





7. Is any lawyer proposed for this coverage  
 (a) An employee of any organization, entity or governmental body other than Applicant? .....[ ] Yes [ ] No  
 If Yes, provide details. \_\_\_\_\_  
 (b) Engaged in any professional/business activities other than the private practice of law? .....[ ] Yes [ ] No  
 If Yes, provide details. \_\_\_\_\_

**III. PRACTICE AREAS**

1. Indicate percentage of time devoted to the following areas of practice.

<i>Area of Practice</i>	<i>Percentage</i>	<i>Area of Practice</i>	<i>Percentage</i>
Administrative		Plaintiff Work	
Admiralty/Marine		Civil Rights/Discrimination	
Adoptions/Domestic Children		Class Action/Mass Tort	
Adoptions/Foreign Children		PI/PD Litigation	
Antitrust/Trade Regulation		Medical Malpractice	
Appellate		Professional Liability	
Arbitration		Social Security	
Bankruptcy		Workers Compensation	
Business/Commercial Law		Other _____	
Collections		Defense Work	
Communications/FCC		Class Action/Mass Tort	
Construction Law		Medical Malpractice	
Corporate Law		PI/PD Defense	
Administrative/Record		Other _____	
Formation		Real Estate	
Mergers & Acquisitions		Commercial Transactions	
Stock Options – Any		Foreclosure/Repossession	
Criminal Law		Limited partnership	
Elder Law		Syndication/Development	
Energy/Natural Resources		Title Work	
Entertainment/Sports		Securities	
Environmental Law		Municipal Bonds	
Estate, Trust, Probate, Wills		Private Stock Offerings	
Family/Domestic		Public Stock Offerings	
Custody/Child Support		Tax	
Divorce – Assets under 1 mil		Tax Opinions	
Divorce – Assets over 1 mil		Tax Returns	
Financial Institutions		Tax Shelter Related Work	
Government/Municipal		Traffic	
Healthcare		Utilities	
Immigration/Naturalization		Other (describe):	
Intellectual Property			
International Law			
Juvenile Law			
Labor Relations – Union			
Labor Relations – Management		TOTAL (must equal 100%)	100%

**IV. BUSINESS PRACTICES**

1. **INSOLVENT, BANKRUPT, LIQUIDATION OR RECEIVERSHIP CLIENTS** – Have any of the Applicant's past or present corporate clients became insolvent, bankrupt, or went into liquidation or receivership during the past year? .....[ ] Yes [ ] No  
 If Yes, answer the following for each such client:

Client Name	Client Address, City and State	Is/Was Client Publicly Traded? (Yes or No)	Description of Legal Services Provided
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. (a) Have any suits for collection of fees have been filed against any client in the last two (2) years?  Yes  No  
 If Yes, how many? \_\_\_\_\_  
 If Yes, provide the following for each suit for unpaid legal fees. Attach a separate sheet if necessary.

Date Filed	Name of Client	\$ Amount Sought	Status/Result

- (b) What steps have been taken by the Applicant to reduce or avoid the necessity of fee collections suits in the future?  
 \_\_\_\_\_  
 \_\_\_\_\_

3. When evaluating whether a case should be sent for collection, does the Applicant review the file for the purpose of evaluating whether the possibility of a counterclaim alleging malpractice might be filed in response thereto? .....  Yes  No
4. Does the Applicant accept cases where the cause of action arises and is adjudicated outside of the Applicant's local jurisdiction (i.e., in another state)? .....  Yes  No  
 If Yes, does the Applicant refer such cases to local counsel? .....  Yes  No
5. Has the Applicant outsourced any work in the last two (2) years, either domestically or out of the country? .....  Yes  No
6. Does the Applicant have any single client or group of related clients which produce more than 25% of total gross billings in the last 24 months? .....  Yes  No  
 If Yes, provide the percentage of gross billings, name of client, business activities of client, and services provided on behalf of client. \_\_\_\_\_
7. In the last five (5) years, has the Applicant accepted client securities or other forms of compensation in lieu of fees? .....  Yes  No  
 If Yes, provide details. \_\_\_\_\_
8. Does the Applicant share office space with any other lawyer? .....  Yes  No  
 If Yes,  
 (a) Is letterhead shared? .....  Yes  No  
 (b) Is any staff shared? .....  Yes  No  
 If Yes to above, provide details. \_\_\_\_\_

