

# Berkley Insurance Company

## Lawyers Professional Liability Insurance Renewal Application

**CLAIMS MADE WARNING FOR APPLICATION:** This Application is for a Claims Made and Reported Policy, relating to claims made against the Insureds during the Policy Period or any Extended Reporting Period that may apply.

➤ Include a Copy of the Applicant Firm's Letterhead

Whenever printed in this Application, the terms in boldface type shall have the same meanings as indicated in the Policy. This Application is to be completed with respect to the entire Applicant Firm.

Name of Applicant Firm		Website Address (if applicable)	
Street Address	Suite	County	
City	State	Zip Code	

### Applicant Firm Contact Information

Contact Name	Title
E-mail Address	Telephone Number
	Fax Number

### Requested Coverage

Select the limit of liability the Applicant Firm desires. Some limits / deductible / optional coverages may not be available in all states and all are subject to underwriting qualification.

<input type="checkbox"/> \$100,000 / \$300,000	<input type="checkbox"/> \$500,000 / \$1,000,000	<input type="checkbox"/> \$2,000,000 / \$2,000,000	<input type="checkbox"/> \$4,000,000 / \$4,000,000
<input type="checkbox"/> \$250,000 / \$500,000	<input type="checkbox"/> \$1,000,000 / \$1,000,000	<input type="checkbox"/> \$2,000,000 / \$4,000,000	<input type="checkbox"/> \$5,000,000 / \$5,000,000
<input type="checkbox"/> \$500,000 / \$500,000	<input type="checkbox"/> \$1,000,000 / \$2,000,000	<input type="checkbox"/> \$3,000,000 / \$3,000,000	<input type="checkbox"/> Other _____ / _____

Select the deductible the Applicant Firm desires:     \$2,500     \$5,000     \$10,000     \$25,000    Other \$\_\_\_\_\_

### General Information

1. Does the Applicant Firm have offices (other than conference room only facilities) at locations other than the primary location?  Yes  No
2. Does the Applicant Firm practice in states other than the primary location? *If "Yes", complete the table below.*  Yes  No

State:						
<b>% Billable Dollars:</b>	%	%	%	%	%	%
<b># Attorneys:</b>						
3. Is the ratio of support staff to attorneys greater than 3 to 1?  Yes  No
4. Does the Applicant Firm or any attorney of the Firm have clients in the Entertainment industry? *If "Yes", complete the Entertainment Section of the Supplemental Application.*  Yes  No
5. At any time in the past five years, has the Applicant Firm or any attorney of the Firm (regardless of what firm they were with at the time) provided legal services in any way related to a security or securities transaction? *If "Yes", complete the Securities / S.E.C. Section of the Supplemental Application.*  Yes  No
6. Does the Applicant Firm have any one client in which the Firm's attorneys have an equity interest greater than 10% combined? *If "Yes", provide details in the Additional Information section of this application.*  Yes  No
7. Does the Applicant Firm have any one client which represents more than 25% of the Firm's billings? *If "Yes", provide details in the Additional Information section of this application.*  Yes  No
8. Does anyone in the Applicant Firm serve as a director, officer, employee or in any management capacity for a client? *If "Yes", provide details in the Additional Information section of this application.*  Yes  No

- 9. Does the Applicant Firm have procedures for identifying and resolving potential or actual conflicts of interest including cross-checking for former, existing or potential clients?  Yes  No
- 10. Does the Applicant Firm have at least two independently maintained date controls?  Yes  No
- 11. Does the Applicant Firm regularly confirm representations in writing via use of formal engagement letters?  Yes  No
- 12. Does the Applicant Firm regularly acknowledge in writing the declination or termination of representations?  Yes  No
- 13. During the last 12 months, has the Applicant Firm initiated any law suits or arbitration procedures to enforce the collection of unpaid fees for the Applicant Firm?  
**If "Yes", provide details in the Additional Information section of this application.**  Yes  No
- 14. During the last 12 months, has the Applicant Firm represented any publicly traded clients in any practice area?  
**If "Yes", indicate the Firm's percentage of gross billings attributable to the representation: \_\_\_\_\_%**  Yes  No  
**If "Yes", provide details in the Additional Information section of this application.**
- 15. In the past 12 months, has the Applicant Firm been involved in any mass tort / class action cases?  
**If "Yes", provide details in the Additional Information section of this application.**  Yes  No
- 16. Provide the Applicant Firm's gross revenues:

