



MINNESOTA LAWYERS MUTUAL

INSURANCE COMPANY

APPLICATION FOR PRIVATE PRACTICE CLAIMS-MADE LAWYERS PROFESSIONAL LIABILITY INSURANCE

FIRM INFORMATION

1. Firm Name: _____
 Primary Contact (please indicate Mr., Ms, etc.): _____ E-Mail Address: _____
 Cell Phone Number: _____
 Additional Contact, if any (please indicate Mr., Ms, etc.): _____ E-Mail Address: _____
Primary Office Address: _____
 City, State, ZIP: _____
 Telephone Number: _____ Fax Number: _____
 Firm's website: _____

2. Policy effective date desired: _____

3. Applicant is: A newly formed firm or An existing firm

4. Total number of: a. Lawyers _____ b. Full-Time Non-Lawyer Employees _____ c. Part-Time Non-Lawyer Employees _____

5. List all attorneys employed by or working on behalf of the firm. If sole practitioner, list yourself. If not enough room to list all attorneys, copy this and use as many additional forms as necessary. Please review the Attorney Status options below, including the definitions for OF COUNSEL¹ and INDEPENDENT CONTRACTOR².

Attorney Status: O = Owner P = Partner M = Member A = Associate/Employee C = Of Counsel¹ I = Independent Contractor²

¹ Minnesota Lawyers Mutual defines "Of Counsel" as an attorney in an **advisory position with no client contact**. Coverage is intended for the retired attorney that acts in an advisory capacity only and has NO client contact.

² Minnesota Lawyers Mutual defines an "Independent Contractor" as an attorney who is **not an employee of your firm**, who you hire to perform legal services on behalf of your clients. This does not include a co-counsel or referral arrangement.

Note: Coverage for "Of Counsel" or "Independent Contractor" is only for services performed on behalf of the applicant firm.

a. Name (First, MI & Last)	Status (see above)	E-Mail Address	Attorney ID or last 4 digits of Social Security Number	No. of yrs in practice
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If the above attorney is an Owner (O), Partner (P), Member (M) or Associate (A) complete question (1).

- (1) Is this attorney currently insured? Yes* No
 * If Yes, does this attorney have a specific prior acts retroactive date on the applicant firm's current policy? Yes¹ No²
¹ If Yes, what is his or her retroactive date? (Mo/day/yr): _____
² If No, is this attorney covered under your current policy for work done at previous firms? Yes³ No⁴
³ If Yes, provide the date this attorney entered private practice (mo/yr): _____
⁴ If No, provide the date this attorney joined the applicant firm (mo/day/yr): _____

If the above attorney is "Of Counsel" (C), complete question (2).

- (2) (a) Please provide the date this attorney first provided legal services for the applicant firm. (mo/day/yr): _____
 (b) Does the attorney work in an advisory position only? Yes No
 (c) Does the attorney have client contact? Yes No
 (d) Does the attorney engage in any private practice of law outside of the applicant firm? Yes No
 (e) Is this attorney currently insured under the applicant firm's policy? Yes¹ No
¹ If Yes, has this attorney been continuously insured under the applicant firm's policy since first performing legal services on the applicant firm's behalf? Yes No²
² If No, what is the first date of continuous insurance under the applicant firm's policy for services performed on the applicant firm's behalf? (mo/day/yr): _____

If the above attorney is an "Independent Contractor" (I), complete question (3).

- (3) (a) Please provide the date this attorney first provided legal services for the applicant firm. (mo/day/yr): _____
 (b) Is this attorney currently insured under the applicant firm's policy? Yes¹ No
¹ If Yes, has this attorney been continuously insured under the applicant firm's policy since first performing legal services on the applicant firm's behalf? Yes No²
² If No, what is the first date of continuous insurance under the applicant firm's policy for services performed on the applicant firm's behalf? (Mo/day/yr): _____



b. _____

Name (First, MI & Last)	Status (see above)	E-Mail Address	Attorney ID or last 4 digits of Social Security Number	No. of yrs in practice
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If the above attorney is an Owner (O), Partner (P), Member (M) or Associate (A) complete question (1).

