



Application for Lawyers Professional Liability Insurance

Claims-made Policy Application

(This application will attach to and become a part of any policy issued.)

PART I Firm Name

Partnership Individual Professional Corporation Professional Association Limited Liability Corp or Partnership

PART II Firm Name Mailing Address

Federal Tax I.D. # _____

Telephone No. _____

Fax No. _____

Contact Name: _____

E-Mail: _____

PART III Date policy to be effective: _____

PART IV Limits of Liability: (you may select multiple choices)

Deductible: (Includes claims expenses)

| | | | |
|---------------------------------|-----------------------------------|---------------|----------------|
| \$100,000 / \$300,000 _____ | \$3,000,000 / \$3,000,000 _____ | \$1,000 _____ | \$10,000 _____ |
| \$200,000 / \$600,000 _____ | \$4,000,000 / \$4,000,000 _____ | \$2,500 _____ | \$25,000 _____ |
| \$500,000 / \$500,000 _____ | \$5,000,000 / \$5,000,000 _____ | \$5,000 _____ | \$50,000 _____ |
| \$1,000,000 / \$1,000,000 _____ | \$10,000,000 / \$10,000,000 _____ | | |
| \$2,000,000 / \$2,000,000 _____ | | | |

The following can be submitted on a separate page, if necessary:

PART V List the name, email, state(s) admitted to practice, year and month for each attorney:

A. Individual Practitioner:

| Name | States Admitted | OBA Number | Email Submit each Attorneys Email | Yr. & Mo. Admitted |
|------|-----------------|------------|--------------------------------------|-----------------------|
| | | | | |
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PART VI (Please complete all sections)

A. Does an "Of Counsel" arrangement (or any association) exist with anyone?

YES (Submit a copy of your firm letterhead, along with this application)

NO

If YES, please supply the name of the attorney, OBA number and describe arrangement: _____

B. Does the applicant have an office space and/or expense sharing arrangement with any other attorney?

YES (Submit a copy of your firm letterhead, along with this application)

NO

PART VII

Has any applicant ever been reprimanded by or refused admission to practice, disbarred or suspended from practice before any court or administrative agency, subject of a grievance or any complaint filed with the Oklahoma Bar Association, or any other Bar organization?

YES (Submit details)

NO

ONLY THOSE PREVIOUSLY REPORTED

PART VIII (Please complete all sections)

Calendar / Work Control System:

A. Does applicant have a planned system/calendar applicable to litigated and non-litigated matters with date deadlines?

YES NO

Please describe: _____

B. Does a cross-check or dual control/calendar exist?

YES NO

Please describe: _____

C. Does the ultimate responsibility for calendar / work rest with the attorney handling the matter?

YES NO

Conflicts of Interest Control System:

D. Does the firm have a screening process for determining conflicts of interest, i.e. use of a client list, etc:

YES NO

Please describe: _____

Engagement Letters:

E. Are client contracts/engagement letters used in all new matters, defining the scope of representation? YES NO

F. Do client contracts/engagement letters specify fee agreements? YES NO

PART IX (Please complete all sections)

Other Employment:

- A. Is the applicant engaged in private practice? YES NO
- B. Is the applicant employed by any entity other than the law firm? YES NO

If YES, please list employer and describe duties performed: _____

Involvement in Financial Institutions:

- C. Does or did any attorney manage, own (have interest in) or have financial control of, or is any attorney employed by a bank, trust company, mortgage and loan association, building or savings and loan association, title guaranty or real estate company?

YES NO If YES, please describe: _____

- D. Are legal services provided to the institution above? YES NO

Outside Interests:

- E. Is any firm member serving as a director, officer, trustee, partner, shareholder or employee of any entity other than the law firm?

YES NO

If YES, please provide the following information:

| Attorney's Name | Name of Business | Position Held | % Equity Interest | Firm Client Yes/No | Director/Officer Insurance |
|-----------------|------------------|---------------|-------------------|--------------------|----------------------------|
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PART X (Please complete all sections)

- A. Have any claims or suits been made against any applicants, their (his/her) predecessors in practice or any of the present partners, or to the knowledge of the firm, against any past partners?

