



ProAssurance Casualty Company • 125 Flat Creek Trail, Fayetteville, Georgia 30214
Phone: 770-486-3435 • Fax: 770-486-3395 • Toll-Free: 866-372-3435

LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION

This is an application for a *Claims Made Policy*

NOTE: Failure to complete this application in its entirety or failure to attach required documentation may result in declination of your application.

Effective Date Desired (12:01 a.m.): _____

1. Full Name of Applicant (If partnership or corporation show complete firm name):

a. _____

b. Contact Person: _____

c. Federal Tax ID Number: _____

ATTACH A SAMPLE COPY OF THE FIRM'S LETTERHEAD

2. Mailing Address (List any other locations on a separate sheet):

Street: _____ City: _____

County: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____ Email: _____

3. Check limits desired (per claim/aggregate):

- | | | |
|--|--|--|
| <input type="checkbox"/> \$100,000/300,000 | <input type="checkbox"/> \$250,000/500,000 | <input type="checkbox"/> \$500,000/1,000,000 |
| <input type="checkbox"/> \$1,000,000/1,000,000 | <input type="checkbox"/> \$2,000,000/2,000,000 | <input type="checkbox"/> \$3,000,000/3,000,000 |
| <input type="checkbox"/> \$4,000,000/4,000,000 | <input type="checkbox"/> \$5,000,000/5,000,000 | <input type="checkbox"/> OTHER: _____ |

Deductible (Underwriting guidelines may require a higher deductible):

- \$1,000 (available for \$100,000/300,000 policies only)
- \$2,500 \$5,000 \$10,000 \$15,000 \$25,000 \$50,000 \$100,000

4. If the applicant is a sole practitioner, please provide the following for the lawyer(s) who would be responsible for your practice if you were absent for an extended period of time (i.e., vacation, illness, etc.):

Name: _____ Georgia Bar I.D.#: _____

Street: _____

City: _____ State: _____ ZIP: _____ Phone: _____

5. Is the applicant currently insured? Yes No

(If yes, please provide a copy of your current Declarations page)

6. a. Does the applicant have Docket Control procedures with at least two independent date controls (e.g. desk calendar, day timer, computer calendar, wall calendar, Palm Pilot or other PDA device, etc.)? Yes No If yes, please describe: _____

b. Who is responsible for the independent date controls and how frequently are they cross-checked? _____

c. Are all open calendar entries circulated to all responsible lawyers or departments?

Yes No

d. Does the applicant have established procedures for identifying potential or actual conflicts of interest? Yes No

7. Does the applicant use:

- a. Engagement letters (e.g. retention letters, contract letters, fee letters, etc.)? Yes No
 b. Non-Engagement letters (e.g. decline letters, turndown letters, etc.)? Yes No

8. List all active lawyers in the applicant firm:

NAME OF LAWYER	GEORGIA BAR NUMBER	YEARS IN PRIVATE PRACTICE	PERCENTAGE OF PRACTICE IN FULTON, COBB, DOUGLAS, CLAYTON, DEKALB, GWINNETT	PERCENTAGE OF PRACTICE OUT OF STATE

(Attach copy for additional lawyers)

9. Give the number employed of the following (There is no additional charge for non-lawyers):

Law Clerks: ____ Paralegals: ____ Clerical: ____

10. Indicate the percentage of gross receipts or billable dollars from the latest practice period devoted to the following areas (If this is a new practice, please estimate):

- | | | |
|---|---|---|
| A. ADMINISTRATIVE/
GOVERNMENT: ____% | L. CRIMINAL: ____% | X. *SECURITIES: ____% |
| B. ADMIRALTY:
Plaintiff ____%
Defense ____% | M. ENTERTAINMENT/
SPORTS LAW: ____% | Y. TAXATION: ____% |
| C. ANTI-TRUST/TRADE: ____% | N. ENVIRONMENTAL: ____% | Z. WORKERS
COMPENSATION:
Claimant ____%
Employer/Carrier ____% |
| D. APPELLATE: ____% | O. ERISA/EMPLOYEE
BENEFITS: ____% | AA. ARBITRATION/
MEDIATION: ____% |
| E. BANKING (Regulatory
Exclusion applies): ____% | P. ESTATE/PROBATE
TRUSTS/WILLS: ____% | ZZ. OTHER: - (describe
if over 5%): ____% |
| F. BANKRUPTCY: ____% | Q. FAMILY LAW: ____% | |
| G. COLLECTIONS/
CONSUMER CLAIMS: ____% | R. IMMIGRATION: ____% | |
| H. COMMERCIAL-
CIVIL LITIGATION:
Plaintiff ____%
Defense ____% | S. INVESTMENT
COUNSELING/MONEY
MANAGEMENT: ____% | TOTAL:
(MUST ADD TO 100%) ____% |
| I. COMMUNICATIONS
(FCC/FPSC): ____% | T. LABOR RELATIONS: ____% | If the percentages do not
accurately reflect the true nature
of your practice, please attach an
explanation to this application. |
| J. COPYRIGHTS/
PATENT/TM: ____% | U. PERSONAL INJURY/
PROPERTY DAMAGE:
Plaintiff ____%
Defense ____% | *Supplemental Application Required |
| K. CORPORATE: ____% | V. PUBLIC UTILITIES: ____% | |
| | W. REAL ESTATE: ____% | |

