



ZURICH

Application For Professional Liability Insurance Policy – Moonlighting Lawyers

AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY

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

ELIGIBILITY INFORMATION AND INSTRUCTIONS

This application should only be completed by an individual who has a full time job (at least thirty-five (35) hours per week) that does not involve the practice of law and who practices law in a moonlighting capacity less than twenty-six (26%) of his/her average total work time.

Please type or print clearly in ink. Answer all questions. If space is insufficient to answer any question fully, attach a separate sheet. This application must be signed and dated by the Applicant.

Calculate Your Eligibility

1. a. Average hours worked per week for your Employer: _____
- b. Average percentage of time per week you engage in private practice: _____

NOTE: If a. is less than 35 hours and/or b. is 26 percent or more, you must request and complete our standard application.

GENERAL INFORMATION

2. Full Name of Attorney: _____
3. Attorney Bar #: _____
4. Street Address: _____ City: _____ State: _____ Zip: _____
5. Tel. Number: _____ 6. Fax Number: _____
7. E-Mail: _____ 8. Social Security Number: _____
9. Employer & Type of Business: _____
10. Website Address: _____

PRACTICE INFORMATION

11. When was the last day on which twenty-six percent (26%) or more of your average total work time was spent in private practice? _____
12. Have you ever had an insurance company or Lloyd's decline, cancel, refuse to renew or accept only on special terms any professional liability insurance except for loss of market? Yes No
If YES, please explain. _____
13. Does your private moonlighting practice include any of the following areas of practice?

| | | | |
|------------------------|--|---|--|
| Class Action/Mass Tort | <input type="checkbox"/> Yes <input type="checkbox"/> No | Investment Counseling/Money | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Collections | <input type="checkbox"/> Yes <input type="checkbox"/> No | Medical Malpractice (Plaintiff or Defendant) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Copyright/Trademark | <input type="checkbox"/> Yes <input type="checkbox"/> No | Patent | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Entertainment | <input type="checkbox"/> Yes <input type="checkbox"/> No | Securities Law | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Environmental Law | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tax Shelters | <input type="checkbox"/> Yes <input type="checkbox"/> No |

PRACTICE INFORMATION (continued)

14. Please list the lawyers' professional liability insurance carried by you, your current employer or previous firms for the past four (4) years. If *NONE*, please state *NONE*.

| Policy Period | Limit of Liability | Deductible | Insurer | Premium |
|---------------|--------------------|------------|---------|---------|
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15. a. Does your firm's Docket/Calendar Control system include the following? (Please check all applicable options.)
 Single Calendar Dual Calendar Tickler Cards Master Listing Computer Calendar
Other: _____
- b. Indicate how frequently the time deadlines are cross-checked. Daily Weekly Monthly Never

LOSS HISTORY

IF THE ANSWER IS *YES* TO ANY OF THE FOLLOWING QUESTIONS, PLEASE COMPLETE THE CLAIMS SUPPLEMENTAL FORM INCLUDED WITH THE APPLICATION AND ATTACH ADDITIONAL SHEETS AS NECESSARY.

16. During the past ten (10) years has the attorney in Question 2 been the subject of a criminal action, a reprimand, disciplinary action, bar complaint, investigation, or other ethics proceeding? Yes No
17. During the past five (5) years has any claim or suit arising out of the rendition of legal services been made against the attorney in Question 2? Yes No
18. Is the attorney in Question 2 aware of any circumstances, incidents, acts, errors or omissions that could result in a claim or suit arising out of the rendition of legal services against the applicant? Yes No
19. Has the applicant initiated lawsuits or arbitration procedures during the past three(3) years to enforce collection of unpaid fees? Yes No
If *YES*, how many matters? _____ How many of these matters are resolved? _____
How many of these matters are still unresolved? _____
20. Has the applicant had three (3) or more continuous years of full-time coverage with Zurich? Yes No
21. Does twenty-five percent (25%) or more of your revenue come from any form of fee sharing, subcontracting, or referral work? Yes No
Explain: _____

By signing this application on the following page 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.

The discovery of any fraud, intentional concealment, or misrepresentation of material fact will render this policy, if issued, void at inception.

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.

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: _____ **Date:** _____
Principal, Partner or President

Print Name: _____ **Title:** _____

Signature: _____ **Date:** _____ **Agent License #:** _____
Agent

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