

Name _____
 Agency _____
 Address _____

 License # _____

AMERICAN SAFETY CASUALTY INSURANCE COMPANY

PROFESSIONAL LIABILITY PROGRAM

APPLICATION FOR LAWYERS' PROFESSIONAL LIABILITY INSURANCE

THIS IS AN APPLICATION FOR A CLAIMS MADE INSURANCE POLICY.

NOTE: All requested information must be completed to avoid a delay in processing the application.
 If space is insufficient to answer any question completely, attach additional sheets.

IMPORTANT: PLEASE ATTACH APPLICANT'S LETTERHEAD.

1. **NAME OF FIRM:** _____
 Office Address(es): _____
 Business Phone(s): _____
 a. When was the firm established? _____

2. List the names of all predecessor firms of applicant.
 (Name only those firms where the applicant is a successor to the former firm's assets)
 Please list additional firms on a separate sheet.

Name of Former Firm(s)	Year Former Firm Was Established	Number of Partners, Officers, Directors	Number of Employed Lawyers

CONTINUING EDUCATION

3. Please provide the total number of hours of continuing education completed by all attorneys in your firm over the past twelve (12) months including all carry-over hours..... Total hours

ATTORNEYS

4. Please provide the information below for each attorney in your firm.

Attorney's Name	Date of Birth	Month and Year Admitted to Bar (List State Bar)	* Years in Private Practice	Primary Area of Practice (PAP)	% of Attorney's Billings from PAP	Location of Practice (State)	Month & Year Joined This Firm

*Years in private practice do not include work as an employee of a company or government agency.

OFFICE/EXPENSE SHARING

5. Does the applicant listed in question 1 and/or any attorneys listed in question 4 share office space or staff with any other entity?.....[] Yes [] No
 If yes, please call your broker/agent for an Office/Expense Sharing Supplement Application which must be completed and returned along with your application.

PRIOR INSURANCE INFORMATION

6. A. List the Lawyers' Professional Liability Insurance carried by your firm for each of the past five (5) years. You must break down information year-by-year even if information was the same for more than one (1) year. (Check here if none.) []

Policy Period:		Insurance Company	Limit of Liability PerClaim/Aggregate	Deductible (if any)	Annual Premium	No. of Attorneys covered
From: Mo/Day/Yr	To: Mo/Day/Yr.					

- B. Has your firm or have any lawyers in your firm ever purchased an extended reporting period "tail" endorsement?[] Yes [] No
- C. Does your firm's current policy contain a prior restriction or a retroactive date?.....[] Yes [] No
 If yes, please provide the date. _____ (mo/day/yr). Attach a copy of your current declarations page and/or prior acts endorsement to verify that date.
- D. Provide the date of your first claims made policy (maintained without interruption to date).

DOCKET SYSTEM

7. Please describe your firm's Docket/Time Control System by answering the following questions.
- A. How many independent date controls are kept? _____ 1, _____ 2, _____ More
 B. How often are they cross checked? _____ Daily, _____ Weekly, _____ Other
 C. Who has the primary responsibility for the operation of the system?
 Name: _____ Title: _____
 Who is the back-up person for the firm's docket/time control system? (Having a specific back-up person is a program requirement.)
 Name: _____ Title: _____
- D. If you are a sole practitioner, you MUST provide the name of the lawyers, who would be responsible for your affairs if you were absent for an extended period of time (i.e. vacation, illness, etc.). You MUST also provide professional liability insurance information for this individual.
 Name, address and insurance information: _____

INTERNAL PROCEDURES

8. A. Do you have a conflict of interest procedure? _____ Yes _____ No
 B. Do you use client communication letters? _____ Yes _____ No
 C. How many suits for fees have you filed in the last 2 years? _____
 D. How many of these suits have been resolved successfully? _____
 E. What steps have been taken to reduce the number of suits for fees in the future? _____
 F. What percentage of your firm's billings are ninety (90) days or more overdue? _____

