



**APPLICATION FOR LAWYERS
PROFESSIONAL LIABILITY
INSURANCE**



20 West Street
Boston, MA 02111
Phone: 617-338-0581
Fax: 617-350-7687
73 State Street
Springfield, MA 01103
Phone: (413) 788-7878
Fax: (413) 731-5915

MASSACHUSETTS
G-130953-A20 (1/07)
Page 1 of 6

**Insurance for lawyers by
lawyers.**

About the Firm

1. The precise name of the applicant firm to be insured, as reflected on the firm's letterhead:

Name: _____

Attach a sample of the firm's letterhead to this application. Inconsistencies between it and the application, including attorneys named, address, and other offices, etc. should be explained on a separate sheet of paper.

2. Contact: _____
Street Address: _____
City: _____ County: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
E-mail address: _____ Web site address: _____

Firm Coverage Information

3. Coverage is requested to be effective on: _____
month/ day / year
4. Date firm established: _____
month/ day / year
5. Type of Entity: solo practitioner individual attorney with employee attorneys
 partnership PC PA LLC LPP Other: _____
6. If you are a solo practitioner, do you have an attorney that will handle your cases in your absence? yes no
7. Is the firm office or suites shared with attorneys other than firm members? yes no
8. Does the firm have offices (other than conference-room only facilities) at locations other than the primary location? yes no
If yes, complete the Additional Locations/Practice States Supplement.
9. a. Does the firm practice in states other than the primary location? yes no
b. If yes, indicate the additional states in which you practice and complete the Additional Locations/Practice States Supplement
State: _____ State: _____ State: _____
State: _____ State: _____ State: _____
If the firm practices in more than six states please contact your agent.
10. Is the ratio of support staff to attorneys greater than 3 to 1? yes no
If yes, describe the support staff organizational structure on your firm's letterhead.
11. For how many years has the firm been continuously insured for malpractice claims? _____



**APPLICATION FOR LAWYERS
PROFESSIONAL LIABILITY INSURANCE**

12. Enter the prior acts exclusion date, if applicable: _____/_____/_____
month/ day / year

NOTE: If the firm is a spin-off from another firm include the number of years that firm has been continuously insured. _____ years

13. a. Has the firm ever purchased an Extended Reporting Period Option? yes no

b. If yes, provide:

Effective Date: / / Expiration Date: / /

Name of Insurance Company:

14. Has the firm ever been non-renewed, cancelled or declined coverage by another carrier? yes no

If yes, provide details including dates, carrier and reason for such action.

15. Does the firm desire coverage for previously-dissolved predecessor firms and those attorneys affiliated herewith? yes no

If yes, complete a Predecessor Firm supplement

16. Is there an attorney listed on the letterhead not covered by the firm's insurance? yes no

If yes, provide details using your firm's letterhead.

17. Enter the firm's insurance history for the last five years:

Eff Date mm/dd/yy	Insurance Company	Limits (per claim/aggregate)	Retention / Deductible	Covered # of attorneys	Annual Premium
		/	\$		\$
		/	\$		\$
		/	\$		\$
		/	\$		\$
		/	\$		\$

Requested Coverage

18. a. Select the Each Claim/Aggregate Limit the firm desires:

- | | | |
|--|---|--|
| <input type="checkbox"/> \$100,000 / \$300,000 | <input type="checkbox"/> \$1,000,000 / \$3,000,000 | <input type="checkbox"/> \$6,000,000 / \$6,000,000 |
| <input type="checkbox"/> \$250,000 / \$500,000 | <input type="checkbox"/> \$2,000,000 / \$2,000,000 | <input type="checkbox"/> \$7,000,000 / \$7,000,000 |
| <input type="checkbox"/> \$500,000 / \$500,000 | <input type="checkbox"/> \$2,000,000 / \$4,000,000 | <input type="checkbox"/> \$8,000,000 / \$8,000,000 |
| <input type="checkbox"/> \$500,000 / \$1,000,000 | <input type="checkbox"/> \$3,000,000 / \$3,000,000 | <input type="checkbox"/> \$9,000,000 / \$9,000,000 |
| <input type="checkbox"/> \$500,000 / \$1,500,000 | <input type="checkbox"/> \$4,000,000 / \$4,000,000 | <input type="checkbox"/> \$10,000,000 / \$10,000,000 |
| <input type="checkbox"/> \$1,000,000 / \$1,000,000 | <input type="checkbox"/> \$5,000,000 / \$5,000,000 | <input type="checkbox"/> |
| <input type="checkbox"/> \$1,000,000 / \$2,000,000 | <input type="checkbox"/> \$5,000,000 / \$10,000,000 | <input type="checkbox"/> Other: _____ |

b. Select the Aggregate Deductible the firm desires:

