



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.
- Please attach a sample of your current letterhead and a copy of your current carrier's long-form new business 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.: _____
- Practice Address: _____
Address City State County Zip
- Billing Address: _____
(If different than practice address)
- Law Firm Web Address: _____

GENERAL INFORMATION:

- Does the firm currently have professional liability insurance? ☐ Yes ☐ No
If yes, please submit a copy of the current declarations page, all endorsements and any attachments indicating the retroactive dates for the law firm, as well as all insured lawyers.
- Date the current law firm was established: _____
- What was the law firm's gross revenue in the last completed fiscal year? _____
- Estimate the law firm's gross revenue for the current fiscal year: _____

DISCIPLINE AND CLAIMS INFORMATION:

- Has any lawyer in the law firm currently or in the past 5 years, participated in an impaired lawyer program, either on a voluntary or involuntary basis? ☐ Yes ☐ No
- 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, to include grievances in the last 5 years or are any such proceedings currently in progress? ☐ Yes ☐ No

If yes to either of the above, provide a brief explanation, including any supporting documentation from the appropriate court or agency.

- 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 list the claimant's name below. You will be required to complete an Incident/Claims Supplement for each claimant listed.

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		Immigration	%
- Plaintiff	%	Intellectual Property*	
- Defense	%	- Trademark	%
Anti-Trust/Trade Regulation	%	- Copyright	%
Arbitration/Mediation	%	- Patent	%
Aviation	%	International/Foreign Law	%
Banking/Financial Institution*	%	Invest. Counseling/Money Mgmt.	%
Bankruptcy	%	Labor/Employment	
Civil Rights/Discrimination	%	- Employee	%
Collections/Repossession (no foreclosures)	%	- Management	%
Construction/Building Contracts	%	- Union	%
Communications/FCC	%	Municipal/Government	
Corporate		- General (no bonds)	%
- Mergers/Acquisitions	%	- Finance or Bonds	%
- General	%	- Zoning and Planning	%
Consumer Claims (no class action)	%	Oil/Gas/Mineral Rights	%
Criminal Defense	%	Plaintiff*	
Defense		- Bodily/Personal Injury	%
- Bodily/Personal Injury	%	- Class Action*	%
- Class Action*	%	- Medical Malpractice	%
- Insurance Company Defense*	%	- Workers' Compensation	%
- Insurance Defense*	%	- General/Civil Litigation	%
- General/Civil Litigation	%	Public Utilities	%
- Medical Malpractice Defense	%	Real Estate*	
- Workers' Compensation	%	- Abstract/Title	%
Divorce	%	- Commercial	%
Elder Law	%	- Escrow Agent	%
Employee Benefits/ERISA	%	- Foreclosures	%
Entertainment/Sports*	%	- Residential	%
Environmental		- Syndication/Development	%
- Non Regulatory	%	Securities*	%
- Regulatory	%	Social Security	%
Estates/Wills/Trust*		Tax	
- Less than \$1M	%	- Individual	%
- \$1M to \$5M	%	- Business	%
- Over \$5M	%	- Opinions*	%
Family/Juvenile – no divorce	%	Other – provide a written description	%
Healthcare	%		
		Total (must equal 100%)	%

*** Please complete the applicable Area of Practice Supplement for those bolded and 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, please complete the applicable Area of Practice Supplement.

LAW FIRM TAX IDENTIFICATION NUMBER AND SIGNATURE:

Federal Employer Identification Number (FEIN) or Taxpayer Identification Number: _____

I hereby acknowledge that the aforementioned statements and answers are correct and complete to the best of my knowledge and belief and that all information provided including this application, its supplements, attachments and answers to any questions asked by our underwriter will be relied upon by the Company in determining whether to insure and at what rate to insure.

For residents of all states except CO: 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.

Colorado: 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.

Professional liability insurance offered through Attorney Shield is underwritten by Professional Solutions Insurance Company (doing business in California as PSIC Insurance Company).

Signature/Title of Law Firm Representative

Date

Soliciting Agent

Agency Name



Mail to:
14001 University Avenue
Clive, Iowa 50325

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

Individual Lawyer and Office Staff Supplement

The policy limits of liability are shared by all Insureds 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 OC – Of Counsel IC – Ind. Contractor	Hours worked annually	Primary State Bar #	States Admitted (state abbreviation)	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. Enter the total number of lawyers and staff in each category:

Lawyers	Paralegals/Law Clerks	Clerical/Administration	Investigators/Abstractors	Other – Provide number and titles

4. 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? _____

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Signature/Title of Law Firm Representative

Date

Soliciting Agent

Agency Name