

**LAWYERS PROFESSIONAL LIABILITY INSURANCE  
APPLICATION**

**Medmarc Casualty Insurance Company** • 4795 Meadow Wood Lane • Suite 335 West • Chantilly, VA 20151-2219 • 800.356.6886 • 703.652.1300

**NOTICE:** This professional liability coverage is provided on a Claims Made and Reported basis. Only claims that are first made against the insured and reported to the Company during the policy term are covered, subject to the policy provisions.

**1. Applicant Information**

A. Name (Primary Firm Name): \_\_\_\_\_

Is this a d/b/a (doing business as) name? Yes  No  If yes, provide legal name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**If the firm has additional office locations, please list on a separate sheet.**

B. If the applicant is a sole practitioner, please identify the lawyer who will be responsible for your practice if you are absent for an extended period of time (i.e. vacation, illness, etc.). **A backup lawyer is required.** Name: \_\_\_\_\_

C. Date the applicant firm was established: \_\_\_\_\_ D. Gross Revenues for past twelve months: \_\_\_\_\_

E. List all predecessor firms of the applicant. A predecessor firm is any legal entity, which is engaged in the practice of law to whose financial assets and liabilities the applicant is the majority successor in interest. If additional space is needed, please list on a separate sheet.

Name of Firm	Date Established mm/yyyy	Date of Merger mm/yyyy	Percentage of Lawyers Still Members of Applicant Firm	Did Firm Dissolve, Change Name or Form, or Continue to Exist

F. List all active lawyers in the firm: **If the applicant firm includes more than ten (10) law partners, associates, employed lawyers or “of counsel”, please complete a Larger Firm Supplement instead of completing this question.**

\*Status = “O” Owner/Officer/Partner “A” Associate/Employed Lawyer “OC” Of Counsel “IC” Independent Contractor

\*\*Average hours worked required for Of Counsel, Independent Contractors and Part-time Lawyers

Lawyer Name	Date Admitted mm/dd/yyyy	State(s) Admitted	Status*	Date of Hire (w/Applicant) mm/dd/yyyy	Prior Acts Date mm/dd/yyyy	Avg. Hours worked per week**	CLE in the past 12 mos

G. Number of Support Staff: \_\_\_\_\_ Law clerks/paralegals \_\_\_\_\_ Clerical \_\_\_\_\_ Other (describe) \_\_\_\_\_

H. Does the applicant firm hold an equity interest in a title agency separate from or integrated into the operations of the firm? Yes  No

- I. Does the applicant share office space with lawyers who are not listed in Question 1 F. or on the Larger Firm Supplement? Yes  No   
**If yes, does the applicant share:**
- i. letterhead? Yes  No   
ii. a receptionist/office support staff? Yes  No   
iii. any of the following: Clients/files/bank account/advertising expense? Yes  No
- J. In the past five years, did any lawyer proposed for this insurance act as a director, officer, partner or trustee for, or exercise any form of managerial or fiduciary control over, or have equity interest in, any business enterprise of a client other than the applicant, or its predecessor firms? Yes  No   
**If yes to any of the above, please complete the Outside Interests Supplement.**

**2. Area of Practice**

Indicate the percentage of time devoted to the following types of practice during the past 12 months and complete the appropriate Area of Practice Supplement, if needed. (MUST TOTAL 100%)

COLUMN A		COLUMN B		COLUMN C	
	Percentage		Percentage		Percentage
Ad Valorem Tax – Commercial	%	Oil and Gas	%	<b>Plaintiff</b>	
Ad Valorem Tax – Residential	%	Public Utilities	%	Admiralty	%
Administrative Law	%	Social Security	%	BI/PI Plaintiff	%
Adoptions	%	TAX-Commercial Preparation	%	Civil Rights / Employment	%
Antitrust Trade Regulations	%	TAX-Individual Preparation	%	Class Action / Mass Tort	%
Appellate - Non Criminal	%	TAX – Opinions	%	Commercial Litigation	%
Bankruptcy	%	Venture Capital	%	Legal Malpractice	%
Collection	%	Water Law	%	Medical Malpractice	%
Communication	%			Product Liability	%
Construction	%	<b>Defense</b>		Workers Compensation	%
Corporation Formation	%	Admiralty	%	Other:	%
Corporate General	%	Arbitration / Mediation	%		
Divorce - Marital Assets < \$2M	%	BI/PI	%	Abstracting/Title	%
Divorce - Marital Assets \$2M to \$5M	%	Civil Rights/Employment	%	Banking/Financial Institutions	%
Divorce - Marital Assets > \$5M	%	Class Action / Mass Tort	%	Entertainment	%
Elder Law	%	Commercial Litigation	%	Estate Planning - Assets < \$2M	%
Environmental	%	Criminal	%	Estate Planning-Assets \$2M to \$5M	%
ERISA	%	Criminal - Appellate	%	Estate Planning - Assets > \$5M	%
Family Law (other than Divorce)	%	Insurance Company	%	Probate	%
Foreclosures	%	Legal Malpractice	%	Real Estate – Commercial	%
Fiduciary	%	Medical Malpractice	%	Real Estate Development	%
Health	%	Product Liability	%	Real Estate – Limited Partnerships	%
Housing Court	%	Workers Compensation	%	Real Estate - Residential	%
Immigration	%	Other:	%	Real Estate Syndications	%
International	%			Wills and Trusts	%
Investment Cnslng/Money Mgt	%	Bonds	%		
Labor – Employee / Union	%	Copyright	%	<b>Complete Supplement Application for all AOPs &gt; 10% in Column C above</b>	
Labor – Management	%	Patent	%	Other:	%
Local Government / Municipal	%	Trademark	%	Other:	%
M&A -Combined Assets < \$2M	%	Private Placements	%	Other:	%
M&A-Combined Assets \$2M to \$5M	%	Securities – Federal	%	Other:	%
M&A - Combined Assets > \$5M	%	Securities – State	%	<b>Total %</b>	

