Lawyers Professional Liability Insurance
New Business Application

Instructions for completing this Application:

This is a fillable PDF document.

Please answer all questions fully. If necessary, as noted in the questions below, please attach additional responses to this Application using the applicable supplements.

Upon completion, this Application must be signed and dated by an authorized representative of the Applicant.

THE POLICY YOU ARE APPLYING FOR IS A CLAIMS-MADE AND REPORTED POLICY, AND SUBJECT TO ITS PROVISIONS, APPLIES ONLY TO ANY CLAIM BOTH FIRST MADE AGAINST AN INSURED AND REPORTED IN WRITING TO THE COMPANY DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT, ANY EXTENDED REPORTING PERIOD APPLIES. DEFENSE COSTS, AS WELL AS ANY LOSSES, REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

ABOUT THE FIRM

1. Registered name of the law firm:						
The law firm is a:						
☐ sole practitioner	☐ general partnership	☐ PC	☐ PA*	☐ LLC	☐ LLP	☐ PLLC
Other						
*If "PA," are all members/attorneys/law firm(s) included in this Application for coverage?						Yes ☐ No ☐
DBA used by Applicant law firm (if any):						
2. a. Primary location of the law firm:		Street address:				
City:		County:		State:		Zip code:
Telephone:		Primary contact email address:				
Website address:						
b. Does the law firm have additional office locations and / or practice in states other than the primary location listed in 2.a. above? *If "Yes," please complete the Out of State and / or Additional Practice Location Supplement.*						Yes ☐ No ☐
3. Coverage is requested to be effective on:						/ /
4. a. What year was the law firm established?						
b. For how many years has the law firm been continuously insured for malpractice claims?						
c. If the law firm currently has malpractice insurance, what is the firm's prior acts exclusion date?						/ /
5. Has the law firm ever purchased an Extended Reporting Period option?						Yes ☐ No ☐
If "Yes," please provide a copy of the Extended Reporting Period Endorsement.						

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6. Has the law firm's coverage ever been non-renewed, cancelled, rescinded, or declined by any insurance carrier?	Yes ☐ No ☐
If "Yes," please provide a copy of the non-renewal, cancellation, rescission, or declination letter the law firm received from the carrier. (Question 6 is not applicable in the state of Missouri.)	
7. Does the law firm share office space with attorneys who are not members of the firm?	Yes ☐ No ☐
8. Does the law firm have any one client that represents more than 50% of the firm's annual billings? *If "Yes," please complete the Client Information Supplement.*	Yes ☐ No ☐
9. How many total non-attorney staff members work at the firm?	
LAW FIRM MANAGEMENT	
10. Does the law firm have procedures for identifying and resolving potential or actual conflicts of interest, including the cross-checking of former, existing, or potential clients?	Yes ☐ No ☐
11. Does the law firm have at least two independently maintained calendar controls?	Yes ☐ No ☐
12. a. Does the law firm regularly confirm representations in writing via use of formal engagement letters?	Yes ☐ No ☐
Please attach a sample engagement letter on law firm letterhead to this Application.	
b. Does the engagement letter include the following:	
• identity of the client?	Yes ☐ No ☐
• scope of representation that includes key terms of legal representation?	Yes ☐ No ☐
• fee structures and billing agreements?	Yes ☐ No ☐
• termination agreement that includes file retention and destruction terms?	Yes ☐ No ☐
c. Does the law firm ensure that a countersigned engagement letter is received from the client before work begins on a new matter?	Yes ☐ No ☐
d. Does the law firm regularly acknowledge in writing the declination or termination of representations?	Yes ☐ No ☐
If "No" to a, b, c, or d, please speak with your agent regarding policy benefits that may apply in the event of a claim with the use of an engagement letter. Policyholders of the CNA program will be provided with access to the CNA Lawyers' Toolkit: A Guideline to Managing the Attorney-Client Relationship.	
13. How many lawsuits or arbitration procedures has the law firm initiated during the last two years to enforce the collection of its unpaid fees? *If greater than zero, please complete the Fee Suit Supplement.*	
14. What percentage of accounts receivable is outstanding more than 90 days?	%

15. Law Firm Gross Revenues:	Year	Gross Revenues
Current Year Annual Projected		$
Prior Year Actual		$
Prior 2 Year Actual		$

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ATTORNEYS AND OWNERSHIP

16. List all attorneys who perform work for the law firm, all provisionally admitted bar members, and all non-attorney shareholder(s), if applicable.

