



EZ RENEWAL APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

THE POLICY YOU ARE APPLYING FOR IS A CLAIMS-MADE AND REPORTED POLICY, AND SUBJECT TO ITS PROVISIONS, APPLIES ONLY TO ANY CLAIM BOTH FIRST MADE AGAINST AN INSURED AND REPORTED IN WRITING TO THE COMPANY DURING THE POLICY PERIOD, NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT, THE EXTENDED REPORTING PERIOD APPLIES. DEFENSE COSTS, AS WELL AS ANY LOSSES REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

ABOUT THE FIRM

1. The precise registered name of the applicant firm to be insured, as reflected on the firm's letterhead:

Name: _____

Attach a sample of the firm's letterhead to this application. Inconsistencies between it and the application, including attorneys named, address, and other offices, etc. should be explained on a separate sheet of paper

2. Renewal Effective Date: _____ / _____ / _____

RENEWAL INFORMATION

3. Does the firm practice in multiple states? Yes No

If yes, complete the Out of State Supplemental Application.

4. Are there any attorneys who, during the policy period: a) joined the firm; b) left the firm; or c) had a change in status (for example, been made partner or of counsel)? Yes No

If "yes" complete the EZ Renewal Supplemental Application.

5. Have there been any percentage changes in the firm's Areas of Practice during the policy period? Yes No

If "yes" complete the EZ Renewal Supplemental Application.

6. a. Does the firm regularly confirm representations in writing via use of formal engagement letters? Yes No

Please attach a sample engagement letter on firm letterhead.

b. Does the engagement letter include the following:

▪ Identity of the Client? Yes No

▪ Scope of Representation that includes key terms of legal representation? Yes No

▪ Fee structures and billing agreements? Yes No

▪ Termination agreement that includes file retention and destruction terms? Yes No

c. Does the firm ensure that a countersigned engagement letter is received from the client before work begins on a new matter? Yes No

If "no", to a., b. or c, please explain via attachment.

7. During the policy period, has the firm initiated lawsuits or arbitration procedures to enforce the collection of unpaid fees for the firm? Yes No

If "yes", complete the Fee Suit Supplemental Application

8. Has the Firm or any lawyer in the Firm represented publicly traded clients with services rendered involving Sarbanes-Oxley Act (SOX) compliance including but not limited to Securities, Accounting, Financial/Investment Services or Tax work? Yes No

If "yes", please complete the Client Information supplement.

9. During the policy period, has the firm become involved in any mass tort / class action cases? Yes No

If "yes" complete the Mass Tort / Class Action Supplemental Application.

10. Provide the firms estimated gross revenues for the current fiscal year:

Year	Year End Date	Gross Revenues
Current fiscal		\$



EZ RENEWAL APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

11. After inquiry, is any attorney in the firm aware of:
- a. any claims that have not yet been reported to the Company? Yes No
 - b. any actual or alleged act, omission, circumstance, or breach of duty that has not yet been reported to the Company, and that a reasonable attorney would recognize might reasonably be expected to result in a claim being made against the firm, any predecessor firm, or against any attorney currently or formerly affiliated with the firm or any predecessor firm, regardless of whether any such claim would be meritorious? Yes No

If "yes" to a or b above, please notify CNA Claims Department – refer to the Declarations page for contact information; and complete the Claims Supplemental Application.

12. a. Within the past five years, has any attorney been subject to any disciplinary inquiry, complaint or proceeding for any reason *including* non-payment of dues? Yes No
- b. Has any attorney *ever* been refused admission to practice, disbarred, suspended, formally reprimanded, or sanctioned in any other way? Yes No

If "yes" to a or b above complete the Disciplinary Supplemental unless the matter was reported under a prior CNA policy term and supplement was completed. The Disciplinary – Status Update Supplement should be completed for renewal policies where the matter was previously reported but was still open at the last renewal.

SIGNATURE AND REPRESENTATION

Applicant hereby represents, after inquiry, that the information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations: this application, and any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof.
2. This application will be the basis of the contract and will be incorporated by reference into and made part of such policy; and
3. Applicant's failure to report to its current insurance company, during the current policy period, either any claim made against any insured, or any act or omission known to any insured that may reasonably be expected to be the basis of a claim against any insured may create a lack of coverage.
4. Any attorney currently or formerly affiliated with the firm or any predecessor firm, has disclosed in this Application any actual or alleged, act, omission, circumstance or breach of duty that a reasonable attorney would recognize might reasonably be expected to result in a claim being made against the firm, any predecessor firm, or any attorney currently or formerly affiliated with the firm or any predecessor firm, regardless of whether any such claim would be meritorious.

Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant.

FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

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 may be subject to civil fines and criminal penalties (for New York residents only: 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.) (For Pennsylvania Residents only: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.) (For Tennessee Residents only: Penalties include imprisonment, fines and denial of insurance benefits.)

Applicant:

By _____

SIGNATURE OF OFFICER OR PARTNER OF THE FIRM	PRINT NAME OF OFFICER OR PARTNER	DATE
---	----------------------------------	------



EZ-Renewal Application Area of Practice Supplement

Guidelines for completing this section:

- a. Express percentages of **time devoted** (billable hours) in each area during the previous year.
- b. Indicate percentages in **whole numbers** next to the type of law you practice, not the business of the client you represent.
- c. Please be as accurate as possible, as casual estimates may cause inappropriate evaluation of your practice.
- d. All litigation should be coded as "Civil Litigation" with the exception of "Criminal," "Personal Injury - Plaintiff" and "Intellectual Property" which should be coded to their respective Area of Practice.

<p>_____ % Admiralty / Marine – Defense</p> <p>_____ % Admiralty / Marine – Plaintiff</p> <p>_____ % Anti - Trust Trade Regulation</p> <p>_____ % Banking / Financial Institutions</p> <p>_____ % Business Transaction / Commercial Law</p> <p>_____ % Civil / Commercial Litigation - Defense</p> <p>_____ % Civil / Commercial Litigation - Plaintiff</p> <p>_____ % Civil Rights / Discrimination</p> <p>_____ % Collection and Bankruptcy</p> <p>_____ % Construction (Building Contracts)</p> <p>_____ % Consumer Claims</p>	<p>_____ % Corporate Business Organization</p> <p>_____ % Criminal</p> <p>_____ % Environmental Law</p> <p>_____ % Family Law</p> <p>_____ % Government Contracts / Claims</p> <p>_____ % Immigration / Naturalization</p> <p>* _____ % Intellectual Property (Patent, Trademark, Copyright)</p> <p>_____ % International Law</p> <p>_____ % Labor Law – Union Representation</p> <p>_____ % Labor Law – Management Representation</p> <p>_____ % Local Government</p> <p>_____ % Natural Resources / Oil and Gas</p>	<p>_____ % Personal Injury / Property Damage – Defense</p> <p>_____ % Personal Injury / Property Damage – Plaintiff</p> <p>_____ % Real Estate / Title Commercial</p> <p>_____ % Real Estate / Title Residential</p> <p>* _____ % Securities (SEC)</p> <p>_____ % Taxation</p> <p>_____ % Wills, Estates, Probate & Planning</p> <p>_____ % Workers' Compensation - Defense</p> <p>_____ % Worker's Compensation - Plaintiff</p> <p>_____ % Other _____</p> <p style="text-align: right;">(please describe below)</p>
---	---	--

Total (Must equal 100%) _____ %

Other Description Area

*** If any, please request the Intellectual Property and / or Securities Supplemental Application(s) from the Administrator.**



LawyersInsurance.com

**LAWYERS PROFESSIONAL LIABILITY
EZ-RENEWAL SUPPLEMENT**

Firm Name

Attorney Information

Total number of attorneys: Please list all of the firm's attorneys. Differences between the date attorney began practicing law for other than a corporate or governmental entity and the date the attorney was admitted to the Bar must be explained on a separate sheet of paper following the same format. Please list additional attorneys on a separate sheet in the same format.

Attorney Name	Social Security Number	Owner (O) Equity Partner (EP) Non-Equity Partner (NP) Officer (OF) Employee (E) Of Counsel (OC)	Does Of Counsel perform 1040 hours or more of legal services per year?	Does the Of Counsel require Full Career Coverage	States you are licensed to practice Law
1.					
2.					
3.					
4.					
5.					

Attorney Name	Years In Private Practice	Number of Years In This Firm	Number of Years of Continuous Malpractice Coverage	Prior Acts Date	Have they met CLE Requirements	CNA Risk Management Seminar Date MM/DD/YY	Bar Member
1					<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
2					<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
3					<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
4					<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
5					<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

Claim / Incident Information

For additional claims information, please attach a supplemental sheet in the same format.						
Attorney Name	Other attorney(s) involved with the claim / incident	Claimant Name	Date of Claim / Incident (MM/DD/YY)	Paid Amount	Status Open - O Closed - C Incident - I	Claim Description



**APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
CNA RENEWAL SUBMISSION: CLAIM AND POTENTIAL CLAIM SUPPLEMENT**

NOTE: Complete this supplement for the Underwriting File if a claim/potential claim was either reported to CNA during the most current policy term or is being reported during the renewal process.

