



APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

I. GENERAL INFORMATION

- 1. a. Complete Name of Applicant's Law Firm:
b. Primary Address of the Law Firm:
c. Phone Number:
d. Date Established:
e. Website Address:
f. Firm's Legal Status: [] Corporation [] GP [] Individual [] LLC [] LLP [] Partnership [] PC [] PA [] Sole Practitioner [] Other:

2. List the names of all Predecessor Firms of the Applicant:

Table with 7 columns: Name of Predecessor Firm, Date Established, # of Principals, Owners, Officers & Partners Who Joined Successor Firm, Status of Predecessor Firm, Insurer on Last LPL Policy, At Least 50% of Assets Assumed by Successor, Predecessor Firm Retroactive Date.

* If Active, please advise if the Predecessor Firm maintains their own Lawyers Malpractice Coverage. [] Yes [] No

II. STAFFING AND FINANCIAL INFORMATION *(Please Attach Firm's Annual Report)

1. Roster of Lawyers: (If needed, list additional lawyers in Section XI. Additional Notes)

[Designation Key: O - Officer; P - Partner; A - Associate; E - Employed Lawyer; OC - Of Counsel; RP - Retired Partner]

Table with 9 columns: Name of Lawyer(s), Designation*, Average # Hours Weekly, Year Admitted to the Bar, States Licensed to Practice Law, # of Years In Practice, # of Years With Firm, CLE Hours In Past 12 Mo., Pro Bono Hours In Past 12 Mo.

* Required for Of Counsel, per diem, contract, and part time attorneys: Indicate hours worked on behalf of the Applicant. If more space is needed, attach an additional page.

2. If Of Counsel has been selected, please provide details of Areas of Practice:

3. Provide the numbers for Applicant's staff:

Table with 5 columns: Law Clerks, Paralegals, Clerical Staff, Accountants, Other:

4. Provide the Applicant's total annual gross revenues for the applicable fiscal year (if your firm is newly established, provide a projection for the current fiscal year only):

Table with 3 columns: Estimate for Current Fiscal Year, Actual for Immediate Past Fiscal Year, Actual for Second Previous Fiscal Year

5. Does the Applicant have written procedures regarding collection of fees for services rendered? [] Yes [] No

6. Does the Applicant ever use a billing structure other than billable hours? [] Yes [] No

If Yes, what other billing structures are used?

7. How many suits for collection of delinquent fees have been filed by the firm in the past two years? _____
8. What is your firm's current accounts receivable total? \$ _____
- a. What percentage of accounts receivables are outstanding more than 90 days? _____
9. Please complete the following information on the firm's top (3) clients generating the largest revenues:

Name of Client	Industry	Client's Annual Revenues	Services Provided	Percentage of Firm Billings or Revenues	Number of Years as a Client

III. FIRM'S PRACTICE

1. Does the Applicant hire outside council? Yes No
2. Does the Applicant provide professional services or business services other than the practice of law? Yes No
If **Yes**, what other business service(s) does the firm provide? _____
3. Does the Applicant share office space with any other lawyer's outside of the firm? Yes No
If **Yes**, is letterhead or advertisement shared? Yes No
If **Yes**, is any staff shared? Yes No
If **Yes** to above, provide details: _____
4. In the past (5) years, has the Applicant been involved in any mass tort / class action cases? Yes No
If **Yes**, provide details in separate attachment.
5. Do any attorneys provide non-legal professional or licensed services? Yes No
If **Yes**, describe service(s): _____
6. Does the Applicant work with financial institutions? Yes No
If **Yes**, the institution(s) and percentage of time: _____
7. Does the Applicant advertise other than the firm's website? Yes No
If **Yes**, on what media outlets? _____
8. Indicate percentage of time devoted to the following areas of practice: **TOTAL Must Equal 100%**