	Attorney Name	Attorney Designation (see list below)	*Attorney Outside Interests (see list below)	Average # of Hours Per Week				All State(s) Where Attorney is Admitted to Practice Law	Experience				CNA Risk Management Attendance Date mm/dd/yy	Voluntary Bar Association Member?	
				0	1 to 10	11 to 25	26 +		Years in Private Practice of Law	Years with This Firm	Years of Continuous Malpractice Coverage	Prior Acts Date mm/dd/yy		Yes	No
1				☐	☐	☐	☐							☐	☐
2				☐	☐	☐	☐							☐	☐
3				☐	☐	☐	☐							☐	☐
4				☐	☐	☐	☐							☐	☐
5				☐	☐	☐	☐							☐	☐
6				☐	☐	☐	☐							☐	☐
7				☐	☐	☐	☐							☐	☐
8				☐	☐	☐	☐							☐	☐
9				☐	☐	☐	☐							☐	☐
10				☐	☐	☐	☐							☐	☐

Attorney Designations:

A	Associate/Employee	NAS	Non-Attorney Shareholder	P	Partner/Officer/Director
EP	Equity Partner/Member/Shareholder	O	Owner of Non-Incorporated Entity	RP	Retired Partner
IC	Independent Contractor	OC	Of Counsel	SP	Sole Practitioner

Attorney Outside Interests:

EEO	Employed at any entity other than the law firm	D&O C	Director, Officer, Employee, Manager for Client	EIC	Equity interest in client for whom legal services is provided

**If any present, Client Information Supplement is required.*

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AREAS OF PRACTICE

17. Estimate the percentage of the law firm's time, based on billable hours, devoted to each of the following areas of law during the past 12 months. Please use only whole numbers.

%	Admiralty / Marine – Defense	%	*Corporate Business Organization	%	Natural Resources / Oil & Gas
%	Admiralty / Marine – Plaintiff	%	Criminal	%	Personal Injury/Property Damage - Defense
%	Anti-Trust / Trade Regulation	%	Environmental	%	*Personal Injury/Property Damage - Plaintiff
%	Banking / Financial Institutions	%	Family Law	%	*Real Estate/Title – Commercial
%	Bankruptcy	%	Government Contracts / Claims	%	Real Estate/Title-Residential
%	*Business Transaction / Commercial Law	%	Immigration / Naturalization	%	*Securities ("SEC")
%	Civil/Commercial Litigation – Defense	%	*Intellectual Property - Patent	%	Taxation
%	Civil/Commercial Litigation – Plaintiff	%	*Intellectual Property - (Copyright/Trademark)	%	*Wills, Estate, Trust & Probate
%	Civil Rights / Discrimination	%	International Law	%	Workers Comp - Defense
%	Collection	%	Labor Management Representation	%	Workers Comp - Plaintiff
%	Construction (Building Contracts)	%	Labor Union / Employee Representation	%	Other (describe below)
%	Consumer Claims	%	Local Government	%	**Total must equal 100%**

"Other" Description Area:

Do any of the above areas of practice include the following practices / type of clients?

*Class Action / Mass Tort Yes ☐ No ☐

*Entertainment Yes ☐ No ☐

* *An Area of Practice Supplement may be required.*

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CLAIM / INCIDENT / DISCIPLINARY INFORMATION

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

a.	a professional liability claim made in the past five years against them, the law firm, any predecessor law firm, or any current or former attorney of the law firm while affiliated with the law firm?	Yes ☐ No ☐
b.	an actual or alleged act, omission, circumstance, or breach of duty that a reasonable attorney would recognize might reasonably be expected to result in a claim being made against the law firm, any predecessor law firm, or any attorney currently or formerly affiliated with the law firm or any predecessor law firm, regardless of whether any such claim would be meritorious?	Yes ☐ No ☐
c.	within the past five years, any attorney that has been subject to any disciplinary inquiry, complaint, or proceeding for any reason, *including* non-payment of dues?	Yes ☐ No ☐
d.	any attorney *ever* being refused admission to practice, disbarred, suspended, formally reprimanded, or sanctioned in any other way?	Yes ☐ No ☐

If "Yes" to a, b, c, or d above, please complete the Claim / Disciplinary Supplement for each matter.

