

McGowanPRO

ZURICH LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION

THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY.
IF ISSUED, PLEASE READ YOUR POLICY CAREFULLY.

Please type or print clearly in ink. Please answer all questions. If space is insufficient to answer any question fully, continue your answer on a separate page. Complete all required supplements.

GENERAL INFORMATION

Proposed Effective Date: _____
Applicant's (Firm) Legal Name: _____
Street Address: _____
(P.O. Box not acceptable)
City: _____ State: _____ Zip Code: _____
Phone: (____) _____ Fax: (____) _____
Applicant's Contact E-Mail: _____ Website Address: _____

Please attach a list of :

- 1) All branch and secondary locations;
- 2) States where the firm or its Attorneys practice law and
- 3) A copy of the Applicant's letterhead.

Form of Business: Sole Proprietor Professional Association Corporation
 Limited Liability Partnership/Corp Professional Corporation Partnership

Virtual Law Offices: Does the firm provide legal advice primarily via the Internet? Yes No

If Yes, please describe, on a separate page, the nature of this portion of your practice. The description should include the Areas of Practice, the frequency, and the States where your clients are located.

DESIRED COVERAGE

\$100,000/\$300,000 \$500,000/\$1M \$3M/\$3M
 \$200,000/\$500,000 \$750,000/\$1.5M \$4M/\$4M
 \$200,000/\$600,000 \$1M/\$1M \$5M/\$5M
 \$250,000/\$500,000 \$2M/\$2M
 Other: \$ MM / \$ MM

DESIRED DEDUCTIBLE

\$0 \$10,000
 \$1,000 \$15,000
 \$2,500 \$20,000
 \$5,000 \$25,000
 \$7,500 Other: \$ _____



If you want to learn more about the compensation Zurich pays agents and brokers visit:
<http://www.zurichnaproducercompensation.com> or call the following toll-free number: (866) 903-1192.

This Notice is provided on behalf of Zurich American Insurance Company
and its underwriting subsidiaries.

- Total Number of Attorneys: _____
- Please list all Attorneys working for the Applicant (include yourself if you are a sole practitioner), in the chart below. If necessary, please continue on a separate page.

Attorney Name or Other Licensed/Certified Professional Name	D.C.*	Date of Birth (mm/dd/yy)	Number of Years in Practice	Date of Hire (mm/dd/yy)	Number of Hours Worked/Week	Attorney Bar Number or Other License/Certificate Number	Individual Retro Date

*Designation Codes

O-Officers, Directors, Shareholders of the corporation who are licensed Attorneys

S-Sole Practitioner

P-Partner, if a Partnership

E-Employed Attorney

C-Of Counsel Attorney

IC-Independent Contractor

PT-Part-Time Attorney (must practice law fewer than 26 hours per week solely for applicant firm)

OP-Other Professional Non-Attorney holding a limited license or certification, such as a Limited License Legal Technician performing legal work under the guidance of a licensed Attorney.

- Is each Attorney listed in Question 2 fully compliant with his/her Continuing Legal Education (CLE) Requirements? Yes No
- If the Applicant is a solo Attorney, who is the Attorney that will handle the Applicant's cases in the Applicant's absence?
Name: _____
Address: _____ City/State/Zip: _____
Does he/she maintain Professional Liability Coverage? Yes No
- Does the Applicant share an office or suite with Attorneys other than those listed in Question 2? Yes No
If Yes, does the Applicant share staff or letterhead? Yes No
- What date was the Applicant established? (mm/dd/yyyy) _____
- How many non-Attorney employees does the Applicant have? _____

If the Applicant is a Current Zurich Insured or is presently uninsured, please skip Questions 8, 9 and 10.

- What date has the Applicant been continuously insured for Lawyers' Professional Liability claims: _____
- Does the Applicant's current Professional Liability policy contain a limitation on prior acts coverage? (i.e., retroactive date, prior acts exclusion, etc.)? Yes No
If Yes, please provide the date: (mm/dd/yyyy) _____
- Is any Attorney in Question 2 not currently covered by the Applicant's current Lawyers' Professional Liability insurance? Yes No
If Yes, please list the name of the Attorney(s) and the reason he/she is not covered by insurance on a separate page.
- List the Applicant's Lawyers' Professional Liability Insurance information for the past 5 years below.

Policy Period	Limit of Liability	Deductible	Insurer	Premium

- Has any Attorney in Question 2 had his/her Lawyers' Professional Liability Insurance declined, canceled, non-renewed or reduced by any professional liability insurer during the past 5 years? Yes No
If Yes, please provide the name of the Attorney and explanation on a separate page.

AREAS OF PRACTICE

13. Instructions for completing this section:

- a. Based upon the last fiscal year, please provide the percentage of time devoted (number of hours actually worked) to each area of practice listed in the chart below. Use Whole Numbers only and please do not add other Areas of Practice. Contact your agent or the Program Administrator should you have any questions.
- b. If the Applicant indicates work for any areas of practice designated below in capital letters, please request and complete the applicable Supplemental Forms.

