

**To Apply:**



BERTHOLON | ROWLAND CORP.

1. Complete all pages of the application (type or print in ink). Remember to sign the application and return it with a sample of your letterhead. Where applicable, include the supplements that are required with your application.

2. Send your application to Bertholon-Rowland by fax (201-489-8223) or mail (15 Bergen Street, Hackensack, NJ 07601).

**Note:** No premium payment is required at this stage. If approved for coverage, you will be notified of your effective date and premium contribution level when you receive your billing notice. If you have questions, please call BR at 201-489-8833.

WB04

**ZURICH-AMERICAN INSURANCE GROUP**  
**Part-time Attorney Professional Liability Insurance Application**  
 This is an application for a Claims-Made and Reported Policy

1. Name	Social Security Number
2. Principal Business Address (INCLUDING COUNTY)	Year Admitted to the Bar      Years in Practice
	Average hours worked per week as an attorney
3. Business Phone (Include Area Code)  (      )	Full time occupation (other than the practice of law)

4. Indicate if your area of practice currently includes, or has ever included:

	Past	Current	NA
(a) limited partnerships, stocks, bonds, syndications, tax shelters, or other securities? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) work done for financial institutions (other than collections)? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) plaintiff personal injury/bodily injury/workers compensation? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) entertainment clients? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) oil and gas? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) money management or investment counseling? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) tax opinions? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) environmental law? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* If your past or present areas of practice include any of the above (4. a-h), please provide description of services. Include the number of hours involved in this area of practice.

5. Do you have a date/docket control system (calendars, etc.)? .....  Yes       No  
 If "No", please explain on an attachment.

6. (a) Have you 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 explain on an attachment.

(b) Have you ever been the subject of reprimand or disciplinary action or refused admission to the bar by any bar association, court or administrative agency as a result of professional activities? .....  Yes       No  
 If "Yes", please provide a copy of any such action.

(c) During the last 10 years has any professional liability claim or suit been made against you? .....  Yes       No  
 If "Yes", complete the reverse side

(d) Do you know of any circumstance, act, error or omission that could result in a professional liability claim against you? .....  Yes       No  
 If "Yes", complete the reverse side

7. List the lawyers professional liability insurance which you, your firm or previous firms carried for the last 4 years. Also show if an extended claims reporting period provision was exercised. If you had no prior insurance, indicate "None."

Inception From (Mo/Day/Yr)	Expiration To (Mo/Day/Yr)	Insurance Company	Policy Number	Limits of Liability	Deductible (if any)	Extended Reporting	
						Yes	No
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

8. (a) Limits of Liability desired:  
 \$100,000/\$300,000     \$250,000/\$750,000     \$500,000/\$1,500,000     \$750,000/\$1,500,000     \$1,000,000/\$1,000,000

(b) Deductible Desired:       \$1,000       \$2,500

(c) Effective date desired: \_\_\_\_\_

**Zurich Part-time Attorney Professional Liability Insurance Application (continued)**

**Notice to Applicant - Please Read Carefully**

The information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated herein, should the Company evidence its acceptance of this application by issuance of a policy. I do not spend more than 26 hours per week on average in the practice of law. I hereby authorize the release of claim information from any prior insurer to the Company indicated above.

**NOTE:** In applying for coverage, I agree that in the event of covered losses, I will be required to be defended by the Company's appointed lawyers and the deductible shall apply to loss and in part to claim expenses, adjusting expenses, investigation costs and legal fees. If I elect to handle a claim without in any way involving the Company, then no coverage for such claim is afforded under the policy.

I understand and accept that the policy applied for provides coverage on a "claims-made" and reported basis for only those claims that are made against the insured while the policy is in force and that coverage ceases with the termination of the policy unless I exercise the options available in accordance with the terms of the policy.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Signing this form and tendering premium does not bind the Applicant or the Company to complete the insurance. Application must be signed and dated in ink to be considered for quotation.

Applicant Signature

Date

**The Insurance Company will not accept suit papers. Each question on the form must be answered completely.**

**Supplemental Claim Information**

**Applicant Instructions - Please type or print**

1. Complete one form for each claim or incident.
2. If space is insufficient to answer any question fully, attach a separate sheet.
3. Answer all questions completely.

1. Full Name of Claimant		2. Indicate whether: <input type="checkbox"/> Claim/Suit, or <input type="checkbox"/> Incident	
3. Date of Alleged Error (Mo-Day-Yr)		4. Date of Claim (Mo-Day-Yr)	
5. Additional Defendants	6. If Closed Total Loss Paid Including Deductible \$	Indicate Whether <input type="checkbox"/> Court Judgement <input type="checkbox"/> Out of court settlement	
7. If Pending Claimant's Settlement Demand \$	Defendant's Offer for Settlement \$	Insurer's Loss Reserve \$	
8. Description of claim. Provide enough information to allow evaluation.			
(a) Alleged act, error or omission upon which Claimant bases claim.			
(b) Description of case and events.			
(c) Description of the type and extent of injury or damage allegedly sustained.			
(d) Explain what action(s) have been taken to prevent reoccurrence of a similar claim.			

Applicant Signature

Date