FIRM INSURANCE

19. a. Enter the firm's professional liability insurance history for the last five years:

Effective Date mm/dd/yy	Insurance Company	Limits (per claim / aggregate)	Deductible (per claim/ aggregate)	Covered Number of Attorneys	Annual Premium
		$	$		$
		$	$		$
		$	$		$
		$	$		$
		$	$		$

b.	Does the firm currently carry a standalone cyber insurance policy?	Yes ☐ No ☐
	If "Yes," does the current standalone cyber insurance policy include coverage for:	
	i. wire transfer fraud?	Yes ☐ No ☐
	ii. denial of service attack?	Yes ☐ No ☐
	iii. extortion / ransomware?	Yes ☐ No ☐
	iv. social engineering?	Yes ☐ No ☐

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REQUESTED COVERAGES

20. Some limits / deductibles / optional coverages will impact premium and are subject to underwriting qualification and availability within the state. Your quote will reflect the coverage and options for which the law firm qualifies.

a. Select the each claim / aggregate limit the law firm desires:

☐ $100,000 / $300,000	☐ $500,000 / $1,000,000	☐ $2,000,000 / $2,000,000	☐ $4,000,000 / $4,000,000
☐ $250,000 / $500,000	☐ $1,000,000 / $1,000,000	☐ $2,000,000 / $4,000,000	☐ $5,000,000 / $5,000,000
☐ $500,000 / $500,000	☐ $1,000,000 / $2,000,000	☐ $3,000,000 / $3,000,000	☐ Other: $

b. Select type of deductible: ☐ per claim or ☐ aggregate

Select the deductible amount the law firm desires:

☐ $1,000	☐ $2,500	☐ $4,000	☐ $10,000	☐ $25,000	☐ $100,000
☐ $2,000	☐ $3,000	☐ $5,000	☐ $15,000	☐ $50,000	☐ Other: $

21. Select any optional coverages the firm currently has and/or requests:

Law Firm Currently Has Coverage	Law Firm Requests Coverage		
☐	☐	First Dollar Defense	
☐	☐	Claims Expenses Outside the Limits (CEOL) (Separate Limit of Liability Claims Expenses)	
☐	☐	*Title Insurance Agency Coverage	
		Does the law firm have majority ownership interest in the Title Insurance Agency / Agencies?	Yes ☐ No ☐
		Are the majority of the Title Insurance Agency's / Agencies' clients also clients of the law firm?	Yes ☐ No ☐
		What percentage of the law firm's gross revenue is derived from the Title Insurance Agency's / Agencies' services?	%

** Coverage is subject to specific underwriting criteria and supported by a Title Insurance Agency 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.

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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, 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; and
4. Any attorney currently or formerly affiliated with the law firm or any predecessor law firm has disclosed in this Application any actual or alleged act, omission, circumstance, or breach of duty that a reasonable attorney would recognize might reasonably be expected to result in a claim being made against the law firm, any predecessor law firm, or any attorney currently or formerly affiliated with the law firm or any predecessor law 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 OR INCOMPLETE 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 CALIFORNIA RESIDENTS ONLY: FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.)

(FOR DISTRICT OF COLUMBIA RESIDENTS ONLY: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY AN INSURANCE BENEFIT IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.)

(FOR FLORIDA RESIDENTS ONLY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.)

(FOR KANSAS RESIDENTS ONLY: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.)

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(FOR LOUISIANA RESIDENTS ONLY: 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.)

(FOR MAINE RESIDENTS ONLY: 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 A DENIAL OF INSURANCE BENEFITS.)

(FOR MARYLAND RESIDENTS ONLY: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.)

(FOR NEW JERSEY RESIDENTS ONLY: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.)

(FOR NEW YORK RESIDENTS ONLY: 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 OR INCOMPLETE 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 A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.) (FOR OHIO RESIDENTS ONLY: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.)

(FOR OKLAHOMA RESIDENTS ONLY: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.)

(FOR OREGON RESIDENTS ONLY: 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 OR INCOMPLETE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY HAVE COMMITTED A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY BE SUBJECT TO PROSECUTION, CIVIL FINES AND CRIMINAL PENALTIES.)

(FOR PENNSYLVANIA RESIDENTS ONLY: 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.)

