

**Instructions:**

- All questions must be answered. Please indicate if the answer to any question is "NONE" or "NOT APPLICABLE."
- If space is insufficient to answer any question fully, attach a separate sheet.
- Application must be completed, signed and dated by an authorized representative of the law firm and the insurance agent.
- Please attach a sample of the law firm's current letterhead to this application.

**LAW FIRM INFORMATION:**

List additional locations on the law firm's letterhead

- Law Firm Name: \_\_\_\_\_
- Contact/Administrator Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Your email address will never be sold. It will be used to send you important notices.
- Contact Telephone No.: \_\_\_\_\_ Contact Fax No.: \_\_\_\_\_
- Address: \_\_\_\_\_  
Address City State County Zip
- Billing Address: \_\_\_\_\_  
(If different than practice address)
- Law Firm Web Address: \_\_\_\_\_

**PRIOR AND CURRENT INSURANCE:**

- List the professional liability insurance purchased by the law firm in the past 5 years:

Insurer	Limits of Liability	Deductible	Coverage Dates	Claims Expense Inside or Outside	Loss Only Deductible?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

**Please submit a copy of the current declarations page and any attachments indicating the retroactive dates for the law firm as well as all insured lawyers.**

- Does your current policy have any endorsements that exclude or modify coverage? .....  Yes  No  
**If yes, please attach a copy of each endorsement.**
- Has any lawyer or predecessor firm previously purchased an Extended Reporting Period Endorsement under a prior policy? .....  Yes  No  
**If yes, please provide a copy of the endorsement.**
- Has the law firm or any predecessor firm ever had an insurer decline, cancel, refuse to renew, rescind or accept to write any professional liability insurance only on special terms? .....  Yes  No  
**(MO applicants need not reply) If yes, provide full details on a copy of the law firm's letterhead.**
- Indicate the desired effective date: \_\_\_\_\_
- Indicate the desired retroactive date: \_\_\_\_\_
- Indicate the desired limit of liability:
 

<input type="checkbox"/> \$100,000/\$300,000	<input type="checkbox"/> \$1,000,000/\$2,000,000
<input type="checkbox"/> \$200,000/\$600,000	<input type="checkbox"/> \$2,000,000/\$2,000,000
<input type="checkbox"/> \$250,000/\$750,000	<input type="checkbox"/> \$3,000,000/\$3,000,000
<input type="checkbox"/> \$500,000/\$1,000,000	<input type="checkbox"/> \$4,000,000/\$4,000,000
<input type="checkbox"/> \$1,000,000/\$1,000,000	<input type="checkbox"/> \$5,000,000/\$5,000,000
<input type="checkbox"/> Other: \$ _____	

8. Indicate the desired limit type:  
 Claims Expense paid inside the limit of liability  
 Claims Expense paid outside the limit of liability
9. Indicate the desired deductible (A letter of credit may be required for deductibles in excess of \$10,000):  
 \$1,000                       \$5,000                       \$15,000                       \$75,000  
 \$2,000                       \$7,500                       \$25,000                       \$100,000  
 \$3,000                       \$10,000                       \$50,000
10. Indicate the desired deductible type:     Loss and claims expense     First dollar defense (loss only)

**LAW FIRM PROFILE:**

1. Check the box that best describes the law firm:  
 Sole Practitioner                       Limited Liability Corporation  
 Partnership                               Limited Liability Partnership  
 Professional Corporation               Professional Association
2. Federal Employer Identification Number (FEIN) or Taxpayer Identification Number: \_\_\_\_\_
3. Date the current law firm was established: \_\_\_\_\_
4. List all predecessor firms of whose assets and liabilities the law firm is the majority successor in interest:

Predecessor Firm	Date Established	Date Acquired

5. If you are a Sole Practitioner, provide the name of the lawyer(s) who would be responsible for your law firm in the event of your extended absence (i.e. vacation, illness), and a copy of their current Certificate of Insurance:  
Name: \_\_\_\_\_  N/A  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_
6. What was the law firm's gross revenue in the last completed fiscal year? \_\_\_\_\_
7. Estimate the law firm's gross revenue for the current fiscal year: \_\_\_\_\_
8. Does any single client make up more than 10% of the law firm's annual billings? .....  Yes  No  
**If yes, complete the Outside Interest Supplement.**
9. What was the single highest case value or transaction handled by the law firm in the past 12 months (not in terms of revenue to the law firm, but the case or transaction itself)? \_\_\_\_\_
10. Does the law firm advertise via TV, radio, direct mail or Yellow Pages other than by alphabetical listing? .....  Yes  No  
**If yes, attach a copy of the advertisement**
11. Does the law firm have any wholly owned entities other than a predecessor firm? .....  Yes  No
12. Does any lawyer in the law firm:
- Serve as a director, officer, trustee, owner or partner of, exercise any fiduciary control or hold any equity interest in any organization other than the law firm? .....  Yes  No
  - Own, manage, or have any financial control or equity interest in any for-profit business of a client of the law firm? .....  Yes  No
  - Provide legal services in exchange for any equity interest in a client of the law firm? .....  Yes  No
  - Act as an employee of any organization other than the law firm? .....  Yes  No
- If you answered yes to any of the above, complete the Outside Interest Supplement.**

