



LAWYERS PROFESSIONAL LIABILITY

APPLICATION RELIANCE FORM

NOTICE: This professional liability coverage is provided on a **Claims Made** basis. Only claims that are first made against the insured and reported to the Company during the policy term are covered, subject to the policy provisions.

Applicant Instructions: Carefully read all statements and questions on this application. Answer all questions in ink. If a question does not apply, state "N/A". If space is insufficient to answer all questions fully, use separate sheets of paper. Application and all attachments must be signed and dated by named applicant, partner or officer. A copy of your business stationery must be attached.

Effective Date Requested For This Application _____ / _____ / _____

- Name of Applicant (Firm Name): _____
- List below, all LAWYERS of the firm. Attach a separate sheet if additional space is required.
 "O" Owner/Officer/Director "P" Partner "E" Employed lawyer "OC" Of Counsel "IC" Independent Contractor

Name of Attorney	Designation	Hours worked per week for applicant	States of Admission	Year Admitted	Date of hire with applicant or predecessor firm	Number hours CLE in the past 12 months

- Gross Revenue for the past three (3) years:

Most Recent Twelve (12) Months	One (1) Year Prior	Two (2) Years Prior

- Has any lawyer proposed for this insurance ever been denied the right to practice, suspended from practice, disbarred, reprimanded or had other disciplinary action taken against him or her by any court or administrative agency? Yes No
 If Yes, provide details on the Detail Information Addendum

- During the past five (5) years, has any claim or suit been filed against the applicant, its predecessor firms or any of the lawyers proposed for this insurance? Yes No If Yes, complete a Claim Supplement for each claim or suit. Number? _____

- After inquiry, is the applicant, its predecessor firms or any lawyer proposed for this insurance aware of:
 - any circumstance, act, error, omission or personal injury which could be the basis of a claim or suit? Yes No
 - any potential malpractice claim or suit reported to a previous insurance carrier? Yes No
 - any adverse judgment that could be the basis of a claim or suit? Yes No
 - any missed statute of limitations? Yes No
 If Yes to any of the above, complete a Claim Supplement for each. Number? _____

- Calendar System:
 - Do you maintain a central calendar system? Yes No
 - Does the applicant have at least two (2) methods for docket or diary control? Yes No
 - Does the applicant utilize a computer program for docket or diary control? Yes No
 - Does the ultimate responsibility for docket control, including entry, rest with the handling lawyer? Yes No
 - Does the applicant crosscheck its docket controls? Yes No
 - If Yes, how frequently? _____

- Does the applicant utilize the following for ALL clients?
 - Engagement letters that include the scope of services & fee arrangements? Yes No
 - Non-engagement/declination letters? Yes No
 - Disengagement/closing letters? Yes No
 If No, provide details on the Detail Information Addendum.

- Does the applicant maintain a conflict of interest avoidance system? Yes No

The undersigned, acting on behalf of the Applicant firm and all proposed insureds, declare that the statements set forth herein and in the Incorporated Application are true and accurate and that thorough efforts have been made to obtain sufficient information from each proposed insured in order to facilitate proper and accurate completion of this Application Reliance Form.

The undersigned agree that the Application Reliance Form, the Incorporated Application, and all other materials submitted to the insurer, are their statements, are incorporated in and constitute a part of the Policy, and shall be deemed attached to the Policy as if physically attached. The undersigned represent that the statements and representations in the Application Reliance Form, the Incorporated Application, and all other materials submitted to the insurer, shall be deemed material to the acceptance of the risk and that the Policy is issued in reliance upon the truth and accuracy of such statements and representations. It is agreed by the undersigned, this Application Reliance Form and the Incorporated Application, together with any other materials submitted to the insurer, have been completed as respects the entire Applicant Firm and all proposed insureds.

The undersigned further declare that if any significant change in the condition of the Applicant Firm or proposed insureds is discovered or changes, between the date this Application Reliance Form or the Incorporated Application were signed and the effective date of the policy, which would render the information in this Application inaccurate or incomplete, any such information will immediately be reported in writing to the insurer and the insurer may withdraw or modify any outstanding quotations or authorizations or agreement to bind the insurance. The undersigned and insurer agree that the signing of this application does not bind the undersigned to purchase the insurance.

Signature of Partner, Owner or Officer: _____ Date: _____

Print or Type Name: _____ Title: _____

Firm Name: _____