(FOR PUERTO RICO RESIDENTS ONLY: ANY PERSON WHO KNOWINGLY AND WITH THE INTENTION OF DEFRAUDING, PRESENTS FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, HELPS OR CAUSES THE PRESENTATION OF A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME DAMAGE OR LOSS, WILL INCUR A FELONY, AND UPON CONVICTION, SHALL BE SANCTIONED FOR EACH VIOLATION WITH A FINE OF NOT LESS THAN FIVE THOUSAND DOLLARS ($5,000) NOR MORE THAN TEN THOUSAND DOLLARS ($10,000); OR IMPRISONMENT FOR A FIXED TERM OF THREE (3) YEARS, OR BOTH PENALTIES. SHOULD AGGRAVATING CIRCUMSTANCES BE PRESENT, THE PENALTY THUS ESTABLISHED IMPRISONMENT MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IF EXTENUATING CIRCUMSTANCES ARE PRESENT, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.)

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(FOR RHODE ISLAND RESIDENTS ONLY: 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.)

(FOR TENNESSEE RESIDENTS ONLY: 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 OR INCOMPLETE 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. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.)

(FOR VERMONT RESIDENTS ONLY: 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 OR INCOMPLETE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.)

(FOR VIRGINIA RESIDENTS ONLY: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.)

(FOR WASHINGTON RESIDENTS ONLY: 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 OR INCOMPLETE 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. IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.)

(FOR WEST VIRGINIA RESIDENTS ONLY: 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.)

LAW FIRM APPLICANT:

By _____ _____ _____

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

REMINDER

Please attach a sample of your engagement letter on law firm letterhead to this Application.

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APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
CNA RENEWAL SUBMISSION: CLAIM AND POTENTIAL CLAIM SUPPLEMENT

NOTE: Complete this supplement for the Underwriting File if a claim/potential claim was either reported to CNA during the most current policy term or is being reported during the renewal process.

The word "matter" is used herein to indicate claim, potential claim/incident, or lawsuit.

Named Insured Firm_____ Policy Number_____

1. Involved Parties
   a. Name all Firm lawyers involved in the matter_____
   b. Name claimants/potential claimants_____
2. Date the matter was or is being reported to CNA _____
3. a. Was this matter asserted in a cross-claim or counterclaim in an action to collect fees? Yes ❑ No ❑
   b. If yes, what was the amount of fees owed the Insured Firm? $_____
4. a. Was an engagement letter used detailing scope of representation and identifying the client? Yes ❑ No ❑
   b. If yes, provide a copy for the underwriting file. If no, explain why.

   _____
5. Provide a brief narrative of the matter, including a description of the underlying representation and the legal services rendered. **DO NOT SUBMIT A SUMMONS, COMPLAINT, PLEADING OR MOTIONS**

   _____
6. As a result of this matter, describe the procedural or firm policy changes implemented by the Firm to reduce the likelihood of a similar occurrence.

   _____

Signature of Firm Principal_____

Print Name of Firm Principal_____ Date_____

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APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
DISCIPLINARY SUPPLEMENT

This supplement is to be completed by

- *CNA renewal firms if a disciplinary matter was reported to CNA during the most current policy term or is being reporting during the current renewal process*
- *New Business applicants who have had a disciplinary matter during their career.*

Complete one supplement for each disciplinary matter. Throughout the supplement the words "complaint", "grievance" and "matter" are used to indicate any disciplinary inquiry, complaint or proceeding for any reason including non-payment of dues. If more space is needed to fully answer any question please provide via attachment.

Firm Name:

1. Name lawyer(s) involved in the complaint:

2. Name of complainant:

	Client ☐ 3rd Party ☐
	Client ☐ 3rd Party ☐

3. a. When was notification received from the Disciplinary Commission or governing body of your state?

   b. When did you respond to the governing body?

4. a. Did you report this to your insurance carrier? Yes ☐ No ☐

   b. If reported, please provide the name of the insurance carrier.

   c. Date reported:

   d. Is the carrier involved in representation of you in this matter? Yes ☐ No ☐

   e. If the matter was not reported to your carrier please explain why.

5. a. Was this complaint made after a suit for fees was initiated? Yes ☐ No ☐

   b. Was an engagement letter used for the firm's representation in the matter leading to the alleged act or omission? Yes ☐ No ☐

   c. As a result of this matter, what changes have been made that will reduce the likelihood of similar complaints?