- | | | | | | |
|--|-----------------------------------|----------------------------------|------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> \$ 1,000 * | <input type="checkbox"/> \$ 2,500 | <input type="checkbox"/> \$4,000 | <input type="checkbox"/> \$ 10,000 | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$ 75,000 |
| <input type="checkbox"/> \$ 2,000 | <input type="checkbox"/> \$ 3,000 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$ 15,000 | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$100,000 |
| <input type="checkbox"/> Other: \$ _____ | | | | | |

Unless otherwise stated on your quotation, limits include defense costs and claims expenses.

19. Optional Coverage – Title Insurance Agency Coverage yes no

If coverage is desired complete the Title Insurance Agency Supplement

NOTE: The Title Insurance Agency Company is optional coverage extends coverage to a specific **owned** Title Agency Insurance Company as a **separate entity**.



**APPLICATION FOR LAWYERS
PROFESSIONAL LIABILITY INSURANCE**

MASSACHUSETTS

G-130953-A20 (1/05)

Page 3 of 6

Attorney Information

20. **Total number of attorneys:** List all of the firm's attorneys. Differences between the date attorney began practicing law for other than a corporate or governmental entity and the date the attorney was admitted to the Bar must be explained on a separate sheet of paper following the same format. List additional attorneys on a separate sheet in the same format.

Attorney Name	Atty Desig	Date of Hire	Average # of hours per week				States licensed to practice law	Admitted Date	Number Of CLE hours	Number of Years			Prior acts date	MBA Risk Mgmt Seminar Date	Bar Member? Check if yes
			0	1 to 10	11 to 25	26 +				In practice	with this firm	continuous malpractice coverage			
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									<input type="checkbox"/>
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									<input type="checkbox"/>
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									<input type="checkbox"/>
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									<input type="checkbox"/>
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									<input type="checkbox"/>
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									<input type="checkbox"/>

Attorney Designations:

A Associate
 CC Co-counsel
 D Director
 E Employee
 IC Independent Contractor

MEM Member of Firm
 MGR Manager
 O Owner
 OC Of Counsel
 OF Officer

SP Solo Practitioner
 SPC Special Counsel
 STC Staff Counsel
 SHH Shareholder
 STH Stockholder

Partner Designations:

EP Equity Partner
 NP Non-equity Partner
 P Partner
 LLP Limited Liability Partner
 RP Retired Partner



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Areas of Practice

21. Guidelines for completing this section:

- a. Express percentages of **time devoted** (billable hours) in each area during the previous year.
- b. Indicate percentages in **whole numbers** next to the type of law you practice, not the business of the client you represent
- c. Be as accurate as possible, as casual estimates may cause inappropriate evaluation of your practice.
- d. All litigation should be coded as "civil litigation" with the exception of "criminal," "personal injury-plaintiff" and "intellectual property" which should be coded to their respective Area of Practice.

<p>_____% Admiralty / Marine - Defense</p> <p>_____% Admiralty / Marine - Defense</p> <p>_____% Anti-Trust / Trade Regulation</p> <p>_____% Banking / Financial Institutions</p> <p>_____% Business Transaction-Commercial Law</p> <p>_____% Civil / Commercial Litigation-Defense</p> <p>_____% Civil / Commercial Litigation-Plaintiff</p> <p>_____% Civil Rights / Discrimination</p> <p>_____% Collection and Bankruptcy</p> <p>_____% Construction (building contracts)</p> <p>_____% Consumer Claims</p> <p>_____% Corporate Business Organization</p> <p>_____% Criminal</p> <p>_____% Environmental</p> <p>_____% Family Law</p> <p>_____% Government Contracts / Claims</p> <p>_____% Immigration / Naturalization</p>	<p>_____% * Intellectual Property – Copyright/Trademark</p> <p>_____% * Intellectual Property – Patent</p> <p>_____% International Law</p> <p>_____% Labor Management Representation</p> <p>_____% Labor Union Representation</p> <p>_____% Local Government</p> <p>_____% Natural Resources / Oil & Gas</p> <p>_____% Personal Injury/Property Dam - Defense</p> <p>_____% Personal Injury/Property Dam - Plaintiff</p> <p>_____% Real Estate / Title – Commercial</p> <p>_____% Real Estate / Title - Residential</p> <p>_____% * Securities (S.E.C.)</p> <p>_____% Taxation</p> <p>_____% Wills, Estate, Trust and Probate</p> <p>_____% Workers Compensation - Defense</p> <p>_____% Workers Compensation - Plaintiff</p> <p>_____% Other (describe below)</p>
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TOTAL % **Must equal 100%**