**3. Practice Management**

A. Docket/Diary Control System:

- i. Do you maintain a central docket control system? Yes  No
- ii. Check all that apply:  
single calendar dual calendar master Listings tickler system computer system  
verification of completion of events provisions for accident or illness immediate entry of all dates
- iii. Does the ultimate responsibility for docket control, including entry, rest with the handling lawyer? Yes  No
- iv. Does the applicant crosscheck its docket controls? Yes  No
- a. If yes, how frequently? Daily Weekly Other: \_\_\_\_\_

**If no to any of the above, please explain:**

B. How many suits for fees were initiated by the applicant against clients during the past 24 months? \_\_\_\_\_

C. Indicate percentage that the applicant utilizes the following?

- i. Engagement letters that include the scope of services and fee arrangements? \_\_\_\_\_%
- ii. Non-engagement/declination letters? \_\_\_\_\_%
- iii. Disengagement/closing letters? \_\_\_\_\_%

**If any of the above are not utilized, please explain:**

D. Handling potential or actual conflicts of interest:

- i. Systems used to check conflict of interest:  
Oral/Memory Index File  
Computerized Client List
- ii. Indicate the items captured by this system:  
Client Name Client Principals Client Subsidiaries Opposing Party Opposing Counsel  
Related Individuals Predecessor Firm Conflict Information Other:
- iii. How are conflict of interest situations addressed and disclosed to clients/potential clients? **Check all that apply.**  
Non-Engagement Letters Signed Waiver Obtained from all parties  
Oral Disclosure Referral to other lawyer/law firm

**4. Professional Liability Insurance and Claim History**

A. List all lawyers professional liability insurance carried during the past consecutive five years for the applicant and/or any predecessor firm.

Inception mm/dd/yy	Expiration mm/dd/yy	Insurance Company	Limits	Deductible	Per Claim or Aggregate Deductible	Annual Premium	Number of Lawyers

B. During the past five years, has any lawyer listed in Question 1.F., or on the Larger Firm Supplement:

- i. been the subject of any investigation or disciplinary action? Yes  No
- ii. had any professional liability insurance declined, cancelled, refused to renew, or accepted only on special terms?  
**(not applicable to Missouri applicants)** Yes  No
- iii. become aware of any act, error, omission or specific circumstances which could reasonably be expected to result  
in a professional liability claim against the firm, any past or present lawyers in the firm, or any predecessor firm? Yes  No

**If yes, please explain:**

C. During the past five years, has any claim or suit been brought against the applicant, its predecessor firms or any of the lawyers proposed for this insurance? Yes  No

If yes, please complete a Claim Information Supplement for each claim or suit.

D. Have all claims, potential claims and incidents been reported to the applicant's current or former professional liability insurer? If no, why haven't they been reported? Please provide details on firm letterhead. Yes  No

## 5. Fraud Warning Notices

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Please read the fraud warning notice for your state:

**General Fraud Warning** – Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Alabama Fraud Warning** – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**Arizona Fraud Warning** – For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Colorado Fraud Warning** – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Delaware Fraud Warning** – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**District of Columbia Fraud Warning** – It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida Fraud Warning** – 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.

**Idaho Fraud Warning** – Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

**Kentucky Fraud Warning** – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Maine Fraud Warning** – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland Fraud Warning** – Any person who knowingly or willfully presents a false or fraudulent claim for payment for a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Massachusetts Fraud Warning** – Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**Minnesota Fraud Warning** – A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**Missouri Fraud Warning** - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**New Hampshire Fraud Warning** – Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**New Jersey Fraud Warning** – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Ohio Fraud Warning** – Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma Fraud Warning** – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon Fraud Warning** – Any person who, with an intent to knowingly defraud or knowingly facilitate a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement or a material fact, may be guilty of insurance fraud.

**Pennsylvania Fraud Warning** – 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 subjects such person to criminal and civil penalties.

**Tennessee Fraud Warning** – It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**Vermont Fraud Warning** – Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Virginia Fraud Warning** – It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**Washington Fraud Warning** – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**West Virginia Fraud Warning** – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

#### **Applicant's Authorization and Certification**

The undersigned authorized partner, officer or owner of the applicant firm warrants that the statements herein are true, and acknowledges that this Company is relying on the accuracy of such information in determining eligibility and qualification for insurance.

Completing and signing this application does not bind coverage. Coverage will not be bound, nor will a policy be issued, until the applicant signifies acceptance of the Company's premium quotation.

Signature of Partner, Officer or Owner of Applicant Firm: \_\_\_\_\_ Date: \_\_\_\_\_

Print or Type Name: \_\_\_\_\_ Title: \_\_\_\_\_

#### **For Agent's Use Only (Where Required By Law)**

Name of Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Agent's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_