YES NO ONLY THOSE PREVIOUSLY REPORTED

If YES, please provide full details (may require second sheet): _____

B. Does any attorney or any employee in your firm know of any circumstance, act, error or omission that might constitute a breach of professional duty or responsibility which could form the basis for the assertion of a claim against any member or employee of your firm? *You are answering this question for each attorney and employee in the firm, and if any of them knows of such circumstance, act, error or omission and you do not report it, coverage may be voided and/or excluded.*

YES NO If YES, please provide full details (may require second sheet): _____

C. Has any insurance for any applicant, present partners, associates or predecessors ever been declined or cancelled, specially rated, had the deductible increased, policy limits decreased or subject to a special endorsement restricting coverage?

YES NO If YES, please provide full details (may require second sheet): _____

D. Has the firm filed suit against any clients in the past 12 months?

YES NO If YES, please describe: _____

E. Does any one client represent more than 50% of the firm's annual gross income?

YES NO If YES, please describe: _____

F. Does the firm advertise in the mass media (television, radio, newspapers, online, etc.)?

YES NO If YES, what is the annual advertising budget? _____

PART XI (Please complete all sections)

A. What percent of the firm's practice was derived from handling matters in out-of-state jurisdictions over the past five years (or during the life of the firm)? These are matters that are actually handled in out-of-state jurisdictions, not where the clients are merely domiciled in other states.

_____ %

B. During the next 12 month period, what percent of the firm's practice is expected to be derived from matters which are handled in out-of-state jurisdictions?

_____ %

PART XII Indicate the percentage of gross billable dollars in the following areas of practice:

| | | | | | |
|-------------------------------------|---|---------------------------------|---|-----------------------|---|
| 1. Negligence Plaintiff | % | 9. Commercial & Business Trans. | % | 17. Oil & Gas | % |
| 2. Negligence Defendant | % | 10. Securities Activities* | % | 18. Environmental | % |
| 3. Civil Rights | % | 11. Family | % | 19. Employment | % |
| 4. Real Estate | % | 12. Immigration | % | 20. Work Comp | % |
| 5. Estates Trusts & Probate | % | 13. Tax | % | 21. SSI Disability | % |
| 6. Patents, Trademarks & Copyrights | % | 14. Criminal | % | 22. Other (describe): | % |
| 7. Corporate & Business Org. | % | 15. Bankruptcy | % | | |
| 8. Local Government | % | 16. Collections | % | | |

* The Securities Act of 1933, The Securities Exchange Act of 1934, The Trust Indenture Act of 1939, The Investment Company Act of 1940, The Investment Advisors Act of 1940, The Public Utility Holding Company Act of 1935, or other Federal Securities Law, or in relation to any purchase, sale or offering of any security to or from the public which is covered or claimed to be covered by any State Blue Sky or Securities Law, or any Rules or Regulations issued pursuant to any of the aforementioned or any amendments or replacements thereto.

Part XIII Employment Practices Liability Coverage

We are now including EPL coverage by endorsement to the firm’s Lawyers Professional Liability Insurance Policy. This coverage is of growing importance for businesses, including law firms, due to the challenges of running a business and managing employees.

Coverage includes allegations for matters such as *wrongful termination, discrimination, harassment and other employment acts*. Coverage extends to third parties as well. This coverage will be provided on a Claims-Made and Reported Basis:

Sublimit: * \$ 100,000/\$300,000 (includes defense costs)
 Deductible: \$ 5,000 (includes defense costs)
 Premium: \$100/attorney

**(higher limits may be available upon request)*

A. Has the Firm incurred claims alleging wrongful employment practices acts in the past 5 years?

YES NO If YES, please provide full details _____

B. Are the Firm’s HR policies and procedures communicated to all employees?

YES NO

Your Professional Liability Action-Gram (Proposal) will include EPL coverage at \$100/attorney, unless coverage is declined below:

The Firm **declines** Employment Practices Liability coverage at this time.

Signature

Date

Part XIV (Please complete all sections)

A. Are you aware of any attorney in the firm who is abusing drugs, alcohol or any chemical substance, or is suffering from emotional distress?

YES NO If YES, please provide full details (may require second sheet): _____

B. Have you or any firm members ever been convicted of a criminal offense, other than traffic offenses?

YES NO If YES, state the nature of the offense, the charge and outcome: _____

I/We hereby authorize any authorized agent of the Company to make an independent investigation with any and all regulatory agencies of the Oklahoma Bar Association or the other state agency or private source with impunity to any right of privacy under law or otherwise.

I/We am/are the authorized representative of the applicant and hereby declare that the above statements and particulars are true and that 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 the Company.

It is understood and agreed that the completion of this application does not bind the Company to issue or the applicant to purchase the insurance.

Firm Name

Date of Application

By / _____
Title