- (1) Is this attorney currently insured? Yes* No
 * If Yes, does this attorney have a specific prior acts retroactive date on the applicant firm's current policy? Yes¹ No²
¹ If Yes, what is his or her retroactive date? (mo/day/yr): _____
² If No, is this attorney covered under your current policy for work done at previous firms? Yes³ No⁴
³ If Yes, provide the date this attorney entered private practice (mo/yr): _____
⁴ If No, provide the date this attorney joined the applicant firm (mo/day/yr): _____

If the above attorney is "Of Counsel" (C), complete question (2).

- (2) (a) Please provide the date this attorney first provided legal services for the applicant firm. (mo/day/yr): _____
 (b) Does the attorney work in an advisory position only? Yes No
 (c) Does the attorney have client contact? Yes No
 (d) Does the attorney engage in any private practice of law outside of the applicant firm? Yes No
 (e) Is this attorney currently insured under the applicant firm's policy? Yes¹ No
¹ If Yes, has this attorney been continuously insured under the applicant firm's policy since first performing legal services on the applicant firm's behalf? Yes No²
² If No, what is the first date of continuous insurance under the applicant firm's policy for services performed on the applicant firm's behalf? (mo/day/yr): _____

If the above attorney is an "Independent Contractor" (I), complete question (3).

- (3) (a) Please provide the date this attorney first provided legal services for the applicant firm. (mo/day/yr): _____
 (b) Is this attorney currently insured under the applicant firm's policy? Yes¹ No
¹ If Yes, has this attorney been continuously insured under the applicant firm's policy since first performing legal services on the applicant firm's behalf? Yes No²
² If No, what is the first date of continuous insurance under the applicant firm's policy for services performed on the applicant firm's behalf? (Mo/day/yr): _____

6. Does any attorney consistently practice law less than 81 hours per month? Yes* No
 * If Yes, please provide:
 Attorney's name: _____; and
 Will the attorney maintain this limited practice for the next year? Yes No
7. Is any attorney of the applicant firm employed by another individual or entity? Yes* No
 * If Yes, please provide the attorney's name and provide details including a description of the other employment.

8. Does any attorney spend 25% or more of his or her time as a city or county attorney? Yes* No
 * If Yes, please designate which attorney(s) _____
 * Is coverage desired for this work? Yes No
9. Does any attorney spend 25% or more of his or her time as a Public Defender? Yes* No
 * If Yes, please designate which attorney(s) _____
 * Is coverage desired for this work? Yes No
10. Are there any practicing attorneys listed on the applicant's letterhead who are not on the above schedule of attorneys? Yes* No
 * If Yes, please provide the attorney's name. _____

PRACTICE INFORMATION

11. a. What percent of the applicant's time is spent in the following areas of practice? Round to the nearest whole percent.

Area of Practice	%	Area of Practice	%
ADMINISTRATIVE LAW		MUNICIPAL LAW	
ALTERNATIVE DISPUTE RESOLUTION (ADR)		<i>(including Zoning and Planning Board work)</i>	
Arbitration		PLAINTIFF	
Mediation		Personal Injury/Property Damage	
Other ADR <i>(Please List)</i>		Civil Rights	
		Mass Tort/Class Action	
BANKRUPTCY		Medical Malpractice	
COLLECTIONS		Products Liability	
Creditors		Employment Law	
Debtors		Federal Employers' Liability Act	
CONSTRUCTION LAW/ BUILDING CONTRACTS		Workers Compensation	
CORPORATE/GENERAL BUSINESS		Social Security Disability	
Administrative		Other <i>(Please List)</i>	
Business Organization			
Franchising		REAL ESTATE - COMMERCIAL	
Litigation		Development	
Mergers and Acquisitions		Syndications	
Other Corporate/General Business <i>(Please List)</i>		Closings/Title	
		Foreclosures	
DEFENSE		Landlord/Tenant	
<i>Criminal (including Juvenile and Civil Commitment)</i>		Other <i>(Please List)</i>	
<i>Insurance (including Workers Compensation)</i>			
Medical Malpractice		REAL ESTATE - RESIDENTIAL	
Mass Tort/Class Action		Development	
Other <i>(Please List)</i>		Closings/Title	
		Foreclosures	
ENTERTAINMENT/SPORTS		Title Searches	
Low Profile/Local Clients		Other <i>(Please List)</i>	
High Profile/National Clients			
ENVIRONMENTAL		SECURITIES (Including Bonds)	
ELDER LAW		TAXATION	
ESTATE PLANNING/WILLS/PROBATE		1031 Exchanges	
FAMILY LAW (including Collaborative Law)		Other Taxation	
CONSERVATORSHIPS/GUARDIANSHIPS		OTHER (Please List)	
IMMIGRATION/NATURALIZATION			
INTELLECTUAL PROPERTY			
Patent Prosecution			
Patent Litigation			
Other IP Litigation <i>(Please List)</i>			
Copyright/Trademark			
Licensing/Trade Secrets		TOTAL (MUST EQUAL 100%)	