11. Has the applicant filed suit or referred a file for the collection of fees in the past 5 years?

Yes No If yes, what are the total number of suits or files referred for collection? _____

12. Are all lawyers named in Question 8 members in good standing with the State Bar Of Georgia?

Yes No (If no, please attach explanation and relevant documents)

13. a. Has any lawyer named in Question 8 had any professional liability insurance declined, cancelled, refused to renew, or accepted only on special terms? Yes No

(If yes, please attach explanation and relevant documents)

- b. Has any lawyer named in Question 8:
1. Ever been the subject of a grievance complaint? Yes No
 2. Ever been the subject of an admonishment, reprimand, or other disciplinary action by any bar association, court or administrative agency? Yes No
- c. Has any professional liability claim or suit been made against the applicant firm or any predecessor firm or any lawyer named in Question 8 within the past 5 years? Yes No
(If yes, please complete the Supplemental Claim Form)
- d. Does any lawyer named in Question 8 know of any circumstance, act, error or omission that could result in a professional liability claim against the lawyer or the lawyers predecessors in business?
 Yes No (If yes, please complete the Supplemental Claim Form)
- e. Does any lawyer named in Question 8 engage in business ventures with clients? Yes No
(If yes, please attach explanation and relevant documents)
- f. Has any lawyer named in Question 8 entered into any contract or agreement, oral or written, guaranteeing the result of any professional service rendered by the lawyer or by any person under their direct control or supervision? Yes No
(If yes, please attach explanation and relevant documents)
14. a. Does any lawyer named in Question 8 have any other law partner, associate, employed lawyer or share office space with lawyer(s) other than those named in Question 8? Yes No
(If yes, please attach an explanation of the association and the Declarations page from the other lawyer(s) current malpractice insurance policy)
- b. If the applicant shares office space with lawyer(s) other than those named in Question 8, does your firm keep separate files, employ separate support staff, and present itself as an independent practice to the public? Yes No
15. Does the applicant's practice include Consumer Debt Collection? Yes No
(If yes, please attach a sample of the Notice sent to the debtor before filing a complaint)
16. a. List Applicant's professional liability insurance carried during the past six years.

Insurance Company	Limits of Liability	Policy Period
_____	_____	___/___ to ___/___
_____	_____	___/___ to ___/___
_____	_____	___/___ to ___/___
_____	_____	___/___ to ___/___
_____	_____	___/___ to ___/___
_____	_____	___/___ to ___/___

- b. Has any lawyer or the Applicant ever purchased an extended reporting endorsement (tail coverage)? Yes No
(If yes, please attach a copy of the endorsement)

NOTICE TO APPLICANT - PLEASE READ CAREFULLY

The undersigned hereby certifies that each lawyer and employee (including administrators or other persons in charge of firm administration) has been asked and each lawyer and employee (including administrators or other persons in charge of firm administration) has answered all questions contained herein prior to signing this application.

Yes No — Please explain.

On behalf of the Applicant, it is authorized that any state bar, bar association, present or prior professional liability insurance carriers, or any other sources shall release to ProAssurance Casualty Company any claims, underwriting, medical, or other information having a bearing upon acceptability as a professional liability underwriting risk and it is agreed and consented to that ProAssurance Casualty Company can conduct whatever underwriting investigation it deems necessary in order to determine insurability. ProAssurance Casualty Company is further authorized to order a credit report, consumer investigative report, or other similar report. In the event that such a report is ordered, Applicant may request a copy of such report. The Applicant further authorizes the facsimile transmission of any information.

The undersigned is authorized to, and hereby, waives confidentiality of any disciplinary complaints filed against all lawyers listed herein for the sole purpose of allowing the State Bar of Georgia to advise ProAssurance Casualty Company of such disciplinary matters and the status thereof.

The Applicant, on behalf of all lawyers listed herein, understands that the Company has the absolute discretion to accept or reject this application. Rejection of this application does not represent any reflection upon any lawyer(s) personally nor upon the qualifications or abilities of any lawyer(s) listed herein. The Applicant, on behalf of all lawyer(s) listed herein, further agrees that if this application is rejected, the reason(s) for its rejection will not be disclosed to the Applicant or any lawyer listed herein. The Applicant, on behalf of all lawyer(s) listed herein, expressly waives any right to obtain any information or material(s) from the Company pertaining to the rejection of this application.

Applicant agrees to notify ProAssurance Casualty Company of any material changes in the statements in the application between the date of signing the application and the date of issuance of the policy of insurance. Applicant understands that any such change may result in an adjustment of the terms and conditions of the policy or premium changes.

The undersigned hereby declares that the above statements and particulars are true, that the Applicant and/or Firm have not suppressed or misstated any material facts, that at the present time have no reason to anticipate any claim being made for any error of, or omission on the part of the Applicant and/or Firm or any representative thereof, and agree that this application form shall be the basis of the contract between the Applicant and/or Firm and ProAssurance Casualty Company.

NOTICE:
Failure to report to your current insurance company BEFORE your current policy expiration any claim made against you during your current policy term, or facts, circumstances or events which may give rise to a claim may result in no coverage for such claim either under your current policy or any policy which may be issued by ProAssurance Casualty Company.

The signing and delivery of this application does not constitute an insuring agreement between ProAssurance Casualty Company and the applicant.

By: _____ Title: _____ Date: _____
Partner, Director, Officer or Owner

PLEASE REMEMBER TO ATTACH A COPY OF YOUR LETTERHEAD