

## LAWYERS PRIOR ACTS COVERAGE APPLICATION

This is an Application for a Claims Made and Reported in Writing Prior Acts Reporting Period.

*If the space given is insufficient, please attach a separate sheet referenced to the specific question being answered.*

*Additionally, if available, please provide the following in addition to completing the application.*

- Copy of the most recent policy for the Prior Firm.
- Copy of loss runs for the Prior Firm for the past 5 years.
- Copy of the most recent completed application for the Prior Firm.

1. **A.** Name of Applicant(s): \_\_\_\_\_  
(If more than one attorney, please see question 7)

**B.** Address of Applicant(s): \_\_\_\_\_  
(If more than one attorney, please provide address of principal office)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**C.** Telephone Number for Applicant: \_\_\_\_\_

**D.** Year firm established: \_\_\_\_\_ **E.** Website address: \_\_\_\_\_

2. Is the tail coverage being purchased for:

An individual \_\_\_\_\_ More than one lawyer \_\_\_\_\_ Practice Group \_\_\_\_\_

Entire firm \_\_\_\_\_ The estate of deceased lawyer \_\_\_\_\_

3. **A.** Please Select the Reason(s) for Needing Tail Coverage:

1. Applicant is joining another firm: \_\_\_\_\_  
If so, please provide the reason for joining another firm: \_\_\_\_\_  
\_\_\_\_\_

2. Applicant is joining a Company as In-house Counsel, was appointed to the Bench, is joining an academic institution, or changing careers: \_\_\_\_\_  
If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

3. Applicant's Current Firm is Dissolving: \_\_\_\_\_  
If so, please describe the reason for the dissolution: \_\_\_\_\_  
\_\_\_\_\_

4. Applicant's Current Firm is Merging with Another Firm or Being Acquired: \_\_\_\_\_

If so, please describe: \_\_\_\_\_

\_\_\_\_\_

5. Applicant is Retiring: \_\_\_\_\_

If so, please provide:

a) Date of Birth: \_\_\_\_\_

b) Hours Billed, on Average, for the past three (3) years: \_\_\_\_\_

c) Total Number of clients at the time of Retirement: \_\_\_\_\_

6. Other: \_\_\_\_\_

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

4. A. Name of Prior Firm: \_\_\_\_\_

General Partnership \_\_\_\_\_ Professional Corp \_\_\_\_\_ LLP/LLC \_\_\_\_\_

Other (Describe): \_\_\_\_\_

B. Address of Prior Firm's Principal Office: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

C. Prior Firm's Telephone Number: \_\_\_\_\_

D. Prior Firm's Website: \_\_\_\_\_ Year Prior Firm was Established: \_\_\_\_\_

5. Total number of attorneys at the Prior Firm (breakdown by Partners, Associates and Of Counsel):

Partners: This Year \_\_\_\_\_ Last Year \_\_\_\_\_ Two Years Ago \_\_\_\_\_

Associates: This Year \_\_\_\_\_ Last Year \_\_\_\_\_ Two Years Ago \_\_\_\_\_

Of Counsel: This Year \_\_\_\_\_ Last Year \_\_\_\_\_ Two Years Ago \_\_\_\_\_

6. If available, please provide the following information for the past three (3) fiscal years for the Prior Firm:

For 12 months ending:

\_\_\_\_\_ **Month** \_\_\_\_\_ **Day** \_\_\_\_\_ **Year**

	Prior Firm's Revenue			Applicant's Revenue		
	This Year	Last Year	Two Years Ago	This Year	Last Year	Two Years Ago
<b>Total</b>						
<b>Per Partner</b>						
<b>Per Associate</b>						