Practice Profile

9. A. Indicate the percentage of gross income for the past fiscal year derived from the following areas of practice:

TYPE OF PRACTICE	%	TYPE OF PRACTICE	%	TYPE OF PRACTICE	%
Admiralty/Maritime	_____	*Environmental Law	_____	*SECURITIES LAW:	
Anti-Trust/Trade Regulation	_____	Estate Planning	_____	Registrations (State or Federal)	_____
Banking	_____	**Foreign Practice	_____	Private Placements	_____
Bankruptcy	_____	Immigration	_____	Opinions	_____
Bodily Injury/Personal Injury Defendants	_____	**International Law	_____	BONDS/BILLS/NOTES:	
Bodily Injury/Personal Injury Plaintiffs	_____	*Investment Counseling/ Money Management	_____	Corporate	_____
Collection/Repossession	_____	LABOR RELATIONS:		Industrial Revenue	_____
Communication (FCC)	_____	Arbitration	_____	General Obligation	_____
Commercial Matters	_____	Litigation (Non-Criminal)	_____	Other	_____
*Copyright/Patent/ Trademark	_____	Mgmt. Representation	_____	TAXATION:	
CORPORATE LAW:		Union Representation	_____	Federal - Corporate Preparation	_____
Director Fees	_____	LOANS:		**Federal Opinions	_____
Formation/Alterations	_____	Commercial	_____	Federal - Individual Preparation	_____
General Corporate License & Permits	_____	*Oil & Gas (Minerals)	_____	State - Corporate Preparation	_____
Merger & Acquisitions	_____	Other	_____	State - Individual Preparation	_____
Products Liability	_____	MUNICIPAL LAW:		**State Opinions	_____
Professional Corp.	_____	Zoning & Planning	_____	Unemployment Compensation	_____
Secured Transactions	_____	Other (Not Bond Work)	_____	WORKERS' COMPENSATION:	
Small Business Admin.	_____	Probate/Trust/Wills	_____	Defendants	_____
Criminal Law	_____	Public Utilities	_____	Plaintiffs	_____
Domestic Relations/ Family Law	_____	REAL ESTATE:		OTHER:	
Employee Benefit Plans	_____	Closings	_____	Explain in detail.	_____
*Entertainment	_____	Condominium	_____		
		Conversion Offerings	_____		
		Escrow Agents	_____		
		General	_____		
		Landowner/Tenants	_____		
		*Syndication/Develop.	_____		
		Title Work	_____		
		TOTAL INCOME	100%		

* Supplemental application must be completed. Please contact your Agent/Broker.

** Please provide a brief description of this area of practice.

- B. If you do any Plaintiff Representation under Personal Injury and Negligence, answer the following:
- (1) What is the average number of years experience in this area of practice for the attorneys in your firm? _____
 - (2) What is the average case load per attorney on an annual basis? _____
 - (3) What is the estimated average dollar size of judgments, awards and settlements in BI/PI plaintiff cases handled by the firm? _____
- C. If your practice includes Real Estate law, answer the following:
- (1) What percentage of the firm's real estate revenue for the last fiscal year was derived from:
 - a. Residential _____%
 - b. Commercial _____%
 - c. Agricultural _____%
 - (2) Was any revenue derived from private or public partnership/syndication offerings? ___ Yes ___ No, If Yes, contact your agent for a Syndication/Development supplement.
 - (3) Do any of the attorneys of the firm hold a Real Estate Broker's or Agent's license? ___ Yes ___ No
 - (4) Do you accept compensation for legal services on the basis of a commission or percentage of dollar value of a transaction? ___ Yes ___ No

If yes, please explain. _____

FINANCIAL INSTITUTION REPRESENTATION

- 10. Has any current or former member:
 - A. Provided or will provide legal services in exchange for stock, partial ownership, investment in, or other fiduciary interest in any enterprise or investment directly related to a client of my firm;..... [] Yes [] No
 - B. Provided or will provide legal services for securities transactions (either registered or exempt), bonds, public offerings, or real estate syndications; [] Yes [] No
 - C. Served or will serve as a director, officer, general counsel or loan committee member of a financial institution and/or owned stock not publicly traded of a client institution;..... [] Yes [] No
 - D. Provided or will provide legal services for commercial real estate transactions where the value of the commercial real estate is greater than \$1,000,000. [] Yes [] No

"Financial Institution" means any savings and loan, bank, credit union, savings association, building and loan association, or any subsidiary or affiliate thereof.

If yes, please complete a Financial Institution Supplement. Please contact your agent/broker.

OUTSIDE DIRECTOR/OFFICER OR EQUITY INTEREST POSITIONS

- 11. Does any attorney of your firm serve as an outside director or officer and/or have any ownership interest in the business of a client?.....[] Yes [] No
If yes, please complete Outside Director/Officer - Equity Interest Supplement. Please contact your agent/broker.

PRIOR DISCIPLINARY PROCEEDINGS

- 12. A. Has any attorney of your firm ever been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, or held in contempt by any court, administrative agency, or regulatory body? [] Yes [] No
If "yes", please attach a copy of the court's order and provide complete details on a separate sheet of your letterhead.
- B. Has any attorney of your firm had a disciplinary complaint made to any court, administrative agency, or regulatory body?.....[] Yes [] No
If "yes", how many disciplinary complaints? _____ Please provide all details on each complaint on a separate sheet.

PRIOR LOSS HISTORY

- 13. A. Has any lawyer named in question 4 ever had any insurance company or Lloyd's decline, cancel, refuse to renew, or accept only on special terms any professional liability insurance?[] Yes [] No
If "yes", please provide all details on a separate sheet.
- B. Has any professional liability claim or suit been made against any lawyer named in question 4 or any previous member of your current firm or predecessor firm within the last ten (10) years?.....[] Yes [] No
If "yes", please complete a Supplemental Claim Form for each claim/incident in order for your application to be considered. PLEASE DO NOT ATTACH SUIT PAPERS; A WRITTEN EXPLANATION IS REQUIRED.
- C. Does any lawyer named in question 4 know of any circumstances, acts, errors, omissions, or personal injuries that could result in a professional liability claim against any attorney of the firm or its predecessors irrespective of the actual validity of such claim?[] Yes [] No
If "yes", please complete a Supplemental Claim Form for each incident in order for your application to be considered.