b. In the past 5 years has the applicant firm, or any attorney proposed for this insurance, engaged in any mass tort or class action cases? *

* Do not include cases in which the only involvement was a referral where no fee was or will be retained, and the applicant firm or the attorney performed no work on that matter. Yes No

c. In the past 5 years have you or any attorney proposed for this insurance represented any clients with respect to the sale or issuance of debt or equity securities? * Yes No

*Do not include isolated transactions involving only insiders or fewer than 4 persons, such as may occur in the organization of a corporation or limited partnership, where no notice or filing is required with the SEC or state agency.

12. Does 25% or more of the applicant firm's revenue come from referrals to other attorneys or firms? Yes* No

* a. If Yes, what percent of the applicant firm's income comes from referrals to other attorneys or firms? _____%

* b. If Yes, is it verified that the other attorneys or firms also carry lawyers professional liability insurance? Yes No

13. Does the applicant firm practice law or have clients located in a state or country other than the state or country in which the primary office is located? Yes* No

* If Yes, please provide the following information for each additional state or country.

State or Country	Estimated Percentage of Firm's Total Time	Type of Practice in the Additional State or Country
	%	
	%	

14. Does the schedule of attorneys include all independent contractor attorneys the applicant firm has hired to provide services for the applicant firm's clients? Yes No* NA

* If No, please answer the following questions **only** for contract attorneys **not** listed on the Schedule of Attorneys:

- a. Does the applicant firm verify that all independent contractor attorneys carry professional liability insurance? Yes No
- b. Do any independent contractor attorneys have any client contact? Yes No
- c. Do any independent contractor attorneys sign documents or make appearances on behalf of the applicant firm as an attorney? Yes No
- d. Are any independent contractor attorneys represented to the public as being a member of your firm? Yes No
- e. Do any independent contractor attorney's names appear on your firm letterhead or do they use your firm's letterhead? Yes No
- f. Do the email addresses of any independent contractor attorneys share a domain name with your firm or are they listed on your website? Yes No

15. In addition to working for the applicant firm, does any attorney proposed for this insurance also have his/her own independent firm, or does he/she ever act as an independent contractor performing legal services on behalf of any other attorneys or firms? (Do not include co-counsel or referral arrangements.) Yes* No

* If Yes, please answer the following questions:

- a. What percentage of the applicant attorney's time is spent doing work on behalf of other firms? _____%
- b. Does the applicant firm verify that the other firms also carry lawyers professional liability insurance? Yes No
- c. Does the applicant attorney have contact with the other firm's clients? Yes No
- d. Does the applicant attorney sign documents or make appearances on behalf of the other firm? Yes No
- e. Does the applicant attorney represent to the public as being a member of the other firm? Yes No
- f. Is the applicant attorney listed on the other firm's letterhead? Yes No

16. Does 100% of the applicant firm's income come from one client? Yes* No

* If yes, please describe: _____

17. Outside Interests/Conflicts:

a. In the past 5 years, has any attorney proposed for this insurance engaged in any business other than the practice of law while also practicing law? (Do not include "teaching" or "farming.") Yes* No

* If yes, please describe: _____

b. Does the applicant firm or any attorney proposed for this insurance serve the firm's clients in another professional capacity (e.g., as CPA, broker, real estate agent, title insurance agent, financial advisor, etc.)? Yes* No

* If yes, please describe: _____

c. Is any attorney of the applicant firm an officer or director of any client entity? Yes* No

* If yes, do all of these clients have Directors & Officers insurance with limits at least as high as the applicant's lawyers professional liability policy? Yes No

d. Does the applicant firm or any of its attorneys collectively have 10% or more equity interest in any client? Yes* No

* If yes, was such interest taken in lieu of fees? Yes No

e. Does the applicant firm or any attorney have a 5% or higher **equity interest** in any of the following?

