

Renewal Application for Lawyers Professional Liability Insurance Policy



AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY

THIS APPLICATION IS FOR A CLAIMS MADE AND REPORTED POLICY.
IF ISSUED, PLEASE READ YOUR POLICY CAREFULLY.

Please type or print clearly in ink. Answer all questions. If space is insufficient to answer any question fully, attach a separate sheet. Complete all required supplements. IF YOU HAVE A CLAIM OR CIRCUMSTANCE THAT COULD RESULT IN A CLAIM IMMEDIATELY REPORT IT TO ZURICH, call 1-800-987-3373.

Current Policy Number: _____

Expiration Date: _____

Applicant's Name: _____

CURRENT COVERAGE		DESIRED COVERAGE	
Limit \$ _____	Each Claim/Aggregate	Limit \$ _____	Each Claim/Aggregate
Deductible \$ _____		Deductible \$ _____	

- Has the Applicant's name, principal address, telephone number, facsimile number, e-mail address or web site changed? Yes No
If YES, please provide a copy of the new letterhead and the modified information.
- Has there been a change in the number(s) and/or name(s) of Attorneys since the last application? Yes No
If NO, do not complete the chart below.

Please list all Attorneys working for Applicant (include yourself if you are a sole practitioner) in the chart below. If necessary, please continue on a separate page.

Attorney Name	D.C.*	Social Security #	Date of Birth (mm/dd/yy)	# Years in Practice	Date of Hire (mm/dd/yy)	# of Hours Worked/Week	Attorney Bar #

*Designation Codes

O-Officers, Directors, Shareholders of the corporation who are licensed attorneys

P-Partner, if a Partnership

C-Of Counsel Attorney

PT-Part-Time Attorney (must practice law 26 or fewer hours per week solely for applicant firm)

S-Sole Practitioner

E-Employed Attorney

IC-Independent Contractor

AREAS OF PRACTICE

- Have the Applicant's areas of practice changed since the last application? Yes No
If NO, do not complete the chart below.

Instructions for completing this section.

a. Based upon the last fiscal year please provide the percentage of time devoted (number of hours actually worked) to each area of practice listed in the chart below.

b. If the Applicant notes work for any areas of practice in CAPS, please complete the applicable Supplemental Forms included with the application.

- Does the Applicant's practice involve any Attorney acting in the capacity of a mediator or arbitrator? Yes No
If YES, indicate the percentage of time devoted to acting as a mediator or arbitrator _____ %

AREAS OF PRACTICE cont'd...

Area of Practice	Expiring %	Projected %	Area of Practice	Expiring %	Projected %
Admiralty/Maritime			Government (Federal/State/Local/Lobbying)		
Antitrust/Trade Regulation			Healthcare		
Aviation			Immigration		
Bankruptcy			Insurance Defense Litigation		
Business Transactions/Commercial Law			Insurance Other (Coverage, Regulatory, Subrogation)		
Civil Rights			International Law		
Collections			Investment Counseling/Money Management		
Commercial Practice – Business Litigation			Labor – Union Related Work		
Communications / Media			Medical Malpractice – Defendant		
Construction Law			Medical Malpractice – Plaintiff		
Consumer Claims			Oil / Gas		
COPYRIGHT/TRADEMARK			PATENT		
Corporate – Business Formation/Alteration			Personal Injury – Defendant		
Corporate – Business Transactions/Advice			Personal injury – Plaintiff		
Criminal Law			Public Utilities		
Disability/Social Security			Real Estate – Commercial		
Elder Law			Real Estate – Residential		
Employment			SECURITIES LAW (except corporate formation)		
ENTERTAINMENT			Secured Transaction (UCC – Commercial Paper)		
ENVIRONMENTAL			Taxation		
Estates/Wills/Trust/Probate			Tax Shelters		
Family Law			Workers' Compensation – Defendant		
Financial Institutions-Reg. Compliance			Workers' Compensation – Plaintiff		
TOTAL (must equal 100%)					%

4. If the Applicant has stated any percentage of Medical Malpractice - Plaintiff work in the area of practice chart above, please indicate in percentages the amount of work allocated to the following areas:

Nursing Homes	%	OB/GYN	%	Oncology	%	Pediatrics	%
Permanent Disability	%	Wrongful Death	%	Other*	%		

*If the Applicant stated a percentage of work for "Other", please explain the type of work performed on a separate sheet.

