



**APPLICATION FOR LAWYERS
PROFESSIONAL LIABILITY
INSURANCE**



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Boston, MA 02111
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73 State Street
Springfield, MA 01103
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*Insurance for lawyers by
lawyers.*

About the Firm

1. The precise name of the applicant firm to be considered for insurance as reflected on the Firm's letterhead.

Applicant Firm Name: _____
Attach a sample letterhead to this application. Inconsistencies between it and the application, including lawyers named, address, and other offices, should be explained.

Contact Name: _____

2. Street Address: _____
City: _____ County: _____ State: _____ Zip: _____

Mailing Address _____

If different from above _____ County: _____ State: _____ Zip: _____

Telephone: _____ Cell _____ Fax: _____

E-mail address: _____ Web site address: _____

How would you like correspondence to be sent to the firm contact? mail email fax

Note: if the Firm is working with an agent/broker, all correspondence will be sent to such agent/broker.

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 Firm Individual Lawyer with employed lawyers
 Partnership PC PA LLC LLP Other: _____

6. Is the Firm office or suites shared with lawyers other than Firm members? yes no

7. Does the Firm have offices other than conference-room only facilities at locations other than the principle location? If yes, complete the Additional Locations Supplement. yes no

8. a. Does the Firm practice in any other state other than the primary location? yes no

b. If yes, provide the following. If practicing in more than two states, provide the same details on an attachment.

State: Percentage of gross billings: Number of Lawyers:	State: Percentage of gross billings: Number of Lawyers:
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9. Is the ratio of support staff to lawyers greater than 3 to 1? yes no
If yes, describe the support staff organizational structure.

10. How many years has the Firm been continuously insured for malpractice claims? _____ years

11. Enter the prior acts exclusion date for the Applicant Firm, if applicable: _____/_____/_____
month/ day / year



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12. Is this Firm a newly formed firm and not seeking any prior acts coverage? yes no
If yes, submit a resume for all lawyers in the Firm.

13. Is this Firm a newly formed firm comprised of a lawyer or lawyers that have been in the private practice of law at other law firms? yes no

If yes, and coverage is desired for prior acts while affiliated at any such prior law firm, complete the attached Prior Law Firm Affiliation Supplement.

Note: Coverage is subject to Underwriting.

14. a. Has the Firm ever purchased an Extended Reporting Period (ERP) Option or has any individual lawyer in the Firm purchased an Individual Tail Policy? yes no

b. If yes, provide details for each such purchase as follows:

1) Name of firm or individual lawyer who purchased the ERP or Tail policy: _____

2) Effective Date: / / Expiration Date: / /

3) Insurance Company that issued the coverage: _____

15. Has the Firm ever been non-renewed, cancelled, or had coverage declined or rescinded by another carrier? If yes, provide details including dates, carrier and reason for such action. yes no

16. Does the Firm desire coverage for previously dissolved predecessor firms and those lawyers affiliated therewith? yes no

Predecessor firm means any sole proprietorship, partnership, professional corporation, professional association, limited liability corporation or limited liability partnership engaged in legal services and 1) to whose financial assets and liabilities the firm listed as the Applicant is the majority successor in interest; or 2) of which the Applicant retained 50% or more of the lawyers.

If yes, complete a Predecessor Firm supplement.

17. a. Are there any lawyers listed on the letterhead not covered by the Firm's insurance? yes no
If yes, provide details.

b. Are there any lawyers listed on the Firm's website that is not covered by the Firm's insurance? yes no
 N/A – no website

If yes, provide details including each such lawyer's insurance history.

18. a. Enter the Firm's insurance history for the last five years: If yes, provide details.
If no coverage is currently in-force for the Applicant Firm, check here and go to next question

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

b. Detail your current coverage relative to the following policy features. Check all that apply.

Limits: Claims Expenses Inside the Limit Claims Expenses Outside (in addition to) the Limit

Deductible: Annual Aggregate Per Claim First Dollar Defense (Loss Only)

c. If there are any endorsements/exclusions on your current policy that broaden or restrict coverage to the Firm or any individual in the Firm, provide a copy of such endorsements/exclusions. Attached N/A

d. Does the Firm desire to limit coverage for all lawyers to legal services rendered on behalf of the Named Insured Firm? yes no



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Requested Coverage - Unless otherwise stated in any quotation provided, limits include defense costs and claims expenses. Deductibles are on a per claim and aggregate basis.