6. a. What were the allegations in the complaint? Include a description of the legal services rendered in the underlying matter.

b. What is the current status of the complaint? Open/Pending ☐ Dismissed with finding ☐ Dismissed without finding ☐

c. If dismissed, what if any, discipline or sanction was administered?

7. a. Attach copies of the complaint and all correspondence between the governing body, the lawyer and the complainant, including the final disposition papers. Check here to verify attachment ☐

b. For New Business applicants, if reported to your insurance carrier within the past five years attach a loss run from the carrier handling this matter. Check here to verify attachment ☐

Signature of Firm Principal:

Print Name of Firm Principal: Date

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APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
FEE SUITS SUPPLEMENT

Firm Name:_____

Policy Number:_____ Policy Effective Date:_____

1. How many clients has the firm handled in the past two years? _____

2. How many fee suits have you filed in the past five years? _____

   a. How many of the clients that the firm has sued paid the balances due after the suit? _____

   b. How many suits are still open? _____

3. Does the firm's engagement and retainer letters clearly show payment schedules? Yes ☐ No ☐

4. Does the firm handle the collection of unpaid fees? Yes ☐ No ☐

   a. *If no, does the firm refer the collection of unpaid fees to a collection attorney?* Yes ☐ No ☐

5. Please indicate low, high, and average dollar values of unpaid fees?
   Low _____
   Average _____
   High _____

6. Have steps been taken to avoid a possible counter suit? Yes ☐ No ☐

   a. Please provide details: _____

_____

7. Have steps been taken to prevent fee suits in the future? Yes ☐ No ☐

   a. Please provide details: _____

_____

8. For which of the following areas of practice has the firm filed fee suits?

_____Admiralty / Marine-Defense
_____Admiralty / Marine-Plaintiff
_____Anti-Trust Trade Regulation
_____Banking / Financial Institutions
_____Business Transaction / Commercial Law
_____Civil/Commercial Litigation-Defense
_____Civil/Commercial Litigation-Plaintiff
_____Civil Rights / Discrimination
_____Collection and Bankruptcy
_____Construction (Building Contracts)
_____Consumer Claims
_____Corporate Business Organization
_____Criminal
_____Environmental Law
_____Family Law
_____Government Contracts / Claims
_____Immigration/Naturalization
_____Intellectual Property (Copyright/Trademark/Patents)
_____International Law
_____Labor Management Representation
_____Labor Union Representation
_____Local Government
_____Natural Resources / Oil and Gas
_____Personal Injury Property Damage / Defense
_____Personal Injury Property Damage / Plaintiff
_____Real Estate/Title Commercial
_____Real Estate / Title Residential
_____Securities (SEC)
_____Taxation
_____Wills, Estates, Trust & Probate
_____Workers' Compensation-Defense
_____Workers' Compensation-Plaintiff
_____Other - Describe _____

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
PLAINTIFF SUPPLEMENT

Firm Name: _____ **Policy Number:** _____

1. Please provide:
   a. the percentage of inquiries / calls / potential Plaintiff Litigation matters that were declined for representation by the Firm in the last 12 months: _____%

   b. for inquiries / calls / potential Plaintiff Litigation matters that were declined for representation was a Declination of Representation Letter issued?: ☐ Yes ☐ No ☐ Sometimes

   If "Sometimes" please describe how the firm decides whether to send a Declination of Representation Letter: _____

   _____

   *For your reference and consideration please see "**ProCounsel - Are You Ready to Commit – Client Intake and Selection" and "ProCounsel – Until We Meet Again Declining Representation"** risk control articles pertaining to the use of Declination of Representation Letters.*

2. Please provide the average dollar size of judgments, awards and settlements for the Firm's Plaintiff Litigation cases in the last 5 years. $_____

3. What is the largest judgment, award or settlement achieved by the Firm in a Plaintiff Litigation case in the past 5 years? $_____

4. Does the Firm accept cases in the Plaintiff Litigation area of practice with potential venue outside the state(s) in which the Firm has offices? ☐ Yes ☐ No

   If "Yes" in what additional states does the Firm accept Plaintiff Litigation matters? _____

5. Does an attorney of the Firm meet with every Plaintiff Litigation client prior to accepting the representation of that client? ☐ Yes ☐ No

Signature of Partner/Officer_____ Print Name_____ Date:_____

WILLS, ESTATE, PROBATE, AND TRUST SUPPLEMENT ("WEPT")