IMPORTANT

To avoid loss of coverage, it is imperative that all known circumstances, acts, errors, omissions, or personal injuries which could result in a professional liability claim against you, the firm, or a predecessor in business be reported to your present insurer within the time period specified in your present policy. All known claims and/or circumstances are specifically excluded from coverage.

COVERAGE AMOUNTS

14. LIMITS OF LIABILITY DESIRED:		DEDUCTIBLE DESIRED:
Per Claim/Aggregate		
\$100,000/\$300,000	[]	Zero deductible
\$200,000/\$600,000	[]	\$2,500
\$250,000/500,000	[]	\$5,000
\$500,000/\$1 Million	[]	\$10,000
\$750,000/\$1 Million	[]	\$25,000
\$1 Million/\$1 Million	[]	\$50,000
\$1 Million/\$2 Million	[]	\$100,000
\$2 Million/\$2 Million	[]	
\$3 Million/\$3 Million	[]	
\$4 Million/\$4 Million	[]	
\$5 Million/\$5 Million	[]	

NOTICE TO APPLICANT

Please read carefully. This application is subject to the following representations.

The undersigned on behalf of the applicant firm and all members of the firm hereby declares that he/she is authorized to make the following declarations and representations on behalf of the firm and its members.

The firm declares that the above answers, statements, and particulars are true and that no material facts have been suppressed, omitted, or misstated.

The firm has made specific inquiry of all attorneys in the firm as to any matters which could result in a claim against the firm in the future. All attorneys have responded in the negative to such inquiry or where any attorneys have responded other than in the negative, the matters identified by such attorneys have been reported to the firm's current insurers. All such matters are listed in supplements to this application, and the firm acknowledges, understands, and agrees that any and all claims arising out of such matters will be excluded from the policy being applied for and any renewals of said policy.

The firm understands that this is an application for insurance, not an insurance binder nor a guarantee of coverage. The firm understands and agrees that this application is material to the Company's underwriting process and will be made a part of the policy, if and when a policy is issued.

The firm acknowledges, understands, and agrees that if a policy is issued unless otherwise endorsed:

(1) the Limits of Liability stated in Declarations will be reduced by defense costs; (2) that such defense costs are also applicable against the policy's deductible; (3) that the firm and its members, in the event of a covered claim, will be defended by the Company's appointed attorneys; (4) that no coverage will be provided by the policy for any claim where the firm or any member of the firm elects to handle such claim without the Company's appointed attorney.

If at any time after the application is completed or during the policy period there is a change to the answers given to questions 12 or 13 of this application, the firm will provide written notice of such change to the Company within thirty (30) calendar days.

Louisiana

"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."

Kentucky, Ohio, Oklahoma and Minnesota

"Any person 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."

Maine

"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 denial of insurance benefits."

Pennsylvania

"Any person knowingly and with intent to defraud any insurance company or 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 and subjects such person to criminal and civil penalties."

New Jersey

"Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

X	X	X
Applicant Signature (must be signed in ink by a Partner, Owner, or Officer)	Title	Date (Mth/Day/Yr)

LAWYERS' PROFESSIONAL LIABILITY INSURANCE SUPPLEMENTAL CLAIM FORM

APPLICANTS INSTRUCTIONS

This form is to be completed by an applicant who has been involved in any claim or suit during the last ten (10) years as indicated by a "yes" answer to questions 13 (B) or (C) of the application. **Complete a separate form for each claim or suit.**

If space is insufficient to answer any question fully, use a separate sheet. *Do not attach copies of summons and complaint.*

-
1. Full name of applicant: _____
 2. Full name of individual(s) and name of firm involved in the claim:
 - a. _____
 - b. _____
 3. Additional Defendants:
 - a. _____
 - b. _____
 4. Full name of claimant: _____
 5. To what insurance company did you report this claim? _____
 6. Date reported to insurance company: _____ 7. Date of alleged error: _____
 8. Present status of claim: (Check one.) Open/incident In Suit Closed
 9. If closed, total damages paid/outstanding (including deductible): \$ _____
 10. If pending:

Amount asked in summons: \$ _____

Claimant's settlement demand: \$ _____ Defendant's offer for settlement: \$ _____
 11. Description of claim - if pending, include the likely outcome: (Please provide enough information to allow an evaluation. Do not attach summons and complaint.)
 - a. Allegation upon which claimant bases claim: _____

 - b. Description of case and events: _____

 - c. Please describe steps taken to avoid similar future losses : _____

I understand that the information submitted herein becomes a part of the applicant's Lawyers' Professional Liability application and is subject to the same representation and conditions.

SIGNATURE OF APPLICANT

DATE