The word "matter" is used herein to indicate claim, potential claim/incident, or lawsuit.

Named Insured Firm _____ Policy Number _____

1. Involved Parties

- a. Name all Firm lawyers involved in the matter _____
- b. Name claimants/potential claimants _____

2. Date the matter was or is being reported to CNA _____/_____/_____

3. a. Was this matter asserted in a cross-claim or counterclaim in an action to collect fees? Yes No
 b. If yes, what was the amount of fees owed the Insured Firm? \$ _____

4. a. Was an engagement letter used detailing scope of representation and identifying the client? Yes No
 b. If yes, provide a copy for the underwriting file. If no, explain why.

5. Provide a brief narrative of the matter, including a description of the underlying representation and the legal services rendered. **DO NOT SUBMIT A SUMMONS, COMPLAINT, PLEADING OR MOTIONS**

6. As a result of this matter, describe the procedural or firm policy changes implemented by the Firm to reduce the likelihood of a similar occurrence.

Signature of Firm Principal _____

Print Name of Firm Principal _____

Date _____/_____/_____



CONTINENTAL CASUALTY COMPANY

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

Plaintiff Litigation Supplement

FIRM NAME: _____

This supplement is to be completed for any plaintiff work that the firm does in Personal Injury/Property Damage and Civil/Commercial Litigation.

1. What is the average number of years of experience for the attorney(s) working in this area of law? _____

2. What is the firm's average litigation case-load per year? _____

3. Indicate the percentage of time that the firm devotes to the following areas:

- Bodily Injury/Personal Injury/Property Damage _____
- Medical Malpractice _____
- Legal Malpractice _____
- Product Liability _____
- Other (Please describe) _____

4. What is the estimated average dollar value of the firm's plaintiff cases? _____

5. What is the largest judgment, award of settlement by the firm in the last three years? _____

6. How many and what type of cases does the firm refer to other law firms?

7. How many and what type of cases does the firm accept as referrals from other law firms?

8. How many and what type of cases does the firm act as co-counsel?

9. Does the firm assure that any firm they co-counsel with, refer cases to, or accept referrals from carry Lawyers' Professional Liability insurance of at least \$500,000 limits? *(Please explain a no response)* _____

10. Provide an annual percentage of cases accepted where there was less than six months before the statute of limitations running. _____

Signature of Officer or Partner of the Firm

Date

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

FEE SUITS SUPPLEMENT

Firm Name:	
Policy Number:	
Date:	

1. How many clients has the firm handled in the past two years? _____

2. A. How many fee suits have you filed in the past two years? _____
- B. How many of the clients that the firm has sued paid the balances due after the suit? _____
- C. How many suits are still open? _____

3. Does the firm's engagement and retainer letters clearly show payment schedules? Yes No

4. A. Does the firm handle the collection of unpaid fees? Yes No
- B. If no, does the firm refer the collection of unpaid fees to a collection attorney? Yes No

5. Please indicate low, high, and average dollar values of unpaid fees? Low: \$ _____
- Average: \$ _____
- High: \$ _____

