



**New 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

B. Partner or Corporate Officers and Shareholders:

Name	States Admitted	OBA Number	Email Submit each Attorneys Email	Yr. & Mo. Admitted

C. Other Employed Lawyers

Name	States Admitted	OBA Number	Email Submit each Attorneys Email	Yr. & Mo. Admitted

**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: \_\_\_\_\_

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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** (Please complete all sections)

A. 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

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B. Has any applicant submitted his or her resignation pending disciplinary proceedings in Oklahoma or before a regulatory authority in another jurisdiction, or resigned from a Bar Association in any jurisdiction to avoid being subjected to possible disciplinary proceedings.

YES  NO

**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

G. Is an arbitration clause used in your client engagement letter? YES  NO

*If YES, please submit a sample copy of your engagement letter.*

*Client Trust Accounts:*

H. Are multiple client trust accounts maintained by members of the firm?

YES  NO

If Yes, please describe: \_\_\_\_\_

**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

**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: \_\_\_\_\_

**Part XV** Previous Insurance\* (last 7 years): Including periods of no coverage: Month/Day/Year

*\*If current professional liability insurance is with a company other than OAMIC, please provide the policy declarations page and/or any endorsement detailing a retroactive (prior acts) date.*

Firm Name	Insurance Carrier	Limits Each Claim/Aggregate	Effective Date From Mo/Day/Yr	Effective Date To Mo/Day/Yr

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