

**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	%	Plaintiff	
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	%	Defense		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	%	Complete Supplement Application for all AOPs > 10% in Column C above	
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	%	Total %	%

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: _____