(%)	Area of Practice	(%)	Area of Practice	(%)	Area of Practice
_____	Arbitration/Mediation	_____	Domestic Relations	_____	PI/BI Plaintiffs General Liability
_____	Administrative	_____	Education Law	_____	PI/BI Defendant Products Liability
_____	Admiralty- Defense	_____	Eminent Domain	_____	PI/BI Plaintiffs Medical Malpractice
_____	Admiralty- Plaintiff	_____	Employee Benefits/ERISA	_____	PI/BI Plaintiffs Products Liability
_____	Agricultural Industries	_____	Entertainment/Sports	_____	Probate/Wills/Trusts/Estates
_____	Alcohol, Drug, Tobacco	_____	Environmental	_____	Public Utilities
_____	Anti-Trust/ Trade Regulation	_____	Environmental Litigation	_____	Real Estate - Commercial
_____	Appellate	_____	Foreign	_____	Real Estate – Escrow Agent
_____	Aviation	_____	Health Care	_____	Real Estate – Residential
_____	Banking/Financial Institutions	_____	Immigration/Naturalization	_____	Real Estate - Syndication/Development
_____	Bankruptcy/Debt Settlement	_____	Insurance Coverage	_____	Real Estate – Title Work
_____	Civil Rights/Discrimination	_____	Labor Law - Management	_____	Social Security Law
_____	Collection/Repossession	_____	Labor Law - Union	_____	Taxation - Individual
_____	Communication/FFC	_____	Labor Litigation - Defense	_____	Taxation Corporate - Opinion
_____	Commercial Law	_____	Labor Litigation- Plaintiff	_____	Taxation Corporate – Prep
_____	Construction Building Contracts	_____	Mergers and Acquisitions	_____	Trademark
_____	Consumer Claims	_____	Municipal/Governmental - Other	_____	Water Rights Work
_____	Copyright	_____	Municipal/Governmental – Zoning	_____	Workers Compensation - Defense
_____	Corporate Formation	_____	Oil/Gas/Minerals	_____	Workers Compensation - Plaintiff
_____	Corporate – General	_____	Patent	_____	Other: _____
_____	Criminal	_____	PI/BI Defendant General Liability	_____	
_____	Cyber/Privacy	_____	PI/BI Defendant Medical Malpractice	_____	

IV. RISK MANAGEMENT

1. Is your firm computerized? Yes No
If **Yes**, are systems managed in-house? _____
If **No**, are systems managed and backed-up by a third-party IT vendor? _____
2. Which of the following Time/Docket Control procedures does your firm utilize? (Please check all applicable categories)
 - a. Manual Computerized None
 - b. Single Calendar Dual Calendar Other: _____
 - c. Does your time/docket control system note: Statutes of Limitations Appointments Procedural Deadlines
 - d. How often is the docket control system updated? _____
3. How many open files or court cases does your firm currently have? _____
4. Does the Applicant have New Client acceptance standards? Yes No
5. Is there a procedure for maintaining client lists and identifying any actual or potential conflicts of interest? Yes No
 - a. Upon identifying an actual or potential conflict, does the firm have a procedure that requires members to always obtain written consent from the client before proceeding further with the representation? Yes No
6. What is your practice for safeguarding client personal private information? _____
7. Are engagement letters required to be signed by all new clients prior to starting work for the client? Yes No
8. Are the billing arrangements and contingent fees, if any, set forth in the engagement letters? Yes No
9. Does the Applicant use scope of service letters when taking on new matters for existing clients? Yes No
10. Does the Applicant acknowledge in writing the declination or termination of representations? Yes No
11. Are any members of the firm also an owner, manager, employee, director or partner of any organization, other than that of the Applicant, which is a *client* of the firm? Yes No
12. Does the Applicant have Internal Risk Management audits performed on a regular basis? Yes No

V. REQUESTED COVERAGE

(NOTE: Coverage Request is Subject to Company Underwriter Approval)

1. Indicate **Limits of Liability** desired. (Check **ALL** requested for Quote)
 \$100,000/\$300,000 \$250,000/\$250,000 \$250,000/\$500,000 \$500,000/\$500,000 \$500,000/\$1,000,000
 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000 \$1,000,000/\$3,000,000 \$2,000,000/\$2,000,000
 \$2,000,000/\$4,000,000 \$3,000,000/\$3,000,000 \$4,000,000/\$4,000,000 \$5,000,000/\$5,000,000
2. Indicate **Deductible** desired. (Check **ALL** requested for Quote)
 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,000 \$50,000 \$100,000 \$250,000 N/A
3. Indicate **Self-Insured Retention** desired. (Check **ALL** requested for Quote)
 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,000 \$50,000 \$100,000 \$250,000 N/A
4. Policy Effective Date Requested: _____

VI. CLAIM INFORMATION (New Applicants Only)

If Yes to any question, complete the Claim / Incident Information Supplement.