- Yes* No Banking/financial institutions Yes* No Mortgage, real estate, or securities brokers
- Yes* No Real Estate development companies Yes* No Investment/financial advisors
- Yes* No Consulting Firms Yes* No Title insurance or escrow agencies

* If the answers to any of these questions is "yes", please describe what steps the applicant firm has taken to avoid an actual or alleged conflict of interest. _____

18. Does the applicant firm sue for its attorney fees? Yes* No
 * If Yes, please answer the following questions:
 a. How many times in the past 5 years has the applicant firm sued for its attorney fees? _____*
 * Do not include fee arbitration, mediation or other alternative fee dispute resolution processes.
 b. Does the applicant firm have a review process before filing a suit for fees wherein the file is reviewed with regard to whether a favorable outcome was obtained for the client and whether the engagement letter and all pertinent documents are in order, etc. Yes No
19. Does any attorney proposed for this insurance, or any other employee of the applicant, have check-signing authority or power of attorney for any of your clients' checking, savings, or other accounts? DO NOT INCLUDE LAWYERS TRUST ACCOUNTS. Yes* No
 * If yes, are the accounts reconciled by someone other than the person signing the checks and making the deposits? Yes No
20. Indicate the category that represents the firm's total gross income for the past 12 months:
 \$0-100K \$100K-250K \$250-500K \$500K-1MM \$1MM-2MM \$2MM+

OFFICE SYSTEMS

21. Does the firm have a centralized calendar to monitor deadlines for litigated and non-litigated items? Yes No
22. Does the firm have a written or computerized system for identifying potential or actual conflicts of interest including cross-checking of former, existing and potential clients? Yes No
23. For most matters does the firm confirm representation, including the scope of the representation, in writing via an engagement agreement? Yes* No
 * If yes, do the engagement agreements include billing arrangements? Yes No
24. After discussing the case, if the firm chooses not to provide representation, does the firm promptly decline or withdraw in writing? Yes No
25. Does the firm store data electronically? Yes* No
 * If yes, is the data backed up regularly? Yes No
26. If the applicant is a sole practitioner, have arrangements been made for a back-up attorney or are procedures in place for a trained individual to notify clients in case of an unexpected absence? Yes No NA

CLAIMS, POTENTIAL CLAIMS AND DISCIPLINE

All known claims, lawsuits or incidents, and any acts, errors, omissions, situations, transactions or events that could reasonably support or lead to a claim or lawsuit in the future should be reported to your current professional liability insurer before the claims reporting period under that policy expires. Any claim or lawsuit arising from such known claim, lawsuit, incident, act, error, omission, situation, transaction or event would not be covered under the proposed Minnesota Lawyers Mutual Professional Liability Insurance Policy.

27. Within the past 5 years have any claims been made (whether pending, closed or settled) against the applicant firm, the applicant firm's predecessors in business or any past or present members or employees of the applicant's firm? Yes* No
 * If yes, give full details on the attached Supplemental Claim Application and provide copies of all relevant documents.
28. Is any firm member aware of any incident (whether previously reported or not), which could reasonably result in a claim being made against the applicant firm, the applicant firm's predecessors in business or any past or present member or employee of the applicant firm? The answer should include meritless cases and claims currently not in suit. Yes* No
 * If yes, give full details on the attached Supplemental Claim Application and provide copies of all relevant documents.
29. Has any attorney proposed for this insurance been disciplined publicly or privately for an ethics violation or does any attorney proposed for this insurance have any pending ethics complaints? Yes* No
 * If yes, provide copies of all relevant documents.
30. Has the applicant firm or any attorney proposed for this insurance ever purchased an extended reporting endorsement from any previous carrier? Yes* No
 * If yes, please attach a copy of the endorsement.

QUOTATIONS REQUESTED/INSURANCE HISTORY

NOTE: LIMITS AND DEDUCTIBLES ARE SUBJECT TO UNDERWRITING APPROVAL. NOT ALL LIMITS AND DEDUCTIBLES MAY BE AVAILABLE TO THE APPLICANT FIRM. IF TERMS ARE OFFERED, REVIEW THE LIMITS AND DEDUCTIBLES CLOSELY.