* *If any percentage, complete the Intellectual Property and/or the Securities Supplemental Applications.*

"Other" Description Area: _____

- 22. Does the firm or any attorney of the firm have any clients in the Entertainment industry? yes no
If yes complete the Entertainment Supplement
- 23. At any time in the past five years, has the firm or any attorney of the firm (regardless of what firm they were practicing with at the time) provided legal services in any way related to a security or securities transaction? yes no
If yes, complete the Securities Supplement.
- 24. Does the firm have any one client in which the firm's attorneys have an equity interest greater than 10% combined? yes no
If yes, complete the Equity/Outside Interest/Gross Billings Supplement.
- 25. Does the firm have any one client which represents more than 25% or more of the firm's billings? yes no
If yes, complete the Equity/Outside Interest/Gross Billings Supplement.
- 26. Does anyone in the firm serve as a director, officer or employee or in any other management capacity for a client? yes no
If yes, complete the Equity/Outside Interest/Gross Billings Supplement.



**APPLICATION FOR LAWYERS
PROFESSIONAL LIABILITY INSURANCE**

MASSACHUSETTS

G-130953-A20 (1/05)

Page 5 of 6

27. Does the firm have procedures for identifying and resolving potential or actual conflicts of interest including cross-checking of former, existing or potential clients? yes no
28. Does the firm have at least two independently maintained docket controls? yes no
29. Has the firm initiated lawsuits or arbitration procedures during the last two years to enforce the collection of unpaid fees for the firm? yes no
If yes, complete a Fee Suit Supplement.
30. a. Since January, 2003 has the firm represented any publicly traded clients in any practice area? yes no
b. If yes, what % of the firm's gross billings is attributable to this representation? _____%
b. If yes, provide the following information on a separate sheet: *name of client, date of first affiliation, services rendered and whether currently a client.*
31. Has the firm been involved in the handling of any mass tort/class action cases within the past five years? yes no
If yes, complete a Mass Tort/Action Supplement.

Claim / Incident / Disciplinary Information

After inquiry, is any attorney in the firm aware of:

32. a professional liability claim made in the past five years against them, the firm, any Predecessor firm, or against any current or former attorney of the firm while affiliated with the firm? yes no
If yes, complete a Claim Supplement.
33. an act or omission that may reasonably be expected to be the basis of a claim against them, the firm, any predecessor firm, or against any current or former attorney of the firm, while affiliated with the firm? yes no
If yes, complete a Claim Supplement.
34. Has any attorney been refused admission to practice, disbarred, suspended or formally reprimanded, or been subject to any disciplinary inquiry complaint or proceeding for any reason other than non-payment of dues? yes no
If yes, provide a written explanation including detailed allegations, your response to those allegations, results of any investigation, the ruling decision by the appropriate administrative agency or bar committee, and any fines, sentences or suspensions handed down against you. Include the date and current status if the issue is unresolved



**APPLICATION FOR LAWYERS
PROFESSIONAL LIABILITY INSURANCE**

MASSACHUSETTS

G-130953-A20 (1/05)

Page 6 of 6

Signature and Representation

Applicant hereby represents, after inquiry, that the information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations: this application, and any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof.
2. This application will be the basis of the contract and will be incorporated by reference into and made part of such policy; and
3. Applicant's failure to return to its current insurance company any claim made against it during the current policy term, or act, omission or circumstance which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage.

Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant.

FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

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 MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (for New York residents only: 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.) (For Pennsylvania Residents only: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.) (For Tennessee Residents only: Penalties include imprisonment, fines and denial of insurance benefits.)

Applicant:

By _____

SIGNATURE OF OFFICER OR PARTNER OF THE FIRM PRINT NAME OF OFFICER OR PARTNER DATE

REMINDER

Please attach a sample of your letterhead to this application



Insurance for lawyers by lawyers

Servicing Firms East of Worcester:

20 West Street, Boston, MA 02111-1218 Telephone 617-338-0581 Fax 617-350-7687

Servicing Firms in Worcester and West of Worcester:

73 State Street, Springfield, MA 01103-2012 Telephone 413-788-7878 Fax 413-731-5915

www.massbarinsurance.org