**8. For the applicant, please indicate Percentage of the most recent year's "Total Gross Billings" derived from:**

Category	Prior Firm	Applicant
Administrative Law	%	%
Admiralty	%	%
Antitrust	%	%
Association Law	%	%
Bankruptcy	%	%
Business Transactions / Commercial Law	%	%
Civil Rights and Discrimination	%	%
Collection	%	%
Construction (Building Contracts)	%	%
Consumer Claims	%	%
Copyright Registration/Licensing	%	%
Corporate and Business Organization	%	%
Criminal	%	%
Entertainment	%	%
Estate / Trust / Probate	%	%
Family Law	%	%
Financial Institutions	%	%
General Litigation	%	%
Government Contracts and Claims	%	%
Government Relations	%	%
Health Law	%	%
Immigration and Naturalization	%	%
Insurance	%	%
International	%	%
Labor and Employment	%	%

Category	Prior Firm	Applicant
International	%	%
Labor and Employment	%	%
Local Government	%	%
Municipal Finance	%	%
Natural Resources	%	%
Patent General	%	%
Patent Infringement Counseling	%	%
Patent Licensing	%	%
Patent Litigation	%	%
Patent Prosecution (Domestic)	%	%
Patent Prosecution (International)	%	%
Patent Searches	%	%
Pension and Employee Benefits	%	%
Personal Injury / Property Damage (Defendant)	%	%
Personal Injury / Property Damage (Plaintiff)	%	%
Public Utility / Energy	%	%
Real Estate (Commercial)	%	%
Real Estate (Residential)	%	%
Real Estate (Unspecified)	%	%
Securities	%	%
Securities Litigation	%	%
Taxation	%	%
Trademark Registration/Licensing	%	%
Worker's Compensation	%	%
Other (please specify)	%	%
Total	%	%

## Controls

*If the applicant does not know the answer to any questions in 9-12 below, please write "Don't know"*

### 9. Management

- A. Is the Prior Firm managed by a management committee?  Yes  No  N/A
- B. How many partners or officers comprise the management committee? \_\_\_\_\_  N/A

### 10. Client Intake / Conflicts

- A. Were new clients of the prior firm subject to approval of the management committee or at least two (2) partners or officers of the Prior Firm?  Yes  No  N/A
- B. Did the Prior Firm maintain a system to avoid conflicts of interest?  Yes  No  N/A
- C. Was the conflicts system computerized?  Yes  No  N/A
- D. Was a lawyer who generated new business required to work under the supervision of a partner or officer having specific expertise in the matter?  Yes  No  N/A

### 11. Docket and Calendar

- A. Did the Prior Firm maintain a docket control system and procedure with at least two (2) independent date controls?  Yes  No  N/A
- B. Was the docket control system and procedure computerized?  Yes  No  N/A
- C. Was the docket control system and procedure produce a weekly calendar?  Yes  No  N/A
- D. Was the docket control system and procedure cover all aspects of the Prior Firm's practice?  Yes  No  N/A

12. How many times has the Prior Firm sued a client for unpaid fees in the last two (2) years? \_\_\_\_\_

### 13. Miscellaneous

- A. After inquiry has any Applicant ever been:
- i. Disbarred:  Yes  No
  - ii. Refused admission to practice law:  Yes  No
  - iii. The subject of any disciplinary complaint, grievance or action by any court, bar association, administrative agency, or regulatory body?  Yes  No
  - iv. Convicted of a felony within the previous 5 years:  Yes  No

*If "Yes" please attach an addendum outlining the relevant details, including the name of the Lawyer, dates, current disposition and a copy of the final opinion or decision of the court, bar association, administrative agency or regulatory body.*

- B. At any time in the past five years has any Applicant served as a director, officer, partner or employee of any client or has any Applicant possessed any ownership interest in any client or any joint venture with a client?  Yes  No

*If "Yes", please attach an addendum outlining the firm's interest in all clients, as well as the internal policies of the prior firm pertaining to an attorney's holding an equity interest in a client of the firm.*

**14. Insurance History of Prior Firm**

A. Current policy expiration date for Prior Firm: \_\_\_\_\_

B. What is the inception date of the prior firm's earliest "claims made" policy without interruption? \_\_\_\_\_

C. Has any Applicant ever had a policy for professional liability insurance declined, cancelled or non-renewed?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

*If yes, please provide details (including date, carrier and reason(s) for action) on a separate addendum*

D. After inquiry, have any claims been made or suits filed against the Prior Firm during last five (5) years?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