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| 1. Within the past five (5) years, has any firm member been the subject of any of the following? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Currently pending investigations/proceedings <input type="checkbox"/> Suspension <input type="checkbox"/> Reprimand or Censure <input type="checkbox"/> Imposition of a fine
<input type="checkbox"/> Been refused admission to the bar or any bar association, court or administrative agency
If Yes, provide copies of the complaint, all correspondence with the disciplinary body, and any final orders. |
| 2. Have any claims been made or legal action been brought against your firm, its predecessor(s) or any current or former Principal, Partner, Director, Officer or Employee in the past five (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. After complete investigation and inquiry, do any of the Partners, Principals, Directors, or Executive Officers have knowledge of any act, error, omission, fact, incident, situation, unresolved client dispute, or any other circumstance that is or could be the basis for a claim under this proposed insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Report knowledge of all such incidents to your current carrier, prior to the expiration of your current policy. The proposed insurance being applied for will not respond to incidents about which you had knowledge prior to the effective date of the policy nor will coverage apply to any claim or circumstance identified or that should have been identified in Section VI. 1, 2, and 3, of this application. |

VII. INSURANCE HISTORY (New Applicants Only)

1. Does your firm currently have Professional Liability Insurance coverage? Yes No
If **Yes**, when does it expire? _____ Specify the Retroactive Date(s): _____
2. List your firm's Professional Liability Insurance for the last three (3) years:
[] If none, check here

Insurance Company	Limits of Liability	Ded / SIR	Premium	Expiration Dates	Retroactive Date	No. of Lawyers

3. Has any insurer declined, canceled, or nonrenewed any Lawyers Professional Liability Insurance or any similar insurance on behalf of any person(s) or entity(s) proposed for this insurance? Yes No
If **Yes**, provide details: _____
4. Has any Predecessor Firm purchased Extended Reporting Coverage? Yes No
If **Yes**, which? _____

VIII. PRODUCER INFORMATION

Submitted by (Agency Name): _____ Dated: _____

Agent's Name (Individual's Name): _____ Agent's License Number: _____

IX. CERTIFICATION AND SIGNATURE

The Applicant has read the foregoing and understands that completion of this Application does not bind the Underwriter or the Broker to provide coverage. It is agreed, however, that this Application is complete and correct to the best of the Applicant's knowledge and belief and that all particulars which may have a bearing upon acceptability as a Professional Liability insurance risk have been revealed. It is understood that this Application shall form the basis of the contract should Golden Bear Insurance Company approve coverage and should the Applicant be satisfied with the Golden Bear Insurance Company quotation.

It is further agreed that, if in the time between submission of this Application and the requested are for coverage to be effective; the Applicant becomes aware of any information which would change the answer furnished in response to the questions in Section V or VI, or any other question of this Application, such information shall be revealed immediately in writing to the Underwriter.

❖ **Must be signed and dated within 30 days of the proposed effective date.**

Partner, Owner, Officer or Principal (Print Name): _____ Title: _____

Partner, Owner, Officer or Principal (Signature): _____ Dated: _____

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION FORM IS PROPERLY SIGNED AND DATED.

Please submit this Application Form including appropriate documentation to:
Golden Bear Insurance Company – Professional Liability Department
P.O. Box 271 – Stockton, CA 95201
www.Professional@goldenbear.com

Notice to 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 subjects the person to criminal and civil penalties.

X. FRAUD WARNING

APPLICABLE IN NEW YORK:

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 thereof, 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.

APPLICABLE IN ALABAMA:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

APPLICABLE IN COLORADO:

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA:

WARNING: 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 Insured.

APPLICABLE IN FLORIDA:

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.

APPLICABLE IN HAWAII:

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS:

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 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.

APPLICABLE IN MARYLAND:

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.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT:

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA:

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO:

Any person, who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA:

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.

APPLICABLE IN WASHINGTON AND VIRGINIA:

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.

APPLICABLE IN ALL OTHER STATES:

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties. In LA, ME, and TN, insurance benefits may also be denied.

