



Application for a Lawyers Professional Liability Insurance (Claims-Made Policy)

PLEASE PRINT OR TYPE ALL REPLIES.

If space is insufficient for complete reply, attach a separate sheet, identifying question number.

New Reissue

Policy Number: _____

1. Full name of firm or individual: (Attach Firm Letterhead)

2. Name and title of contact:

Office Email: _____

3. Mailing address for delivery:

Office Phone: _____

PO Box (or No. and Street)

Office Fax: _____

Address Cont. City State Zip

Website: _____

County

Do you have any secondary locations? Yes No

4. Location address (If different from mailing address):

No. Street

No. Street

City State Zip County

City State Zip County

List additional locations on a separate sheet and attach copies of all letterheads utilized by all applicants.

5. Firm is: Individual Partnership PA LLP LLC Other Date Established: _____

6. List all lawyers applying for coverage and provide information requested. Please include all states in which you are licensed. (If additional space needed, attach separate sheet.):

Table with 7 columns: (a) Lawyer, Date of Birth, Admitted to Bar - Year, State(s) & State Bar Number(s), Individual Speciality (Use Question 9 Numbers), Percentage of Time Devoted to This Firm's Practice, Individual Email

(b) Within the past year, has any lawyer listed under item 6(a) been insured with another law firm? Yes No If yes, list individual, law firm, and liability insurance carrier.

(c) Is any lawyer named in 6(a) a partner, associate, "of counsel" or employee of a law firm other than the applicant firm? Yes No If yes, with whom?

(d) Does any person act as "of counsel" in or to your firm? Yes No If yes, explain.

7. Indicate the number of NON-LAWYERS employed full-time in the following capacities. Use the category that best applies to the principal duties of each individual. (If none, so state.)

Paralegal (Certified) Title Searcher Law Clerk Legal Assistant (non-clerical)

8. Does any applicant have an office sharing arrangement with anyone?

Yes No If yes, indicate name(s) and occupation(s) of person(s) with whom you share office space.

9. Indicate the percentage of YOUR FIRM'S INCOME that is derived from: (If first-year applicant, estimate.)*

Area of Practice	%	Area of Practice	%	Area of Practice	%
200 Administrative/Regulatory		330 Family Law		470 Municipal Law (Other than bond work)	
210 Antitrust/Trade Regulation		340 General Business/Commercial		Real Estate (categories below)	
220 Arbitration/Mediation		350 Corporation Law (Other than Mergers & Acquisitions)		500 Residential	
230 Banking/Financial Institution		360 Immigration		520 Commercial/Construction	
Bankruptcy (categories below)		370 Intellectual Property		540 Foreclosure	
240 Bankruptcy/Debtor		380 International Law		* 560 Real Estate - Other	
250 Bankruptcy/Creditor		Litigation (categories below)		Securities (including bonds) (categories below)	
260 Collections		400 Personal Injury - Plaintiff		600 Federal/Public Filings	
270 Criminal Law		410 Class Action/Mass Torts		610 Exempt/Private Placements	
280 Employee Benefit Plans/ERISA		420 Defense/Insurance		620 Bonds	
290 Employment Law		430 General Business Litigation		* 630 Securities - Other	
300 Entertainment/Sports		440 Workers' Compensation/Employee		650 Taxation	
310 Environmental Law		* 450 Litigation - Other		* 800 Other	
320 Estates & Trusts		460 Mergers & Acquisitions			

* **Note:** If you assign a percentage to any of the "Other" categories, please describe the area(s) of law (Percentages should total 100%):

10. RISK MANAGEMENT: (Required for all applications.)

(a) Identify the Attorney acting as Risk Manager. _____

(b) DOCKET CONTROL/CALENDAR SYSTEM:

(1) Does the firm have a planned system (including one primary and a backup system) for monitoring all deadlines? Yes No

If not, please explain. _____

(2) Is one of these systems computerized? Yes No

(3) Who is responsible for entries and retrieval? _____

(4) Does the ultimate responsibility for docket control/calendar system rest with the attorney handling the case?