*If yes, have any claims been made or suits filed against any of the Applicants for which tail coverage is desired?*

\_\_\_\_\_ Yes \_\_\_\_\_ No

*If "Yes" please attach an addendum outlining the relevant details, including the name of the involved lawyer(s), dates, current disposition, and a copy of any final opinion or decision of the court.*

E. After inquiry, is any Applicant aware of any circumstances, allegations, tolling agreements or contentions as to any incident which may result in a claim being made against the applicant which has not yet been reported to the prior firm's carrier or any other insurer?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

*If "Yes", please attach an addendum outlining the relevant details, including the involved applicant and confirm that notice has been provided to the prior firm's insurer, and provide a copy of such notice.*

F. Has any Applicant ever purchased an Extended Reporting Period option? \_\_\_\_\_ Yes \_\_\_\_\_ No

G. Please list all primary and excess lawyers professional liability insurance policies carried by the prior firm, or any predecessor firm, for each of the past five years:

<u>Policy Period</u>	<u>Insurer(s)</u>	<u>Limits of Liability</u>	<u>Retention</u>	<u>Premium</u>	<u>Total No. of Lawyers</u>

Retroactive Date: \_\_\_\_\_

H. Please provide the prior firm's most recent Lawyers Professional Liability broker: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I. Please state coverage Limits and Retention Requested

- i. Coverage Limits of Liability: \$250,000 \_\_\_\_ \$500,000 \_\_\_\_ \$1,000,000 \_\_\_\_ \$1,500,000 \_\_\_\_ \$2,000,000 \_\_\_\_  
\$3,000,000 \_\_\_\_ \$4,000,000 \_\_\_\_ 5,000,000 \_\_\_\_ Other: \_\_\_\_\_
- ii. Requested Retention: \$5,000 \_\_\_\_ \$10,000 \_\_\_\_ \$15,000 \_\_\_\_ \$25,000 \_\_\_\_ \$50,000 \_\_\_\_ \$100,000 \_\_\_\_  
\$150,000 \_\_\_\_ \$200,000 \_\_\_\_ Other: \_\_\_\_\_
- iii. Length of Time for Reporting Period: 1 year \_\_\_\_ 2 years \_\_\_\_ 3 years \_\_\_\_ 6 years \_\_\_\_

THIS INFORMATION WILL ATTACH TO AND FORM A PART OF THE POLICY, IF A POLICY IS ISSUED. ADDITIONAL INFORMATION MAY BE REQUIRED BY INSURERS. AFTER INQUIRY OF THE FIRM'S MANAGEMENT/EXECUTIVE COMMITTEE, THE UNDERSIGNED DECLARES THIS INFORMATION IS TRUE AND ACCURATE.

**FRAUD WARNING:** 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. (Not applicable to Nebraska, Oregon or Vermont applicants).

**FRAUD WARNING (Applicable in Tennessee, Virginia and Washington):** 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.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** 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.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OKLAHOMA APPLICANTS:** 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.

**NOTICE TO RHODE ISLAND APPLICANTS:** 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.

**WARNING FOR DISTRICT OF COLUMBIA APPLICANTS:** 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 insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO NEW YORK APPLICANTS:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**SIGNATURE AND AUTHORIZATION**

This Application must be signed and dated by the Applicant, or a Principal or Officer of the Applicant Firm. Signing this Application will not bind nor obligate the Company to complete this insurance, but it is agreed the applicant's responses to the questions contained in this Application, as well as all attachments, are material and the underwriting Company will rely on these responses and information in the event a policy is issued.

\_\_\_\_\_  
Signature of Applicant, or Principal or Officer of Applicant Firm

Date: \_\_\_\_\_

\_\_\_\_\_  
Producer's Name

\_\_\_\_\_  
Phone Number

Agent Name: \_\_\_\_\_ Agent's License Number: \_\_\_\_\_  
(Applicable to Florida Agents Only)

Iowa Licensed Agent: \_\_\_\_\_  
(Applicable to Iowa Agents Only)

Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicable to New Hampshire Producers Only)