	Year End Date	Gross Revenues
Current Year		\$
Prior Fiscal Year		\$

17. What percentage of accounts receivable are outstanding more than 90 days? \_\_\_\_\_ %

### Litigation and Claim Information

- 18. During the last 12 months, has any lawyer in the Applicant Firm ever been refused admission to practice, disbarred, or suspended from practice, reprimanded, sanctioned, or disciplined by any court or administrative agency? **If "Yes", provide details in the Additional Information section of this application.**  Yes  No
- 19. During the last 12 months, has any professional liability claim or suit been made against the Applicant Firm, or any predecessor in business, or any past or present lawyers in the Applicant Firm?  
**If "Yes", complete the Claim / Incident Section of the Supplemental Application.**  Yes  No

**IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR DAMAGES OR CLAIMS EXPENSE IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY PROFESSIONAL LIABILITY CLAIM OR SUIT, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN RESPONSE TO QUESTION 19.**

### Additional Information

- If space provided is insufficient, include additional details on a separate attachment.
- #6: Provide the names of the attorneys, names of clients and percentage of ownership: \_\_\_\_\_
  - #7: Provide the names of the clients, percentage of billings and description of the clients' business: \_\_\_\_\_
  - #8: Provide the names of the attorneys, positions held and names of clients: \_\_\_\_\_
  - #13: Describe the law suits initiated and/or arbitration procedures to enforce collection of unpaid fees, status of the suit for fees and dollar value of unpaid fees : \_\_\_\_\_
  - #14: Provide the names of clients, date of first affiliation, services rendered and whether this is a current client of the Firm: \_\_\_\_\_
  - #15: Describe the mass tort / class action cases: \_\_\_\_\_
  - #18: Provide the names of the attorneys and reason for: refused admission to practice, disbarment, or suspension from practice, reprimand, sanction, or discipline: \_\_\_\_\_

## Total Number of Attorneys

List all of the Applicant Firm's attorneys. Differences between the date an attorney began practicing law for other than a corporate or government entity and the date the attorney was admitted to the Bar must be explained on a separate sheet of paper following the same format. List additional attorneys on a separate sheet in the same format.

	Attorney Name		Designation*	Average # Hours weekly	States Licensed to Practice Law			Number of Years			Prior Acts Date	Risk Management Seminar
	First	Last			In Practice	With Firm	With Continuous Coverage					
1												<input type="checkbox"/> Y <input type="checkbox"/> N
2												<input type="checkbox"/> Y <input type="checkbox"/> N
3												<input type="checkbox"/> Y <input type="checkbox"/> N
4												<input type="checkbox"/> Y <input type="checkbox"/> N
5												<input type="checkbox"/> Y <input type="checkbox"/> N
6												<input type="checkbox"/> Y <input type="checkbox"/> N
7												<input type="checkbox"/> Y <input type="checkbox"/> N
8												<input type="checkbox"/> Y <input type="checkbox"/> N
9												<input type="checkbox"/> Y <input type="checkbox"/> N
10												<input type="checkbox"/> Y <input type="checkbox"/> N

\*Use the following Designations to complete the table above.

"A" Associate "IC" Independent Contractor "OC" Of-Counsel "O" Officer "M" Member "P" Partner

## Area of Practice

Express percentage of time (billable hours) devoted to each area of practice for the previous year. Indicate percentages in whole numbers next to the type of law practices, not the type of client. Be as accurate as possible, casual estimates may cause inappropriate evaluation of the practice. All litigation should be coded as "civil" litigation with the exception of "criminal," "personal Injury-plaintiff" and "intellectual property."