Yes No

- (c) CONFLICT OF INTEREST:
Describe the firm's procedure for avoiding the representation of parties with conflicting interests. _____
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- (d) FINANCIAL INSTITUTIONS/CLIENT RELATIONS:
- (1) Has any member or former member, currently or previously associated with the firm, served as a director, officer or loan committee member of a financial institution?
Yes No If yes, provide the name(s) of each institution, location, duty and date of service for the applicable member(s). _____
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- (2) Has any current or past member represented or presently represent, on a regular basis, one or more financial institutions?
Yes No If yes, provide the name(s) of each institution, location, duty and date of service for the applicable member(s). _____
-
- (3) Does any member of the firm have an equity or other ownership interest in any client of the firm (excluding publicly traded companies or firms having a market for their services or interests)?
Yes No If yes, provide details. _____
-
- (4) Does the firm derive fifty percent or more of its annual revenues from four or fewer clients?
Yes No If yes, provide details. _____
-
- (5) Does the firm provide investment advice or engage in money management activities?
Yes No If yes, explain. _____
-

THE FOLLOWING QUESTIONS SHOULD BE ANSWERED FOR EACH LAWYER LISTED UNDER ITEM 6(A). FOR THE PURPOSES OF QUESTIONS 11 THROUGH 16, EACH LAWYER LISTED UNDER ITEM 6(A) SHALL BE REGARDED AS AN APPLICANT, AND THE FOLLOWING QUESTIONS SHOULD BE SUBMITTED FOR EACH SUCH APPLICANT.

- 11.(a) Has any applicant ever been refused admission to practice, reprimanded, disbarred or suspended (including voluntary suspension) by any court or State Bar during the past five years?
Yes No If yes, attach a detailed explanation. _____
- (b) Is any applicant aware of any grievance having been filed against him with any court or administrative agency (state bar) during the past five years?
Yes No If yes, attach all documentation, including letters of notice, responses, dismissals, etc., unless previously submitted. If previously submitted, so indicate. _____
12. Has any application for similar insurance on behalf of any firm, its predecessors in business or any lawyer proposed for this insurance been declined or cancelled, or has renewal of such insurance been refused or premium surcharged for any reason?
Yes No If yes, attach a detailed explanation. _____
13. Has any applicant ever been convicted of a felony or a crime involving moral turpitude?
Yes No If yes, attach a detailed explanation, unless previously submitted. If previously submitted, so indicate. _____
14. During the past five years has any applicant been made aware of any claims or suits made against the firm or any of its predecessors in business, or any of the past or present partners or employed lawyers?
Yes No If yes, attach a detailed explanation, unless previously submitted. If previously submitted, so indicate. _____
15. Is any applicant aware of any circumstance, act, omission, or offense which may result in a claim being made against the firm or any of its predecessors in business, or any of the past or present partners or employed lawyers that has not been reported in 11(b)?
Yes No If yes, attach a detailed explanation. _____
16. Is any applicant an employee of any entity other than the applicant firm?
Yes No If yes, list employer and describe the nature of employment and percentage of total time devoted to this activity. _____
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17. Previous Insurance (last five years beginning with immediate prior coverage working backwards). If LML, omit, or none, so state.
Carrier (Not Agent) Effective Date (MM/DD/YYYY)
-

CERTIFICATION

The person signing this application certifies that he/she has asked every lawyer in the firm (including administrators or other persons in charge of firm administration) all questions and received an answer from every lawyer (including administrators or other persons in charge of firm administration), prior to signing this application. Yes No

On behalf of the applicant(s), I/we hereby declare that the foregoing statements and particulars are true and I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the contract with Lawyers Mutual (LML or the Company); and it is agreed that all representations contained herein are material as a matter of law, and that I/we will immediately notify the Company, said representations being deemed continuing, of any change in facts occurring prior to issuance of insurance pursuant hereto.

On behalf of the applicant(s), I/we hereby authorize any State Bar, Bar Association, my/our present and prior professional liability insurance carriers, or any other sources, to release to the Company any claims, underwriting, or other information having a bearing upon my/our acceptability as a professional liability insurance risk and agree and consent to the Company conducting whatever underwriting investigation it deems necessary in order to determine my/our insurability.

It is understood that this is an application for insurance and not an insurance binder. Any misstatements made in this application could invalidate any policy issued on the basis of this application.

Firm Name _____ Tax ID No.* _____

Signed _____ Date _____

(Partner, Director, Officer or Owner)

*For tax reporting purposes and policyholder dividends, we need the firm's Tax ID or if not available, use your social security number.