19. a. Select the Each Claim/Aggregate Limit the Firm desires:
- | | | |
|--|--|--|
| <input type="checkbox"/> \$100,000 / \$300,000 | <input type="checkbox"/> \$500,000 / \$1,500,000 | <input type="checkbox"/> \$5,000,000 / \$5,000,000 |
| <input type="checkbox"/> \$200,000 / \$600,000 | <input type="checkbox"/> \$1,000,000 / \$1,000,000 | <input type="checkbox"/> \$5,000,000 / \$10,000,000 |
| <input type="checkbox"/> \$250,000 / \$250,000 | <input type="checkbox"/> \$1,000,000 / \$2,000,000 | <input type="checkbox"/> \$6,000,000 / \$6,000,000 |
| <input type="checkbox"/> \$250,000 / \$500,000 | <input type="checkbox"/> \$1,000,000 / \$3,000,000 | <input type="checkbox"/> \$7,000,000 / \$7,000,000 |
| <input type="checkbox"/> \$250,000 / \$750,000 | <input type="checkbox"/> \$2,000,000 / \$2,000,000 | <input type="checkbox"/> \$8,000,000 / \$8,000,000 |
| <input type="checkbox"/> \$300,000 / \$600,000 | <input type="checkbox"/> \$2,000,000 / \$4,000,000 | <input type="checkbox"/> \$9,000,000 / \$9,000,000 |
| <input type="checkbox"/> \$500,000 / \$500,000 | <input type="checkbox"/> \$3,000,000 / \$3,000,000 | <input type="checkbox"/> \$10,000,000 / \$10,000,000 |
| <input type="checkbox"/> \$500,000 / \$1,000,000 | <input type="checkbox"/> \$4,000,000 / \$4,000,000 | <input type="checkbox"/> Other: _____ |
- b. Select the Deductible the Firm desires:
- | | | |
|-----------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> \$ 0 | <input type="checkbox"/> \$ 5,000 | <input type="checkbox"/> \$ 25,000 |
| <input type="checkbox"/> \$ 1,000 | <input type="checkbox"/> \$ 10,000 | <input type="checkbox"/> \$ 50,000 |
| <input type="checkbox"/> \$ 2,500 | <input type="checkbox"/> \$ 15,000 | <input type="checkbox"/> Other: _____ |
20. a. Does the Firm own a separate Title Insurance Agency? yes no
If yes, complete the Title Agency Supplement.
- NOTE: Legal services include those services of an Insured acting as a title agent for work done on behalf of the Named Insured. Additional coverage is available for a separate Title Insurance Agency.
- b. Does the Firm own any entity in addition to the law firm? yes no
If yes, complete the Equity/Outside Interest/Gross Billings Supplement.
- c. Has any lawyer in the Firm been qualified to participate in the Limited Assistance Representation Program? yes no

Outside Interests

Any yes response to Question 21, requires completion of the Equity/Outside Interest/Gross Billings Supplement

21. a. Does the Firm have any one client in which the Firm's lawyers have an equity interest greater than 30% combined? yes no
- b. Does the Firm have any one client, which represents more than 25% or more of the firm's billings? yes no
- c. Does anyone in the Firm serve as a director, officer or employee or in any other management capacity for a client? yes no

Internal Management

22. 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
If no, provide details of the conflict of interest system in place.
23. Does the Firm have at least two independently maintained docket/calendar controls? yes no
If no, provide details of the docket/calendar system in place.
24. Does the Firm regularly confirm representations in writing via use of formal engagement agreements? yes no
25. Does the Firm regularly acknowledge in writing the declination or termination of representations? yes no
26. For Firms greater than 5 lawyers: Does the firm require that at least two lawyers in the firm be informed of the initiation of a representation? yes no
27. If you are a solo practitioner, do you have procedures in place regarding provisions of services if you are incapacitated or otherwise unavailable? yes no
28. What percentage of accounts receivable are outstanding more than 90 days? _____ %



