

**LAWYERS PROFESSIONAL LIABILITY INSURANCE  
INCORPORATED SUPPLEMENTAL 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.

**NOTICE: UNLESS OTHERWISE STATED IN AN ATTACHED ENDORSEMENT, IF THE EACH CLAIM LIMIT IN ITEM 4 OF THE DECLARATIONS OF THE POLICY IS \$500,000 OR MORE, CLAIM EXPENSES WILL BE APPLIED TOWARD THE DEDUCTIBLE IN ITEM 5 OF THE DECLARATIONS, NOT TO EXCEED 50% OF THE EACH CLAIM LIMIT OF THE DEDUCTIBLE. CLAIM EXPENSES IN EXCESS OF 50% OF THE EACH CLAIM LIMIT OF THE DEDUCTIBLE WILL BE APPLIED AGAINST THE EACH CLAIM LIMIT IN ITEM 4 OF THE DECLARATIONS, NOT TO EXCEED 50% OF THE EACH CLAIM LIMIT IN ITEM 4. THE COMPANY IS NOT OBLIGATED TO PAY ANY FURTHER CLAIM EXPENSES OR DAMAGES ONCE THE COMPANY HAS PAID THE LIMIT OF LIABILITY.**

1. 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: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_ Website: \_\_\_\_\_

2. Has the information contained in the application and any supplemental applications submitted to the Company remained true and accurate: **If no, please explain on a separate sheet.** ..... Yes  No
3. Since submitting the firm’s application and supplemental applications to the Company, has any lawyer proposed for this insurance:
- i. become 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? ..... Yes  No
  - ii. become aware that any client, client representative or attorney has made an oral or written threat of filing a lawsuit or filing a grievance with a regulatory board? ..... Yes  No
  - iii. been the subject of any investigation or disciplinary action regarding their license to practice? ..... Yes  No
  - iv. been refused admission to the bar or any bar association, court or administrative agency? ..... Yes  No

**If yes to any of the above, please explain on a separate sheet.**

**This Supplemental Application, along with the Applicant Firm’s lawyers professional liability application and any supplemental applications submitted to and accepted by the Company shall constitute the Application.**

**Fraud Warning Notice** – 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.

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