**V. FIRM MANAGEMENT AND ADMINISTRATION**

1. (a) Does the Applicant's docket control system include:  
 (i) Computer system? .....  Yes  No  
 (ii) Dual calendar? .....  Yes  No  
 (iii) Immediate entry of all dates? .....  Yes  No  
 (iv) Master listings? .....  Yes  No  
 (v) Provisions for illness of document administrator? .....  Yes  No  
 (vi) Single calendar? .....  Yes  No  
 (vii) Tickler system? .....  Yes  No  
 (viii) Verification of completion of events? .....  Yes  No
- (b) How frequently are deadlines cross-checked? \_\_\_ Daily \_\_\_ Weekly \_\_\_ Monthly
- (c) Does the docket control system produce a daily or weekly calendar? .....  Yes  No
2. Does the Applicant maintain a system to avoid potential conflicts of interest? .....  Yes  No  
 If Yes, check all that apply:  
 (a) \_\_\_ oral/memory \_\_\_ computer \_\_\_ index file \_\_\_ conflict committee

- (b) Indicate the items captured by the system:  
 \_\_\_ client name \_\_\_ clients principals \_\_\_ client subsidiaries \_\_\_ opposing party \_\_\_ opposing counsel  
 \_\_\_ related individuals \_\_\_ predecessor firm conflict information \_\_\_ other \_\_\_\_\_
3. Provide the percentage of matters that the Applicant sends:  
 (a) An engagement letter when accepting a representation \_\_\_\_\_ %  
 (b) A non-engagement letter when declining a representation \_\_\_\_\_ %  
 (c) A disengagement letter when ceasing a representation \_\_\_\_\_ %
4. Does the Applicant have:  
 (a) A policy prohibiting its attorneys from participating as a partner, officer, or director in any entity other than Applicant when the Applicant provides legal services? ..... [ ] Yes [ ] No  
 If No, explain. \_\_\_\_\_  
 (b) A formal training program for lawyers joining the firm?..... [ ] Yes [ ] No  
 (c) Internal (risk management) audits performed on a regular basis? ..... [ ] Yes [ ] No  
 (d) Annual audited financial statements produced each year? ..... [ ] Yes [ ] No

**VI. INSURANCE AND CLAIM HISTORY**

1. (a) Limits of Liability: Indicate the limit of liability requested:

Per Claim/Annual Aggregate

- |  |  |
|--|--|
| <input type="checkbox"/> \$ 250,000 / \$ 250,000   | <input type="checkbox"/> \$1,000,000 / \$3,000,000 |
| <input type="checkbox"/> \$ 250,000 / \$ 500,000   | <input type="checkbox"/> \$2,000,000 / \$2,000,000 |
| <input type="checkbox"/> \$ 500,000 / \$ 500,000   | <input type="checkbox"/> \$2,000,000 / \$4,000,000 |
| <input type="checkbox"/> \$ 500,000 / \$1,000,000  | <input type="checkbox"/> \$3,000,000 / \$3,000,000 |
| <input type="checkbox"/> \$1,000,000 / \$1,000,000 | <input type="checkbox"/> \$4,000,000 / \$4,000,000 |
| <input type="checkbox"/> \$1,000,000 / \$2,000,000 | <input type="checkbox"/> \$5,000,000 / \$5,000,000 |

- (b) Deductible - Indicate the deductible requested:

\$2,500  \$5,000  \$10,000  \$25,000  higher – specify \$ \_\_\_\_\_

THE COMPANY DOES NOT GUARANTEE TO OFFER ANY OF THE ABOVE LIMITS AND/OR DEDUCTIBLES.

2. List the Lawyers Professional Liability Insurance for the last three (3) years.  
 If none, check here [ ]

Insurance Company	Limits of Liability	Deductible	Premium	Expiration Dates (MM/DD/YYYY)	Retroactive/Prior Acts Date*	No. of Lawyers Covered

\* Attach a copy of Applicant's current insurance policy's prior acts endorsement or declarations which states the retroactive date.

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(ies) proposed for this insurance?..... [ ] Yes [ ] No  
 If Yes, provide details. \_\_\_\_\_
4. Has any lawyer Applicant, past or present, ever been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, fined, or held in contempt by any court, state or local bar association, administrative agency, or regulatory body? ..... [ ] Yes [ ] No  
 If Yes, provide complete details on a separate sheet, including a copy of the court's final opinion.
5. Is any person(s) or entity(ies) proposed for this insurance currently under investigation, or has any disciplinary complaint or grievance been made to any court, bar association, administrative agency or regulatory body in the last five (5) years that resulted in any formal censure or other formal action?... [ ] Yes [ ] No  
 If Yes, provide details on a separate sheet.
6. Has (have) any Professional Liability claim(s) been made against the Applicant or any person or entity proposed for this insurance or any predecessor firm(s) in the past five (5) years? ..... [ ] Yes [ ] No  
 If Yes, indicate total number of claims. \_\_\_\_\_

Complete a copy of our Supplemental Claim Form for Lawyers Professional Liability Insurance for each one.

