTERESTS:** (From Question 19)

Complete only if you have answered "Yes" to Questions 19 A or 19B, please provide us with this information for each applicable client.

Client: \_\_\_\_\_ Date of affiliation with client: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Nature of Business: \_\_\_\_\_ Name of attorney assigned: \_\_\_\_\_

Annual percentage of firm's gross billings: \_\_\_\_% Percent of equity interest: \_\_\_\_% Dollar Value \$ \_\_\_\_\_

Attorneys management role or committee assignments: \_\_\_\_\_

\_\_\_\_\_

Does client carry D & O insurance?  Yes  No Name of D & O carrier: \_\_\_\_\_  
At what limits? \$ \_\_\_\_\_

**SUPPLEMENTAL CLAIM INFORMATION:** (From Question 27)

If within the last five years you have been involved in any malpractice claim or suit, or are aware of an incident which may give rise to a claim, please complete the form below for each claim or incident. If space is insufficient to answer any questions fully, attach separate sheet.

1. Full name of individual(s) and/or firm involved in the claim: \_\_\_\_\_
2. Full name of claimant: \_\_\_\_\_
3. Indicate whether:  Incident  Claim  Suit
4. Date and location of alleged error: \_\_\_\_\_
5. Date of claim: \_\_\_\_\_
6. Additional defendants: \_\_\_\_\_
7. IF CLOSED: \*Total Paid: \$ \_\_\_\_\_ Indicate whether:  Court Judgment  Out of Court Settlement  
\*Including Defense Expenses incurred.
8. IF PENDING: Claimants settlement demand: \$ \_\_\_\_\_ Insurer's loss reserve: \$ \_\_\_\_\_  
Your assessment of damages or offer for settlement: \$ \_\_\_\_\_ Is claim in suit?  Yes  No
9. Name of Insurer responding to this claim or incident: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Limits of Liability: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_ Type of Form:  Occurrence or  Claims Made
10. Description of claim: (Provide enough information to allow evaluation and use additional sheet if more space is required.)
  - a. Alleged act, error or omission upon which Claimant bases claim: \_\_\_\_\_
  - b. Describe what activities gave rise to the claim or incident: \_\_\_\_\_
  - c. Describe the type of injury or damage allegedly sustained: \_\_\_\_\_
  - d. Does this incident or claim follow or result from an action to collect fees?  Yes  No

**ADDITIONAL LOCATIONS:** (From Question 6)

If your firm practices form more than one office . . . does responsibility for your firm's other offices reset with management at your principal location indicated in Question 3?  Yes  No

Please provide us with:

ADDRESSES OF OTHER OFFICES	NUMBER OF ATTORNEYS
1.	
2.	
3.	

**ADDITIONAL INFORMATION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REPRESENTATIONS:**

*I/We affirm that the information contained here and in any addendum is true to the best of my/our knowledge and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We hereby authorize the release of claim information from any prior insurer to the Company or its representatives. I/We specifically asked all lawyers in our firm if they have knowledge of any claim, potential claim, disciplinary matter or circumstance that may rise to a claim against us that is not listed in our response to Questions 12 & Question 27 A & B. All lawyers have responded "No" Please Initial Here (\_\_\_\_\_). On behalf of our firm, I agree that this application, including all attachments and exhibits, is complete and correct to the best of my knowledge and belief. I understand that this application forms the basis of the contract of insurance, if the Company offers coverage and we accept the Company's offer. I also understand that completion of this application does not bind the Company, Agent or Broker to provide insurance.*

**WARNING:** ANY PERSON WHO, KNOWINGLY AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE 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.

X \_\_\_\_\_  
Signature of Owner, Officer, Partner, Shareholder, or Member Date

\_\_\_\_\_  
Print or Type Name Title

**Unless the application is fully completed, no coverage can be bound or quotes issued.**

1. Any claim, incident, disciplinary matter, or circumstance that may give rise to a claim. **See Below**
  - a. There is no coverage for any claim, incident, disciplinary matter or circumstance that may rise out of the matters reported on page 2, 6, or 9; or
  - b. Which any member of the applicant firm has knowledge of prior to policy inception will not be afforded coverage under any policy which may subsequently be issued by any of the First Mercury Companies.
  - c.
2. Failure to report to your current insurance company any:
  - a. Claim made against you during your current policy term; disciplinary matter, or
  - b. Fact, circumstances or event which you are aware of or which may give rise to a claim BEFORE policy expiration may create a lack in coverage or will result in no coverage.

# PLAINTIFF SUPPLEMENT

Please answer all questions in relation to your plaintiff practice only

1. Have you advertised during the past 12 months through any of the following:
- |                      |                          |     |                          |    |
|----------------------|--------------------------|-----|--------------------------|----|
| A. Television.....   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| B. Radio.....        | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| C. Newspaper.....    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| D. Yellow Pages..... | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

If **Yes**, please attach copies of this advertising or provide an explanation of the specific nature of such advertising.

2. Total number of personal injury cases during the past 12 months: \_\_\_\_\_
3. Average number of personal injury cases each attorney handles per year: \_\_\_\_\_
4. Percentage of cases (must equal 100%): settle before trial? \_\_\_\_\_ Cases tried to conclusion? \_\_\_\_\_
5. Percentage of cases referred to you by other law firms? \_\_\_\_\_ %
6. Do you use written referral agreements in all cases which are referred to you? .....  Yes  No
7. Do you use written referral agreements in all cases which are referred out? .....  Yes  No
8. Do you obtain certificates of insurance in all cases which are referred out? .....  Yes  No
9. Average dollar value of all plaintiff cases are:  less than \$25,000  \$25,001 - \$100,000  \$100,001 - \$500,000  
 \$500,001 - \$1,000,000  other: \_\_\_\_\_
10. What percentage of your plaintiff cases are:
- |   |                           |                             |
|---|---------------------------|-----------------------------|
| _____ % <b>Class Action/Mass Tort</b> * | _____ % Product Liability | _____ % Legal Malpractice   |
| _____ % Automobile Accident             | _____ % Slip and Fall     | _____ % Medical Malpractice |
| _____ % Other: _____                    |                           |                             |
11. With respect to your answer in question 10, please state the maximum dollar value of any one case:
- |  |                            |                              |
|--|----------------------------|------------------------------|
| \$ _____ <b>Class Action/Mass Tort</b> * | \$ _____ Product Liability | \$ _____ Legal Malpractice   |
| \$ _____ Automobile Accident             | \$ _____ Slip and Fall     | \$ _____ Medical Malpractice |
| \$ _____ Other: _____                    |                            |                              |

12. Percentage of recovery your firm takes as fees: \_\_\_\_\_ %
13. Describe the firm's procedure for tracking the Statute of Limitation on each personal injury case: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
14. Name and position of person(s) designated to track the Statute of Limitation on each personal injury case: \_\_\_\_\_  
 \_\_\_\_\_

\* Please provide a written narrative regarding any **Class Action/Mass Tort** cases this firm has handled or had involvement with, in the past three years, to include: the number of such cases, number of clients in each case, overall case value, status, nature or cause of action of each case, as well as the firm's previous experience in this area.

X	X
Signature of Owner, Officer, Partner, Shareholder, or Member	Date

Print or Type Name	Title
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