

**LAWYERS PROFESSIONAL LIABILITY INSURANCE  
APPLICATION**

**Medmarc Casualty Insurance Company** • 14280 Park Meadow Drive • Suite 300 • 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>	<b>100%</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

**Fraud Warning Notice:** 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.

### Applicant's Authorization and Certification

The undersigned authorized partner, officer or owner of the applicant firm acknowledges that the statements herein are true, and understands 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. This application and all information and representations made by the applicant in connection with this application are considered physically attached to and part of the policy, if issued.

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: \_\_\_\_\_