31. Limits of Liability (includes claim expenses)

<u>Per Claim/Aggregate</u>	<u>Per Claim/Aggregate</u>	<u>Per Claim/Aggregate</u>	<u>Per Claim/Aggregate</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> 200,000/600,000	<input type="checkbox"/> 500,000/1,500,000	<input type="checkbox"/> 2,000,000/5,000,000	<input type="checkbox"/> 4,000,000/5,000,000	
<input type="checkbox"/> 300,000/900,000	<input type="checkbox"/> 1,000,000/3,000,000	<input type="checkbox"/> 3,000,000/5,000,000	<input type="checkbox"/> 5,000,000/5,000,000	

32. Deductible Per Claim **Minimum by Size of Firm** (If a deductible of interest is not offered please contact a representative)

Sole Practitioner	\$1,000 <input type="checkbox"/>	4-10	\$ 5,000 <input type="checkbox"/>	16-20	\$15,000 <input type="checkbox"/>	<input type="checkbox"/> Higher (specify)
2-3 attorneys	\$2,500 <input type="checkbox"/>	11-15	\$10,000 <input type="checkbox"/>	21 or more	\$25,000 <input type="checkbox"/>	\$ _____

33. Is the applicant firm currently insured? Yes* No

* If Yes, please provide:

Current Carrier	Limits	Deductible	Expiration Date (mo/day/yr)
_____	\$ _____	\$ _____	_____

34. In the past **10 years**, has any similar insurance for the applicant, its predecessors or any attorney proposed for this insurance ever been declined, non-renewed or canceled **by an insurance company**? Yes* No

* If Yes, please provide details. Include copies of any notices from prior carrier(s). _____

The undersigned authorized representative of the firm agree to all of the following:

- Declares after diligent inquiry the above statements and particulars are true and no material facts have been suppressed or misstated.
- Acknowledges it is understood and agreed the completion of this application does not bind Minnesota Lawyers Mutual Insurance Company to issue the insurance
- If The Company accepts this application by issuing a policy, this application shall be the basis of the policy of insurance and incorporated therein. The policy will be issued in reliance on the information contained in the application and all such information is deemed to be "material".
- The applicant hereby certifies all known claims, lawsuits incidents, and disciplinary investigations have been reported to the present and previous insurance carriers and the applicant has no knowledge of any threatened litigation or existing fact or situation which could result in a claim being filed against the applicant.
- Failure by the applicant to report any known claim, lawsuit, incident, or disciplinary investigation or any known facts which may result in a claim, to current or previous insurers may result in the declination of coverage for these matters by current or previous insurers.
- By signing this application you agree that we may contact you.

Return this application to:
 Insurance Masters, Inc. 5388
 Dunteachin Drive Ellicott City, MD
 21043-8204
MTBeman@msn.com
 410 971 5869

 Signature of Owner, Partner or Authorized Officer _____ Title _____ Date



11. Description of case and events, including the allegations upon which Claimant bases the claim: _____

12. Even if the claim was meritless, what steps have been taken to avoid similar circumstances from occurring in the future? _____

The undersigned authorized representative of the firm agree to all of the following:

- Declares after diligent inquiry the above statements and particulars are true and no material facts have been suppressed or misstated.
- Acknowledges it is understood and agreed the completion of this application does not bind Minnesota Lawyers Mutual Insurance Company to issue the insurance
- If The Company accepts this application by issuing a policy, this application shall be the basis of the policy of insurance and incorporated therein. The policy will be issued in reliance on the information contained in the application and all such information is deemed to be "material".
- The applicant hereby certifies all known claims, lawsuits incidents, and disciplinary investigations have been reported to the present and previous insurance carriers and the applicant has no knowledge of any threatened litigation or existing fact or situation which could result in a claim being filed against the applicant.
- Failure by the applicant to report any known claim, lawsuit, incident, or disciplinary investigation or any known facts which may result in a claim, to current or previous insurers may result in the declination of coverage for these matters by current or previous insurers.
- By signing this application you agree that we may contact you.

Signature of Owner, Partner or Authorized Officer

Title

Date