



APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

I. GENERAL INFORMATION

- 1. (a) Complete Name of Insured's Law Firm:
(b) Primary Address of the Law Firm:
(c) Expiring Policy Number:
(d) Expiration Date:
(e) Phone Number:
(f) Email Address:
(g) Website Address:
(h) Date Established (MM/DD/YYYY):
(i) Law Firm's Legal Status: [] Corporation [] GP [] Individual [] LLC [] LLP [] Partnership [] PC [] PA [] Sole Practitioner [] Other:

3. Indicate percentage of time devoted to the following areas of practice: Total Must Equal 100%

Table with 6 columns: (%), Area of Practice, (%), Area of Practice, (%), Area of Practice. Lists various legal practice areas for time allocation.

4. Does your Law Firm or any of its attorneys provide counsel to any financial institutions? [] Yes [] No
If Yes, on what occasions?

5. Has there been any change to your three largest clients? [] Yes [] No
If Yes, please complete:

Table with 6 columns: Name of Client, Industry, Client's Annual Revenues, Services Provided, Percentage of Law Firm Billings or Revenues, Number of Years as a Client.

6. In the past year, has the Law Firm sued for fees? [] Yes [] No
7. In the past year, has the Insured been involved in any mass tort/class action cases? [] Yes [] No
8. How many non-attorneys are employed by your Law Firm? _____
9. Has anyone at your Law Firm performed pro-bono work recently? [] Yes [] No
10. Indicate Limit of Liability change requested: (NOTE: Coverage Request is Subject to Company Underwriter Approval)
 \$ _____
11. Indicate Deductible or SIR change requested: (NOTE: Coverage Request is Subject to Company Underwriter Approval)
 [] Deductible: \$ _____ [] Self-Insured Retention: \$ _____
12. Has there been any change in your Law Firm's advertising policy? [] Yes [] No
If Yes, provide detail: _____
13. Has your Law Firm purchased or merged with any other Law Firm? [] Yes [] No
If Yes, provide detail: _____
14. Does the Law Firm require countersigned engagement letters? [] Yes [] No
15. Does the Law Firm operate in multiple states? [] Yes [] No
If Yes, list all states of operation: _____
16. Do any attorneys provide non-legal professional or licensed services? [] Yes [] No
If Yes, provide detail: _____
17. Does any member of your Law Firm act as an employed lawyer for a non-legal separate entity? [] Yes [] No

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

1. Complete the table below providing the total number of staff in the principle office and all branches:

	Current Year	Prior Year
Partners/Officers/Associates		
Employed Lawyers		
Of Counsel		
Paralegals		
Clerical		
Other Staff (Describe below)		
TOTAL:		

Other Staff (describe if applicable): _____

2. Roster of Lawyers:

(List additional lawyers, if any, in Section VIII. Additional Notes)

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

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

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

3. If **Of Counsel** has been selected, please provide details of Areas of Practice: _____

4. Complete the table below for any Predecessor Firm that has been merged into or acquired by the Insured Law Firm during the past 12 months: [] Not Applicable

Name of Predecessor Firm	Date Established	# of Principals, Owners, Officers & Partners Who Joined Successor Firm	Status of Predecessor Firm (Dissolved, Name Change or Active)	Insurer on Last LPL Policy	At Least 50% of Assets Assumed by Successor	Predecessor Firm Retroactive Date
					[] Yes [] No	
					[] Yes [] No	
					[] Yes [] No	

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

III. RISK MANAGEMENT

1. During the past (12) months, has there been any changes to the Insured's Time/Docket Control procedures? [] Yes [] No
If Yes, provide detail: _____

2. During the past (12) months, has there been any changes to the Insured's conflict of interest procedures? [] Yes [] No
If Yes, provide detail: _____

3. How many open files or court cases does your Law Firm currently have? _____

IV. CLAIM INFORMATION

1. Since the completion of last year's application, has any attorney been subject to any disciplinary inquiry, complaint or proceeding for any reason other than non-payment of dues? [] Yes [] No

If Yes, complete the Claims/Incident Supplemental Application.

2. Since the completion of last year's application, is any attorney in the firm aware of:

a. Any claim(s) or legal action brought against your firm, its predecessor(s) or any current or former Principal, Partner, Director, Officer or Employee that has not been reported to the **Company**? [] Yes [] No

b. 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? [] Yes [] No

If "Yes" to 2a. or 2b. above, complete the Claims/Incident Supplemental Application.

V. CERTIFICATION AND SIGNATURE

The Insured 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 Insured'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 Insured 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 area for coverage to be effective; the Insured becomes aware of any information which would change the answer furnished in response to any 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

VI. PRODUCER INFORMATION

Submitted by (Agency Name): _____

Dated: _____

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

Agent's License Number: _____

Notice to Insureds: 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.

VII. 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.