**AREAS OF PRACTICE: Please round to the nearest whole percent.**

1. Please provide the percentage of the law firm's billable hours in past 12 months for the areas of practice below:

Admiralty/Marine	_____ %	General Practice – (provide a written description)	_____ %
Anti-Trust/Trade Regulation	_____ %	Government Contracts/Claims	_____ %
Arbitration/Mediation	_____ %	Immigration	_____ %
Banking/Financial Institutions*	_____ %	Intellectual Property*	_____ %
Bankruptcy – Personal	_____ %	International Law	_____ %
Civil Litigation	_____ %	Investment Counseling/Money Management	_____ %
Civil Rights/Discrimination	_____ %	Municipal - no finance or bonds	_____ %
<b>Corporate/Business</b>	_____ %	- including finance/bonds	_____ %
- Administration/ organization	_____ %	Oil & Gas/Mineral Rights	_____ %
- Formation	_____ %	<b>Plaintiff*</b>	_____ %
- Merger/Acquisition	_____ %	- Class Action	_____ %
Creditor Rights - General	_____ %	- Medical Malpractice	_____ %
- Collections/Consumer Claims	_____ %	- Personal or Bodily Injury	_____ %
Construction/Building contracts	_____ %	- Workers Compensation	_____ %
<b>Defense</b>	_____ %	- Other	_____ %
- Bodily Injury/Personal Injury	_____ %	Public Utilities	_____ %
- Commercial/Corporate General	_____ %	<b>Real Estate*</b>	_____ %
- Criminal Defense	_____ %	- Abstract/Title	_____ %
- Insurance Carrier Representation *	_____ %	- Commercial < \$5 million	_____ %
- Workers Compensation	_____ %	> \$5 million	_____ %
<b>Domestic</b>	_____ %	- Residential < \$2 million	_____ %
- Elder Law	_____ %	> \$2 million	_____ %
- Family/Juvenile/Divorce	_____ %	Schools/education - no finance	_____ %
Employee Benefit Plans/ERISA	_____ %	Securities*	_____ %
<b>Employment Law</b>	_____ %	Social Security	_____ %
- employee/union representation	_____ %	<b>Taxation</b>	_____ %
- management representation	_____ %	- Individual preparation	_____ %
Entertainment Law/Agent Practice*	_____ %	- Estate	_____ %
Environmental/Regulatory	_____ %	- Opinions	_____ %
<b>Estates/Wills/Trusts</b>	_____ %	Other – provide a written description	_____ %
- < \$1 million	_____ %	<b>Total (must equal 100%)</b>	_____ %
- \$1 million - \$5 million	_____ %		
- > \$5 million	_____ %		

\* Please complete the applicable Area of Practice supplement for those marked with an asterisk.\*

2. In the past 5 years, has the law firm or any lawyer in the law firm (regardless of what firm the lawyer was practicing with at the time):
- Represented issuers, underwriters or affiliates with regard to the issuance, offering or sale of securities or bonds? .....  Yes  No
  - Handled any class action or mass tort litigation cases? .....  Yes  No
  - Provided any copyright, trademark or patent services? .....  Yes  No
  - Acted in the capacity as SEC counsel or general counsel to any Financial Institution? .....  Yes  No
  - Provided any legal services for entertainment clients or public figures? .....  Yes  No
- If you answered yes to any of the above, complete the applicable Area of Practice Supplement.*