LIMITS OF PROFESSIONAL LIABILITY AND DEDUCTIBLES AVAILABLE: **Mark boxes for a maximum of three (3) additional quotes if desired.**

Limits (per Claim/Aggregate)

Deductibles

\$100,000/300,000 <input type="checkbox"/>	\$5,000,000/5,000,000 <input type="checkbox"/>	\$1,000 <input type="checkbox"/>	\$15,000 <input type="checkbox"/>
\$200,000/600,000 <input type="checkbox"/>	\$6,000,000/6,000,000 <input type="checkbox"/>	\$2,000 <input type="checkbox"/>	\$20,000 <input type="checkbox"/>
\$250,000/750,000 <input type="checkbox"/>	\$7,000,000/7,000,000 <input type="checkbox"/>	\$2,500 <input type="checkbox"/>	\$25,000 <input type="checkbox"/>
\$500,000/500,000 <input type="checkbox"/>	\$7,500,000/7,500,000 <input type="checkbox"/>	\$3,000 <input type="checkbox"/>	\$50,000 <input type="checkbox"/>
\$500,000/1,000,000 <input type="checkbox"/>	\$8,000,000/8,000,000 <input type="checkbox"/>	\$4,000 <input type="checkbox"/>	\$100,000 <input type="checkbox"/>
\$1,000,000/1,000,000 <input type="checkbox"/>	\$9,000,000/9,000,000 <input type="checkbox"/>	\$5,000 <input type="checkbox"/>	\$200,000 <input type="checkbox"/>
\$1,000,000/2,000,000 <input type="checkbox"/>	\$10,000,000/10,000,000 <input type="checkbox"/>	\$7,500 <input type="checkbox"/>	\$300,000 <input type="checkbox"/>
\$2,000,000/2,000,000 <input type="checkbox"/>	\$15,000,000/15,000,000 <input type="checkbox"/>	\$10,000 <input type="checkbox"/>	
\$3,000,000/3,000,000 <input type="checkbox"/>	\$20,000,000/20,000,000 <input type="checkbox"/>		
\$4,000,000/4,000,000 <input type="checkbox"/>	\$25,000,000/25,000,000 <input type="checkbox"/>		

- Notes:**
- 1 - A deductible of \$1,000 is limited to policies less than \$1,000,000.
 - 2 - A deductible of \$2,500 is limited to policies less than \$3,000,000.
 - 3 - A deductible of \$5,000 is limited to policies less than \$5,000,000.
 - 4 - A deductible of \$10,000 is limited to policies less than \$10,000,000.
 - 5 - A deductible of \$25,000 is limited to policies less than \$15,000,000.

Proposed Effective Date: _____



**LAWYERS
MUTUAL**

LIABILITY INSURANCE
COMPANY OF
NORTH CAROLINA

5020 Weston Parkway, Suite 200
Cary, North Carolina 27513
Post Office Box 1929
Cary, North Carolina 27512-1929

919.677.8900 TEL
800.662.8843 TOLL FREE
919.677.9641 FAX
www.lawyersmutualinc.com

Real Estate – Supplemental Application

Important: This Form Should Be Completed if Your Firm Does ANY Real Estate Closings.

Firm Name: _____ LML Policy No: _____

1. Identify the attorneys in your firm who handle any type of residential or commercial real estate transaction.

2. Please indicate the Number of Real Estate Closings handled by the firm over the most recent 24 months.

	Most Recent 12 Months	Prior 12 Months
No. of Residential Real Estate Closings	_____	_____
(Does this include multiple closings for a developer? Yes <input type="checkbox"/> No <input type="checkbox"/>)		

No. of Commercial Real Estate Closings	_____	_____
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3. Please indicate the number of title searches completed on behalf of the firm over the past 12 months by:
a. Attorney(s) of the Firm _____ b. Firm Employee(s) _____
c. Non-employee third parties _____

4. Does the firm or any member of the firm have an interest in a Title Agency? Yes No

If "YES", please provide proof of errors and omissions coverage for the Title Agency with coverage amount.

5. Does your firm ever conduct real estate closings without an attorney present? Yes No

6. Does your firm participate in closings using a closing procedure, often referred to as a "beach closing," in which an attorney in a second law firm (who is not certifying title) is responsible for paying and satisfying deeds of trust and other liens of the seller? Yes No . If YES, how many such closings did your firm participate in over the past twelve months? _____

7. Identify each attorney in the firm who has been either removed as an approved attorney or not granted status as an approved attorney by any title company or title agency. Provide details of any refusal or denial, attaching additional sheets if necessary.

This Supplemental Application is part of, and is incorporated by reference into, the Application for Lawyers Professional Liability Insurance submitted by the firm designated above. The individual signing below for the firm certifies that each attorney listed in response to question 1 of this Supplemental Application has seen a copy of this completed Supplemental Application and agrees that all of the responses provided herein are true and correct.

Signature of Partner, Director, Officer or Owner

Title

Date