5. Does the Applicant engage in any Class Action / Mass Tort work? Yes No
If YES, please complete the applicable Supplemental Form.
6. Does the Applicant expect any changes to its areas of practice in the next twelve (12) months? Yes No
If YES, please explain on a separate sheet of paper and specifically indicate the new areas of practice to be handled by the Applicant.

RISK MANAGEMENT

7. Has there been any changes in the Applicant's risk management practices since the last application? Yes No
If YES, please complete the Risk Management Supplemental Form.

LOSS HISTORY

If the answer is YES to any of the following questions, complete the Notice of Circumstance/Claim Reporting Form included with the application and attach additional sheets as necessary.

- 8. Has any Attorney in Question 2 above or employee of the Applicant been the subject of a criminal action, a reprimand, disciplinary action, bar complaint, investigation, or other ethics proceeding within the past year? Yes No
- 9. Has any claim or suit arising out of the rendition of legal services been made against any Attorney in Question 2 above or employee of the Applicant within the past year? Yes No
- 10. Is any Attorney in Question 2 above or employee of the Applicant aware of any circumstance(s), incident(s), act(s), error(s) or omission(s) that could result in a claim or suit against the Applicant or any predecessor or any of the former or current members or employees of the Applicant? Yes No

Please note that if the responses to questions 8, 9 and 10 are in the affirmative, you must immediately report the claim or circumstance that could result in a claim to Zurich at 1-800-987-3373.

There are many factors used by the company to evaluate an application for lawyers' professional liability insurance. Such factors may include a law firm's areas of practice, loss history, risk management and an insurance score.

An insurance score is developed from a mathematical model that weighs and measures credit information such as payment history, the number of collections, bankruptcies, outstanding debt, length of credit history, types of credit in use and the number of new applications for credit. These factors have been shown to correlate with insurance loss activity.

You may be eligible for a premium discount based upon your insurance score. An insurance score will not result in a premium surcharge. The insurance score is also never the basis on which the company will accept or reject an application for an insurance policy. If you do not wish to have your insurance score computed, please check the box.

By signing this application the applicant agrees that after inquiry of all prospective insureds, no person proposed for coverage is aware of any fact or circumstance which reasonably might give rise to a future claim that would fall within the scope of the proposed coverage.

Receipt and review of this application does not bind the insurer to provide this insurance.

It is agreed by the applicant and the insurer that the particulars and statements made in this application, together with all attachments to this application and any other materials submitted to the insurer (all of which attachments and materials shall be deemed attached to the policy as if physically attached thereto) shall be the representations of the applicant and the prospective insureds. It is further agreed by the applicant and the prospective insureds that this policy, if issued, is issued in reliance upon the truth of such representations that are incorporated into and made part of this policy. After inquiry of all prospective insureds, the undersigned authorized officer of the applicant represents that the statements set forth in this application and its attachments and other materials submitted to us are true and correct. Signing of this application does not bind the applicant or the insurer.

The undersigned further declares that any event taking place between the date this application was signed and the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any information in this application, will immediately be reported in writing to us and we may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

The applicant represents that the above statements are true and correct to the best of his or her knowledge and that no material or relevant facts have been suppressed or misstated and agree that the policy, if issued, will be issued on the reliance of such representations.

Applicant acknowledges a continuing obligation to report to us as soon as practicable any material changes in the facts or statements above, and in each supplementary application, which applicant becomes aware after signing the application.

Notice to Applicant: 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.

Completion of this form does not bind coverage. Applicant's acceptance of company's quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance should a policy be issued and it will be attached to the policy.

Signature: _____
Principal, Partner or President

Date: _____

Print Name: _____

Title: _____

Signature: _____
Agent

Date: _____

Agent License #: _____

NOTE: THIS APPLICATION MUST BE SIGNED BY A PRINCIPAL, PARTNER OR PRESIDENT OF THE FIRM ACTING AS THE AUTHORIZED AGENT OF THE APPLICANT.

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Disclosure Statement



ZURICH

DISCLOSURE OF COMPENSATION

Daniels-Head Insurance Agency, Inc. is a licensed insurance agency representing Zurich. This notice is provided to advise you about the compensation we receive for our services. We are compensated by Zurich for placing policies with Zurich and for providing service to customers on those policies.

We hope this information is helpful. Thank you.