- 7. Is (are) any person(s) or entity(ies) proposed for this insurance aware of any fact, error, omission, circumstance or situation that might provide grounds for any claim under the proposed insurance? .... [ ] Yes [ ] No
If Yes, indicate total number: \_\_\_\_\_

Complete a copy of our Supplemental Claim Form for Lawyers Professional Liability Insurance for each one.

VII. ADDITIONAL INFORMATION

As part of this Application attach the following:

A copy of the Applicant's current letterhead for all offices.

NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY

NO FACT, CIRCUMSTANCE OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION FOR WHICH COVERAGE MAY BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN BY ANY PERSON(S) OR ENTITY(IES) PROPOSED FOR THIS INSURANCE OTHER THAN THAT WHICH IS DISCLOSED IN THIS APPLICATION. IT IS AGREED BY ALL CONCERNED THAT IF THERE IS KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM SUBSEQUENTLY EMANATING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE. THE UNDERWRITING MANAGER, COMPANY AND/OR AFFILIATES THEREOF ARE AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE COMPANY TO PROVIDE OR THE APPLICANT TO PURCHASE THE INSURANCE.

THIS APPLICATION, INFORMATION SUBMITTED WITH THIS APPLICATION AND ALL PREVIOUS APPLICATIONS AND MATERIAL CHANGES THERETO OF WHICH THE UNDERWRITING MANAGER, COMPANY AND/OR AFFILIATES THEREOF RECEIVES NOTICE IS ON FILE WITH THE UNDERWRITING MANAGER, COMPANY AND/OR AFFILIATES THEREOF AND IS CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY IF ISSUED. THE UNDERWRITING MANAGER, COMPANY AND/OR AFFILIATES THEREOF WILL HAVE RELIED UPON THIS APPLICATION AND ALL SUCH ATTACHMENTS IN ISSUING THE POLICY.

IF THE INFORMATION IN THIS APPLICATION AND ANY ATTACHMENT MATERIALLY CHANGES BETWEEN THE DATE THIS APPLICATION IS SIGNED AND THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL PROMPTLY NOTIFY THE UNDERWRITING MANAGER, COMPANY AND/OR AFFILIATES THEREOF, WHO MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION OR AGREEMENT TO BIND COVERAGE.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT:

- (I) THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD";
(II) UNLESS AMENDED BY ENDORSEMENT, THE LIMITS OF LIABILITY CONTAINED IN THE POLICY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED BY "CLAIM EXPENSES" AND, IN SUCH EVENT, THE COMPANY WILL NOT BE LIABLE FOR "CLAIM EXPENSES" OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT SUCH COSTS EXCEED THE LIMITS OF LIABILITY IN THE POLICY; AND
(III) UNLESS AMENDED BY ENDORSEMENT, "CLAIM EXPENSES" SHALL BE APPLIED AGAINST THE "DEDUCTIBLE".

WARRANTY

I/We warrant to the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to the underwriting manager, Company and/or affiliates thereof.

Note: This application is signed by undersigned authorized agent of the Applicant(s) on behalf of the Applicant(s) and its, owners, partners, directors, officers and employees.

Must be signed by the owner, principal, partner, executive officer or equivalent (within 60 days of the proposed effective date).

Name of Applicant

Title

Signature of Applicant

Date

**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.



Ceresco  
of New Jersey

**DESIGNED PROTECTION<sup>SM</sup> FOR LAW FIRMS**

**SUPPLEMENTAL CLAIM FORM FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE**

Full name of Applicant: \_\_\_\_\_

If Yes to Question 6. or 7. in Part VI. of the Application for Lawyers Professional Liability Insurance provide details below for each claim, fact, circumstance or situation. If more space is needed, attach additional pages.