Firm Name:_____Policy Number_____

Please complete the following for work performed within the last twelve (12) months

1. What percentage of the firm's WEPT practice is devoted to **Estate Planning**?
   Please check 'Yes' or 'No' for type of work performed by firm under **Estate Planning**:

Estate Planning: Includes all financial planning and opinions relating to estate creation and financial planning, including drafting opinion letters, the drafting of wills, trusts, powers of attorney, advance directives and other related documents.	%
Will Drafting	☐ Yes ☐ No
Trust Drafting and Advice (Living, Gift, Life Insurance, Charitable, Special Needs)	☐ Yes ☐ No
Private Business Succession and Tax Planning	☐ Yes ☐ No
Medical Directives	☐ Yes ☐ No
Power Of Attorney	☐ Yes ☐ No
Other (please describe)	☐ Yes ☐ No

2. What percentage of the firm's WEPT practice is devoted to **Estate Administration/Probate**?
   Please check 'Yes' or 'No' for type of work performed by firm under **Estate Administration/Probate**:

Estate Administration/Probate: Includes executing duties as an administrator, executor, or personal representative, or representation of a third-party in one of these roles.	%
Probate/Estate Administration: Validity of will in probate court, preparing probate documents, gathering the assets of the estate, paying the decedent's debts, and distributing remaining assets, appointing conservator or guardian's for incompetent person, making insurance claims, monitoring investments.	☐ Yes ☐ No
Inheritance Tax Compliance: Preparation of final income tax returns and the estate's income and federal and state estate tax returns.	☐ Yes ☐ No
Trust Administration: Advise and consult concerning the discharge of the trust's terms, consult with beneficiaries concerning trust administration matters acting as a named trustee or acting as counsel advising a named trustee, this category does not include drafting documents creating a trust but does include drafting documents in the active administration of an existing trust or the representation of a trustee.	☐ Yes ☐ No

3. What percentage of the firm's WEPT practice is devoted to **Estate Litigation**?
   Please check 'Yes' or 'No' for type of work performed by firm under **Estate Litigation**:

Estate Litigation: Representation of any party to a will contests, guardianship proceeding, contests and modifications to trusts, or any other representation in an adversarial proceeding	%
Will Contests	☐ Yes ☐ No
Probate Litigation	☐ Yes ☐ No
Trustee Liability	☐ Yes ☐ No
Executor Liability	☐ Yes ☐ No
Trust Litigation (construing or reforming terms)	☐ Yes ☐ No
Other (please describe)	☐ Yes ☐ No

4. Does the firm provide tax and investment advice in connection with estate planning (as defined above)? ☐ Yes ☐ No

   a. If yes, does the firm have in-house accountants or consultants to assist with the preparation of tax returns? ☐ Yes ☐ No

   b. If yes, does the firm retain outside accountants or advisers concerning tax or investment advice? ☐ Yes ☐ No

   c. Does the firm's engagement letter make clear whether or not tax and investment advice is being provided? ☐ Yes ☐ No

5. Does the firm prepare final income tax returns or estate income tax returns (federal and state)? ☐ Yes ☐ No

   a. If yes, does the firm have in-house accountants or consultants to assist with the preparation of tax returns? ☐ Yes ☐ No

   b. If yes, does the firm retain outside accountant or consultants to assist with the preparation of tax returns? ☐ Yes ☐ No

6. Does the firm:

   a. Represent both the Testator/Decedent and Beneficiaries of an estate? ☐ Yes ☐ No

   b. Serve as Executors or Personal Representatives of a client's estate? ☐ Yes ☐ No

   c. Serve as Trustee of client trust? ☐ Yes ☐ No

   d. Have procedures in place to audit or reconcile trust accounts that the firm serves as Trustee? ☐ Yes ☐ No

   e. Have procedures in place to monitor trust activity? ☐ Yes ☐ No

   f. Have authority to write checks in connection with any services as an Executor or Trustee? ☐ Yes ☐ No

      i. If yes, are dual or countersignatures required? ☐ Yes ☐ No

7. With regard to firm's handling of **Estate Planning** and **Estate Administration,** please breakdown values of estates by percentage:

Value of Estate	% of Estate Planning and Administration
< 1M	%
1M – 5M	%
> 5M	%

Signature of Partner/Officer: _____Date: _____Print Name: _____

Insurance Masters, Inc.
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