<input type="checkbox"/> % Admiralty / Marine – Defense	<input type="checkbox"/> % Intellectual Property* (Copyright / Trademark / Patent)
<input type="checkbox"/> % Admiralty / Marine – Plaintiff	<input type="checkbox"/> % Labor management Representation
<input type="checkbox"/> % Anti-Trust / Trade Regulation	<input type="checkbox"/> % Labor Union Representation
<input type="checkbox"/> % Banking / Financial Institutions	<input type="checkbox"/> % Local Government
<input type="checkbox"/> % Business Transactions / Commercial Law	<input type="checkbox"/> % Natural Resources / Oil & Gas
<input type="checkbox"/> % Civil / Commercial Litigation - Defense	<input type="checkbox"/> % Personal Injury / Property Damage Defense
<input type="checkbox"/> % Civil / Commercial Litigation – Plaintiff	<input type="checkbox"/> % Personal Injury / Property Damage Plaintiff
<input type="checkbox"/> % Civil Rights / Discrimination	<input type="checkbox"/> % Real Estate Title* - Commercial
<input type="checkbox"/> % Collection / Bankruptcy	<input type="checkbox"/> % Real Estate Title* - Residential
<input type="checkbox"/> % Construction (Building Contracts)	<input type="checkbox"/> % Securities* (S. E. C.)
<input type="checkbox"/> % Consumer Claims	<input type="checkbox"/> % Taxation
<input type="checkbox"/> % Corporate Business Organization	<input type="checkbox"/> % Wills, Estates, Trust & Probate
<input type="checkbox"/> % Criminal	<input type="checkbox"/> % Workers Compensation - Defense
<input type="checkbox"/> % Environmental	<input type="checkbox"/> % Workers Compensation - Plaintiff
<input type="checkbox"/> % Family Law	<input type="checkbox"/> % Other
<input type="checkbox"/> % Government Contracts / Claims	
<input type="checkbox"/> % Immigration / Naturalization	<b>100% Total – must equal 100%</b>
<input type="checkbox"/> % International Law	

\* If any percentage, complete the Intellectual Property Section or the Securities Section of the Supplemental Application, or the Real Estate Supplemental Application.

## Please Read Carefully

The undersigned, acting on behalf of all proposed **Insureds**, declare that the statements set forth herein are true and correct and that thorough efforts have been made to obtain sufficient information from each **Insured** proposed for this insurance to facilitate the proper and accurate completion of this Application.

The undersigned agree that the particulars and statements contained in the Application and any material submitted herewith are their representations and are the basis of the insurance contract. The undersigned further agree that the Application and any material submitted herewith shall be considered attached to and a part of the Policy. Any material submitted with the Application shall be maintained on file (either electronically or paper) with the **Insurer** and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

- if any significant change in the condition of the applicant is discovered between the date of this Application and the Policy inception date, which would render this Application inaccurate or incomplete, notice of such change will be reported in writing to the **Insurer** immediately;
- any Policy, if issued, will be in reliance upon the truth of such representations and any misrepresentation by the **Insured** or the **Insured's** agent that is material to the acceptance of the risk will render the Policy null and void and relieve the **Insurer** from all liability herein;
- this Application has been completed as respects the entire Applicant Firm;
- the signing of this Application does not bind the undersigned to purchase the insurance.

I understand that the information submitted herein becomes a part of the Applicant Firm's Lawyers Professional Liability Insurance Application and is subject to the same representations and conditions.

Dated	Signature of Owner, Partner, Officer or Principal
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Title	Owner, Partner, Officer or Principal (Print Name)
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This Berkley Insurance Company Application, including any material submitted herewith, shall be held in strictest confidence.

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

Please submit this Application including appropriate documentation to:  
 Monitor Liability Managers, 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008-4039  
 Phone: 847-806-6590; Fax : 847-806-6282; E-mail: contactus@monitorliability.com

## Producer Information

Submitted by (Agency Name)	Dated
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Agent's Name (Individual's Name)	Agent's License Number
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**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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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 NEW MEXICO, PENNSYLVANIA 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO APPLICANTS OF KENTUCKY:** ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

**NOTICE TO APPLICANTS OF NEW JERSEY AND OKLAHOMA:** ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO MAINE, MASSACHUSETTS, TENNESSEE, VIRGINIA, AND WASHINGTON 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO APPLICANTS OF 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.

**NOTICE TO ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, AND 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.

**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.

**NOTICE TO MARYLAND APPLICANTS:** 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.