1. Date Claim Made: \_\_\_\_\_ Date of Alleged Error: \_\_\_\_\_  
Current Status/Date settled: \_\_\_\_\_ Claim, Suit or Incident: \_\_\_\_\_  
Claimant(s)/Plaintiff(s): \_\_\_\_\_  
Additional Defendant(s) (if any): \_\_\_\_\_  
Nature of Claim and Allegations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date Reported to Insurance Company and Name of Insurance Company: \_\_\_\_\_  
Amount Reserved (Loss/ Expense): \$ \_\_\_\_\_ /\$ \_\_\_\_\_ Amount Paid (Loss/Expense):\$ \_\_\_\_\_ /\$ \_\_\_\_\_

2. Date Claim Made: \_\_\_\_\_ Date of Alleged Error: \_\_\_\_\_  
Current Status/Date settled: \_\_\_\_\_ Claim, Suit or Incident: \_\_\_\_\_  
Claimant(s)/Plaintiff(s): \_\_\_\_\_  
Additional Defendant(s) (if any): \_\_\_\_\_  
Nature of Claim and Allegations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date Reported to Insurance Company and Name of Insurance Company: \_\_\_\_\_  
Amount Reserved (Loss/ Expense): \$ \_\_\_\_\_ /\$ \_\_\_\_\_ Amount Paid (Loss/Expense):\$ \_\_\_\_\_ /\$ \_\_\_\_\_

3. Date Claim Made: \_\_\_\_\_ Date of Alleged Error: \_\_\_\_\_  
Current Status/Date settled: \_\_\_\_\_ Claim, Suit or Incident: \_\_\_\_\_  
Claimant(s)/Plaintiff(s): \_\_\_\_\_  
Additional Defendant(s) (if any): \_\_\_\_\_  
Nature of Claim and Allegations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date Reported to Insurance Company and Name of Insurance Company: \_\_\_\_\_  
Amount Reserved (Loss/ Expense): \$ \_\_\_\_\_ /\$ \_\_\_\_\_ Amount Paid (Loss/Expense):\$ \_\_\_\_\_ /\$ \_\_\_\_\_



Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of the application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by owner, principal, partner, executive officer or equivalent within 60 days of the proposed effective date.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## SUPPLEMENTAL CLAIM INFORMATION

### APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Supplement must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS SUPPLEMENT.  
(PLEASE TYPE OR PRINT IN INK)

NOTE: This form is to be completed by Applicant who has been involved in any claim or suit or is aware of an incident which may give rise to a claim. COMPLETE ONE FORM FOR EACH CLAIM/SUIT OR INCIDENT.

1. Applicant Name \_\_\_\_\_
2. Claimant Name \_\_\_\_\_
3. Name of Individual(s) at your firm/Company involved in Claim: \_\_\_\_\_
4. Indicate whether: \_\_\_\_\_ Claim/Suit \_\_\_\_\_ Incident
5. Date of alleged error: \_\_\_\_\_ Date claim made against applicant: \_\_\_\_\_
6. Additional defendants: \_\_\_\_\_
7. Current Disposition of claim:  
 DISMISSED (Action dropped without any payment to claimant or Statute of Limitations has expired)  
 ABANDONED (no activity from claimant for over 3 years)  
 WON by defense  
 WON by claimant Total Paid \$ \_\_\_\_\_ Amount Paid on your behalf \$ \_\_\_\_\_  
Indicate whether :  Court judgment, or  Out of court settlement  
 OPEN Claimant's settlement demand \$ \_\_\_\_\_  
Defendant's offer for settlement? \$ \_\_\_\_\_ Insurer's loss reserve \$ \_\_\_\_\_
8. Name of Insurer: \_\_\_\_\_
9. Description of claim: (Provide enough information to allow evaluation, and use reverse side if additional space is required.)
  - a. Alleged act, error or omission upon which Claimant bases claim: \_\_\_\_\_
  - b. Description of cases and events: \_\_\_\_\_
  - c. Description of the type and extent of injury or damage allegedly sustained: \_\_\_\_\_
  - d. If a medical claim provide type of injury claimed:  
 Emotional Only  Temporary Disability  Death  Cosmetic  
 Permanent Disability  Other (describe) \_\_\_\_\_
10. Explain what action has been taken by you to prevent recurrence of the same type of claim. \_\_\_\_\_

I understand information submitted herein becomes a part of my Professional Liability Application and is subject to the same warranty and conditions.

\_\_\_\_\_  
Name of Applicant\*

\_\_\_\_\_  
Title (Officer, partner, etc.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\*Signing this form does not bind the applicant or the Company or the Underwriting Manager to complete this insurance.