

**LAWYERS PROFESSIONAL LIABILITY INSURANCE  
RENEWAL 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.

**Applicant Instructions:** Please complete all questions, noting N/A where not applicable. Enclose a copy of the law firm's letterhead. The application must be dated and signed by a partner, officer or owner of the firm.

1. Name (Primary Firm Name): \_\_\_\_\_  
 Is this a d/b/a (doing business as) name? Yes  No  If yes, provide legal name: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Renewal Date: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_ Website: \_\_\_\_\_
  
2.
  - a. Have any lawyers left the firm since completion of the last application? Yes  No   
**If yes, please provide on a separate sheet the name(s) of the lawyer(s) who left and the termination date for each, if not previously reported.**
  - b. Have any lawyers joined the firm since completion of the last application? Yes  No   
**If yes, please complete an Add Lawyer Information Supplement for each new hire not previously reported.**
  - c. Have any lawyer(s) changed to full-time or to part-time since completion of the last application? Yes  No   
**If yes, please provide on a separate sheet the name(s) of the lawyer(s) and average weekly hours.**
  
3. Since completion of the last application, has the firm:
  - a. changed its procedures for docket/diary control? ..... Yes  No
  - b. filed any fee suits against clients? ..... Yes  No
  - c. changed its conflict of interest procedures? ..... Yes  No
  - d. changed its back-up lawyer? ..... Yes  No
  - e. implemented or changed its web site? ..... Yes  No
  - f. increased or decreased the number of support staff? ..... Yes  No

**If yes to any of the above, please explain on a separate sheet.**
  
4. Since completion of the last application, has an office location been added, or has the applicant entered into an office sharing arrangement? ..... Yes  No   
**If yes, please explain on a separate sheet.**
  
5. For any entity other than civic, charitable, or public benefit non-profit organization, does any lawyer:
  - a. have a new position as a director/officer/trustee or partner? ..... Yes  No
  - b. have a change in any previously reported position or equity? ..... Yes  No
  - c. have any new or changed managerial/fiduciary control? ..... Yes  No
  - d. have any new or changed ownership or management? ..... Yes  No
  - e. act as an employee of any organization other than the applicant? ..... Yes  No
  - f. provide any professional services other than as a lawyer? ..... Yes  No

**If yes, please complete the Outside Interests Supplement**
  
6. Gross Revenue for the most recent calendar year: \_\_\_\_\_

7. Since completion of the last application were any services performed in the areas of:

- |  |  |
|--|--|
| <input type="checkbox"/> IPO, Bond Private Placement Syndication, Securities | <input type="checkbox"/> Class Action                    |
| <input type="checkbox"/> Entertainment Client or Industry                    | <input type="checkbox"/> Copyright, Patent or Trademark  |
| <input type="checkbox"/> Environment   | <input type="checkbox"/> Oil and Gas                     |
| <input type="checkbox"/> Foreign Adoptions                                   | <input type="checkbox"/> Construction Defect (Plaintiff) |

If yes, please provide details on firm letterhead.

8. Since completion of the last application, has the firm been adjudicated bankrupt or insolvent or subject to a pending bankruptcy petition? **If yes, please explain on a separate sheet.**

Yes  No

9. AREA OF PRACTICE

Indicate the percentage of time devoted to the following types of practice during the past 12 months and complete the Area of Practice Supplement, if needed (MUST TOTAL 100%). **If there has been no change in the past 12 months, you may indicate that here and not complete the chart below.** No Change

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	%	Other	%
Labor – Employee / Union	%	Copyright	%	<b>Complete Supplement Application for all AOPs 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>	

10. Since completion of the last application, has any lawyer covered under the policy been the subject of any investigation or disciplinary action regarding their license to practice? **If yes, please explain on a separate sheet.** Yes  No
11. Since completion of the last application, has any lawyer covered under the policy been refused admission to the bar or any bar association, court, or administrative agency? **If yes, please explain on a separate sheet.** Yes  No
12. During the current policy year, have any claims or suits been made against the firm, its predecessor firms, or any of the lawyers proposed for this insurance that have not been previously reported to this Company  
**If yes, please complete the Claim Information Supplement** Yes  No
13. Is any member of the firm aware of any act, error, omission, or specific circumstances involving a particular person or entity 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? **If yes, please explain on a separate sheet.** Yes  No

**Fraud Warning** – I acknowledge the applicable fraud warning for my state as shown on the Fraud Warning Notices Page.

### Consent to Conditions of Consideration of the Application for Insurance

I accept the following conditions during the processing and consideration of my application—regardless of whether or not I am granted insurance—and for the duration of the insurance which may be issued to me:

To the fullest extent permitted by law, I extend absolute immunity to, and release ProAssurance, its directors, officers, agents, employees and other authorized representatives from any and all liability for any acts pertaining to my application for insurance, including ultimate cancellation, rejection, or approval for insurance, and any communications, reports, records, statements, documents, or disclosures, including otherwise privileged or confidential information, made or given in good faith with respect to such application.

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

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

Important: Incomplete or incorrect information could require retroactive upward premium adjustment and, in the event of a claim, could lead to a denial of coverage. The following is an Authorization to Release Information which requires your signature. Please read it carefully.

### Authorization to Release Information

I, the undersigned hereby authorize my present and prior professional liability carriers, (including ProAssurance all affiliates), any and all attorneys who have represented me in connection with any claim of professional liability, and any other individuals, associations or entities having information regarding me, to release to ProAssurance upon its request, any information which in the judgment of any such person noted above, may have bearing upon my acceptability to ProAssurance as a professional liability risk, including but not limited to closed, pending or anticipated claims, underwriting or other information.

I hereby release and agree to hold harmless all persons or organizations, their agents, servants, and employees, ProAssurance, its directors, officers, employees and agents from any liability arising from releasing the above information, notwithstanding the fact that there may be errors, omissions, or mistakes contained in such released information.

I further agree that ProAssurance and all persons and organizations described above may rely upon a photo copy of this Authorization, which shall be of equal validity with the signed original.

I hereby declare and represent that the foregoing statements and particulars are, to the best of my knowledge and recollection, complete and that I have not willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof:

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: \_\_\_\_\_

**Fraud Warning Notices**

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.

**California Fraud Warning** – For your protection, California law requires the following to appear on this form: any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**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.

**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.

**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.

**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.

**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.

**New Mexico 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 civil fines and criminal penalties.

**New York 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 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.

**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.