Area of Practice	%	Area of Practice	%
Admiralty/Maritime	%	Government (Federal/State/Local/Lobbying)	%
Antitrust/Trade Regulation	%	Healthcare	%
Aviation	%	Immigration	%
Bankruptcy	%	Insurance Defense Litigation	%
Business Transactions/Commercial Law	%	Insurance Other (Coverage, Regulatory, Subrogation)	%
Civil Rights	%	International Law	%
COLLECTIONS	%	Investment Counseling/ Money Management	%
Commercial Practice – Business Litigation	%	Labor – Union Related Work	%
Communications/Media	%	Medical Malpractice – Defendant	%
Construction Law	%	Medical Malpractice – Plaintiff (Please answer q.15, below)	%
Consumer Claims	%	OIL/GAS	%
COPYRIGHT/TRADEMARK	%	PATENT	%
Corporate – Business Formation/Alteration	%	Personal Injury – Defendant	%
Corporate – Business Transactions/Advice	%	Personal Injury – Plaintiff	%
Criminal Law	%	Public Utilities	%
Disability/Social Security	%	REAL ESTATE – COMMERCIAL	%
Elder Law	%	REAL ESTATE – RESIDENTIAL	%
Employment	%	Secured Transaction (UCC – Commercial Paper)	%
ENTERTAINMENT	%	SECURITIES LAW (Except Corporate Formation)	%
ENVIRONMENTAL	%	TAXATION	%
Estates/Wills/Trust/Probate	%	Tax Shelters	%
Family Law	%	Workers' Compensation – Defendant	%
Financial Institutions–Reg. Compliance	%	Workers' Compensation – Plaintiff	%
		TOTAL (must equal 100%)	%

14. If the Applicant has stated any percentage of Medical Malpractice - Plaintiff work in the Areas of Practice chart, please indicate, in percentages, the amount of work allocated to the following areas:

Nursing Homes	%	OB/GYN	%	Oncology	%	Pediatrics	%
Permanent Disability	%	Wrongful Death	%	Other*	%		

*If the Applicant stated a percentage of work for "Other", please explain the type of work performed on a separate page.

15. Does the Applicant engage in any Class Action/Mass Tort work? Yes No
If Yes, please request and complete the applicable Supplemental Form.

16. Does the Applicant expect any changes to its areas of practice in the next 12 months? Yes No
If Yes, please explain on a separate page and specifically indicate the new areas of practice expected to be handled.

17. ARBITRATION/MEDIATION

- a. Does the Applicant's practice involve any Attorney acting in the capacity of a mediator/arbitrator? Yes No
- b. If Yes, indicate the percentage of time devoted to acting as mediator/arbitrator: _____ %
- c. Please provide the Areas of Practice in which the Applicant acts as Arbitrator/Mediator: _____

- 18 a. Does the Applicant's docket/calendar control system include the following?
 Number of Independent Calendars: _____ Single Calendar _____ Dual Calendar _____
 Types of Calendars: (Please check all that apply)
 Tickler Cards Master Listing Computer Other (please describe)
- b. Indicate how frequently deadlines are checked: Daily Weekly Monthly Never
19. Estimate the percentage of annual firm revenues or billings that are generated from the following:
- a. High Net Worth Individuals (More than \$5,000,000 in assets) _____ %
- b. Large Private Companies (More than \$20,000,000 in assets) _____ %
- c. Large Public Companies (More than \$100,000,000 in assets) _____ %
20. Does the Applicant or any Attorney of the firm ever render investment advice to the Applicant's clients and/or manage their investments? Yes No
21. Does the Applicant or any Attorney of the firm exercise discretion/control over any of its clients' funds other than acting as custodian under the Applicant's client trust account(s)? Yes No
22. Does the Applicant's firm or any Attorney of the firm provide, in addition to Legal Services, professional services in the capacity of an accountant, insurance agent/broker, real estate agent/broker or entertainment or sports agent? Yes No
- If Yes, provide details on a separate page and advise if there is separate E&O coverage for this activity, together with the carrier's name, policy number, limits of liability and dates of coverage.
23. Does any Attorney or employee of the firm have any professional designations (such as CPA, CFP, etc.) other than JD, or LLM? Yes No
- If Yes, please identify the individual and provide the professional designation for each Attorney and/or employee.
24. Indicate if your firm has the following risk management policies or procedure:
- (a) In use and (b) In place for all client matters:
- | | In Use | All Matters |
|---|--|--|
| a. New Client Acceptance Standards | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Computerized Conflict of Interest Check | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Is all relevant client communication documented? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Suits for Fees Avoidance Practices | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Follow Required Escrow Procedures | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Engagement letters (including Scope of Engagement and Retainer Letters) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Non-Engagement Letters (including the applicable Statute of Limitations) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Written Billing Agreements | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i. Termination Letters | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
25. a. Does any Attorney working for the Applicant have any law partners, associates, of counsel or employed Attorneys other than those listed on the Application? Yes No
- b. Is any Attorney employed by or otherwise engaged in the performance of Legal Services for any entity other than the Applicant? Yes No
- If Yes to either question, please explain on a separate page.
26. Does any Attorney of the Applicant Firm serve as a director, officer, employee or in any other Management capacity for a past or present client? Yes No
- If Yes, please explain on a separate page.
27. Does the Applicant or any past or present Attorney of the firm own an equity interest in any past or current client of the Applicant? Yes No
- If Yes, please complete the Controlling Interests Supplemental Form.
28. Does 25% or more of the Applicant's revenues come from any form of fee sharing sub-contracting or referral Work? Yes No
29. Does the Applicant have any one client that represents 40% or more of the Applicant's billings? Yes No
- If Yes, explain and specify the area of practice, the percentage of work for the client(s) and type of work performed for that client on a separate page. Provide the client name and/or nature of business entity.
30. Does the Applicant identify and resolve potential or actual conflicts of interest, including cross checking of former, existing or potential clients before accepting every new matter? Yes No