6. A. Have steps been taken to avoid a possible counter suit? Yes No
- B. If yes, please provide details: _____

7. A. Have steps been taken to prevent fee suits in the future? Yes No
- B. If yes, please provide details: _____

8. For which of the following areas of practice has the firm filed fee suits?

<input type="checkbox"/> Admiralty / Marine - Defense <input type="checkbox"/> Admiralty / Marine - Plaintiff <input type="checkbox"/> Anti-Trust / Trade Regulation <input type="checkbox"/> Banking / Financial Institutions <input type="checkbox"/> Business Transaction-Commercial Law <input type="checkbox"/> Civil / Commercial Litigation-Defense <input type="checkbox"/> Civil / Commercial Litigation-Plaintiff <input type="checkbox"/> Civil Rights / Discrimination <input type="checkbox"/> Collection and Bankruptcy <input type="checkbox"/> Construction (building contracts) <input type="checkbox"/> Consumer Claims <input type="checkbox"/> Corporate Business Organization <input type="checkbox"/> Criminal <input type="checkbox"/> Environmental <input type="checkbox"/> Family Law <input type="checkbox"/> Government Contracts / Claims <input type="checkbox"/> Immigration / Naturalization	<input type="checkbox"/> Intellectual Property – Copyright/Trademark <input type="checkbox"/> Intellectual Property - Patent <input type="checkbox"/> International Law <input type="checkbox"/> Labor Management Representation <input type="checkbox"/> Labor Union Representation <input type="checkbox"/> Local Government <input type="checkbox"/> Natural Resources / Oil & Gas <input type="checkbox"/> Personal Injury/Property Dam - Defense <input type="checkbox"/> Personal Injury/Property Dam - Plaintiff <input type="checkbox"/> Real Estate / Title – Commercial <input type="checkbox"/> Real Estate / Title - Residential <input type="checkbox"/> Securities (S.E.C.) <input type="checkbox"/> Taxation <input type="checkbox"/> Wills, Estate, Trust and Probate <input type="checkbox"/> Workers Compensation - Defense <input type="checkbox"/> Workers Compensation - Plaintiff <input type="checkbox"/> Other (please describe below)
--	---



**APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
DISCIPLINARY SUPPLEMENT**

This supplement is to be completed by

- CNA renewal firms if a disciplinary matter was reported to CNA during the most current policy term or is being reported during the current renewal process
- New Business applicants who have had a disciplinary matter during their career.

Complete one supplement for each disciplinary matter. Throughout the supplement the words "complaint", "grievance" and "matter" are used to indicate any disciplinary inquiry, complaint or proceeding for any reason including non-payment of dues. If more space is needed to fully answer any question please provide via attachment.

Firm Name: _____

1. Name lawyer(s) involved in the complaint: _____

2. Name of complainant:

	Client <input type="checkbox"/>	3 rd Party <input type="checkbox"/>
	Client <input type="checkbox"/>	3 rd Party <input type="checkbox"/>

3. a. When was notification received from the Disciplinary Commission or governing body of your state? ___/___/___

b. When did you respond to the governing body? ___/___/___

4. a. Did you report this to your insurance carrier? Yes No

b. If reported, please provide the name of the insurance carrier. _____

c. Date reported: ___/___/___

d. Is the carrier involved in representation of you in this matter? Yes No

e. If the matter was not reported to your carrier please explain why. _____

5. a. Was this complaint made after a suit for fees was initiated? Yes No

b. Was an engagement letter used for the firm's representation in the matter leading to the alleged act or omission?
Yes No

c. As a result of this matter, what changes have been made that will reduce the likelihood of similar complaints?

6. a. What were the allegations in the complaint? Include a description of the legal services rendered in the underlying matter.

b. What is the current status of the complaint? Open/Pending Dismissed with finding Dismissed without finding

c. If dismissed, what if any, discipline or sanction was administered? _____



**APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
DISCIPLINARY SUPPLEMENT**

7. a. Attach copies of the complaint and all correspondence between the governing body, the lawyer and the complainant, including the final disposition papers. Check here to verify attachment
- b. For New Business applicants, if reported to your insurance carrier within the past five years attach a loss run from the carrier handling the matter. Check here to verify attachment

Signature of Firm Principal: _____

Print Name of Firm Principal: _____

Date ___/___/___



APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
DISCIPLINARY STATUS UPDATE SUPPLEMENT

This supplement is to be completed for any disciplinary matter previously reported and still pending when the last insurance application was submitted. Complete one supplement for each disciplinary matter being updated. Throughout the supplement the words "complaint", "grievance" and "matter" are used to indicate any disciplinary inquiry, complaint or proceeding for any reason including non-payment of dues. If more space is needed to fully answer any question, provide via attachment.

Firm Name: _____

1. Name lawyer(s) involved in the complaint: _____

2. Name of complainant:

	Client <input type="checkbox"/>	3 rd Party <input type="checkbox"/>
	Client <input type="checkbox"/>	3 rd Party <input type="checkbox"/>

3. What is the current status of the complaint? Open/Pending Dismissed with finding Dismissed without finding

a. If dismissed, what if any, discipline or sanction was administered? _____

b. As a result of this matter, what changes have been made that will reduce the likelihood of similar complaints?

4. Attach copies of all correspondence between the governing body, the lawyer and the complainant since last insurance application was submitted including the final disposition papers if closed. Check here to verify attachment.

5. Provide a current loss run from the insurance carrier handling the matter if not CNA. Check here to verify attachment.

Signature of Firm Principal: _____

Print Name of Firm Principal: _____

Date ___/___/___