**INTERNAL PROCEDURES:**

1. Does the law firm have at least two independent calendars that are maintained and cross-referenced by at least two different individuals? .....  Yes  No
  - Indicate the type of independent calendars used:  Pocket Diary  Single Calendar
  - Dual Calendars  Tickler  Computer
  - How often are calendar systems cross-referenced?  Daily  Weekly  Monthly
2. Does the law firm have a system for detecting and avoiding conflicts of interest?  Yes  No
  - Index  Computer  Conflict Committee  Oral/Memory  Other \_\_\_\_\_
3. Does the law firm use any of the following client communication materials? .....  Yes  No
  - Engagement Letters/Fee Agreements  Non-Engagement/Declination Letters
  - Disengagement/Termination of Services Letters  Settlement Authority Letters
4. Are the letters noted above provided for:  New clients only  New matters for existing clients
5. What percentage of the law firm's billings are over 90 days past due? \_\_\_\_\_
  - In the past 2 years, how many suits for fees has the law firm filed? \_\_\_\_\_
  - What steps have been implemented to avoid filing future fee suits against clients? \_\_\_\_\_
6. Does the law firm practice exclusively via the Internet? .....  Yes  No  
*If no, what percent, if any, does the law firm practice via the Internet? \_\_\_\_\_%*
7. Does the law firm share office space, letterhead, staff or cases with another lawyer or law firm? .....  Yes  No
  - If yes, does the law firm maintain separate files, and present itself as an independent practice? .  Yes  No
  - Does the law firm ever outsource, subcontract or refer legal work to other law firms?.....  Yes  No
  - If yes, does the law firm keep a portion of the fees upon referral to another law firm?.....  Yes  No

*If you answered yes to any of the above, provide a detailed narrative on your law firm's letterhead.*

**DISCIPLINE AND CLAIMS INFORMATION:**

1. Has any lawyer in the law firm ever been treated for alcohol addiction in the past 5 years; or ever been treated for a narcotics or gambling addiction? .....  Yes  No  
*If yes, provide the treatment and release dates, or a copy of the recovery plan if still in treatment.*
2. Has any lawyer in the law firm been charged with or convicted of a criminal offense other than a traffic violation in the past 5 years; or ever been convicted of a felony or a crime involving moral turpitude? .....  Yes  No  
*If yes, provide a detailed explanation on the law firm's letterhead.*
3. Has any lawyer in the law firm ever been refused admission to practice, disbarred or suspended from practice; or been reprimanded, sanctioned or disciplined by any court or administrative agency, or are any such proceedings currently in progress?.....  Yes  No  
*If yes, provide a written explanation on the law firm's letterhead and include documentation from the court/agency.*

**DISCIPLINE AND CLAIMS INFORMATION (continued):**

4. After inquiry of all lawyers and employees of the law firm, including independent contractors, Of Counsel and any other affiliated lawyers, is any such person aware of:
- A professional liability claim made in the past 5 years (either still open or closed)? .....  Yes  No
  - An act or omission that might reasonably be expected to be the basis of a claim?.....  Yes  No
- If yes, please complete an Incident/Claim Supplement for each claim, suit, or incident.*

\_\_\_\_\_  
Signature/Title of Law Firm Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date

For residents of GA, IL, IN, IA, OH and PA: 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 or knowingly helps with intent to defraud, commits a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Professional liability insurance offered through Attorney Shield is underwritten by Professional Solutions Insurance Company in GA, IL, IN, IA, OH and PA.



**Mail to:**  
14001 University Avenue  
Clive, Iowa 50325

**Questions:**  
Phone: 800-510-8240  
Fax: 800-480-2232

The policy limits of liability are shared by all Insured's under this policy.

1. List all lawyers practicing on behalf of the law firm. Attach a separate sheet for additional lawyers.

Lawyer's Name	Position O – Owner P – Partner E - Employee	Primary State Bar #	States Admitted	Date First Admitted	Date of Hire	Retroactive Date	Total CE hours in the past 12 months	CE hours specific to Ethics

2 Provide the name of the owner or partner authorized to make changes to the policy: \_\_\_\_\_

3. List Of Counsel Lawyers and Independent Contractors:

Name	Bar #	Average billable hours (annual )	Does this lawyer have separate insurance?
			<input type="checkbox"/> Yes (submit a copy) <input type="checkbox"/> No
			<input type="checkbox"/> Yes (submit a copy) <input type="checkbox"/> No

4. Enter the total number of non-lawyer staff in each category:

Paralegals/Law Clerks	Clerical/Administration	Investigators/Abstractors	Other – Provide a list

5. In the last 12 months, how many lawyers have left the law firm? \_\_\_\_\_  
 Approximately how many lawyers will be added in the next 12 months? \_\_\_\_\_

6. Does the law firm perform a background check on all lawyers and office staff prior to employment? .....  Yes  No

\_\_\_\_\_  
Signature and Title of Law Firm Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date

For residents of GA, IL, IN, IA, OH and PA: 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 or knowingly helps with intent to defraud, commits a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Professional liability insurance offered through Attorney Shield is underwritten by Professional Solutions Insurance Company in GA, IL, IN, IA, OH and PA.