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Lawyer Census Information

29. a. List all of the Firm's lawyers. List additional lawyers on a separate attachment in the same format
- b. Is there any employee who is an admitted lawyer but is working in a non-lawyer capacity? Yes No
If yes, provide the following: Name, designation in Firm, states and dates of admittance, current duties performed, date of hire, future plans to resume services as a lawyer.
- c. For each Independent Contractor and/or Of Counsel listed below, complete an OC/IC Supplement.
- d. How many lawyers have attended the most recent annual MBA Risk Management Seminar? _____

Lawyer Name	Status	Date of Hire M/D/Y	Average # of hours per week				States licensed to practice law	Admitted Date	Number Of CLE hours	Number of Years <i>Note: YES/NO is an inappropriate reply.</i>			Prior acts date M/D/Y	MBA Bar Member? Check if yes
			0	1 to 10	11 to 25	26 +				in private practice	affiliated with this firm	continuous malpractice coverage		
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					years		<input type="checkbox"/>	
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					years		<input type="checkbox"/>	
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					years		<input type="checkbox"/>	
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					years		<input type="checkbox"/>	
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					years		<input type="checkbox"/>	
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					years		<input type="checkbox"/>	
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					years		<input type="checkbox"/>	
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					years		<input type="checkbox"/>	
9.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					years		<input type="checkbox"/>	
10.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					years		<input type="checkbox"/>	

Lawyer Status :

- | | | | | | | | |
|----|----------------|-----|---------------------------|----|--------------------|-----|-------------------|
| A | Associate | IC | Independent Contractor | NP | Non-equity Partner | P | Partner |
| D | Director | LLP | Limited Liability Partner | O | Owner | SP | Solo Practitioner |
| E | Employee | MEM | Member | OC | Of Counsel | SHH | Shareholder |
| EP | Equity Partner | MGR | Manager | OF | Officer | STH | Stockholder |



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Areas of Practice

30. Guidelines for completing this section:

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

Table with 2 columns of practice areas and percentage fields. Includes categories like Admiralty / Marine - Defense, Anti-Trust / Trade Regulation, Banking / Financial Institutions*, Business Transaction-Commercial Law**, Civil / Commercial Litigation-Defense, etc.

TOTAL % Must equal 100%

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

** If percentage in Business Transaction-Commercial Law is 25% or greater, provide details.

** If percentage is 50% or greater, complete a Plaintiff Practice Supplement

"Other" Description Area: _____

- 31. Does the Firm or any lawyer in the Firm have any clients in the Entertainment industry?
32. a. During the past five years, has the Firm or any lawyer 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?
b. Does the firm handle foreclosure transactions for any client?
33. Has the Firm initiated lawsuits or arbitration procedures during the last two years to enforce the collection of unpaid fees for the firm?
35. a. Since 2003, has the Firm represented any publicly traded clients in any practice area?
b. If yes, what were the Firm's approximate percentage of gross billings attributable to such representation?
c. If yes, provide the following information on a separate sheet: name of client, date of first affiliation, services rendered and whether currently a client.
36. Has the Firm been involved in the handling of any mass tort/class action cases within the past five years?



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Claim / Incident / Disciplinary Information

After inquiry, is any lawyer in the Firm aware of:

- 37. a professional liability claim made in the past five years against them, the Firm, any predecessor firm, or against any current or former lawyer of the Firm while affiliated with the Firm? If yes, complete a Claim/Disciplinary Supplement. yes no
- 38. 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 lawyer of the Firm, while affiliated with the Firm? If yes, complete a Claim/Disciplinary Supplement. yes no
- 39. Within the past five years, has any lawyer been refused admission to practice, disbarred, suspended, formally reprimanded, sanctioned or been subject to any disciplinary inquiry complaint or proceeding for any reason other than non-payment of dues? yes no

If yes, complete a Claim/Disciplinary Supplement

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 report to its current insurance company any claim made against it during the current policy period, either any claim made against any insured, or any act or omission known to any insured that may reasonably be expected to be the basis of a claim against any insured may create a lack of coverage.
- 4. Any lawyer currently or formerly affiliated with the Firm or any predecessor firm, has disclosed in this Application any actual or alleged, act, omission, circumstance or breach of duty that a reasonable lawyer would recognize might reasonably be expected to result in a claim being made against the Firm, any predecessor firm, or any lawyer currently or formerly affiliated with the Firm or any predecessor firm, regardless of whether any such claim would be meritorious.

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

Applicant:

By _____

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

REMINDER -Please Attach a sample of the Firm's letterhead to this application



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:

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