31. Has the Applicant initiated lawsuits or arbitration procedures during the past 5 years to enforce collections of unpaid legal fees due the Applicant? Yes No
 If Yes, answer the following questions:
 a. How many matters? _____
 b. How many matters have been resolved successfully? _____
 c. How many matters are still unresolved? _____
32. In the past 5 years, has the Applicant, or any Attorney thereof:
 a. Filed for bankruptcy? Yes No
 b. Had any liens placed against it? Yes No
 c. Had any lawsuits (other than arising out of Legal Services) instituted against it? Yes No
33. Does the Applicant currently own or rent its primary office location? Own Rent
34. Please identify which of the personal, private, sensitive and confidential information listed below the Applicant collects, stores, maintains or transmits:
 Social Security Numbers Credit Card Information Medical Records
 Financial Account Information Intellectual Property/Trade Secrets None
35. Please identify which of the security measures listed below the Applicant employs to prevent unauthorized access to paper/ physical personal, private, sensitive and confidential information. If other is checked, please provide details on a separate page.
 Nightly Alarm system File Cabinet Locks None
 Locking System On Doors Other (please explain) _____
36. Please identify which elements the Applicant employs to prevent unauthorized access to computers and networks. If "Other" is checked, please provide details on a separate page.
 Firewall Intrusion Detection System None
 Virus Protection Software Other (please explain) _____
37. How often are virus definitions updated? If "Other" is checked, please provide details on a separate page.
 Automatically when released by the manufacturer. Weekly Other
 Daily Monthly
38. How often are updates applied to operating systems and application software? If "Other" is checked, please provide details on a separate page.
 Automatically when released by the manufacturer. Monthly
 Weekly Other
39. Does the Applicant require the use of strong passwords (e.g. change of passwords on a periodic basis, use of numeric and alphabetic characters, prohibition of previously used passwords)? Yes No
40. Is all client personal, private, sensitive and confidential information stored on your computer system encrypted? Yes No
41. Is all client personal, private, sensitive and confidential information sent via email encrypted? Yes No
42. Is all client information stored on laptops, smartphones, PDAs, portable storage devices or other portable devices encrypted? Yes No
43. Does the Applicant maintain a wireless network? Yes No
 If Yes, is the network encrypted using features such as WPA/WPA2, IPSEC, SSL or PEAP? Yes No
44. Within the last 5 years has the Applicant been subject to or suffered any losses or litigation from any (please check all that apply):
 Breaches of security?
 Unauthorized acquisition, access, use, identity theft, mysterious disappearance, or disclosure of personal, private, sensitive and confidential information?
 Violation of any privacy law, rule or regulation?
 Technology or extortion threats?
 None
 If Yes, please provide details on a separate page.
45. Is all client personal, private, sensitive and confidential information backed-up? Yes No
 If Yes, please provide the following details.
 a. Back-up records are stored: Internally Externally
 b. Back-up of records occurs: Daily Weekly Monthly Annually
 c. If externally, are the back-ups stored in a secure offsite location? Yes No
 d. Are electronic back-ups encrypted? Yes No
46. In the event of a business interruption, how quickly can the backup records be retrieved and operations restored? _____

LOSS HISTORY

If the answer is Yes to any of the following questions, please request and complete the Notice of Circumstance/Claim Reporting Form and attach additional pages as necessary.

- 47. During the past 10 years has any member of the firm (any Attorney) been the subject of a:
 - a. Criminal action Yes No
 - b. Reprimand, disciplinary action, Bar complaint, investigation, or other ethics proceeding? Yes No
 If Yes, please provide a copy of the dismissal or action documents or letter from the Bar.
- 48. During the past 5 years has any claim or suit arising out of the rendition of legal services been made against any Attorney in Question 2 or employee of the Applicant? Yes No
- 49. Is any Attorney in Question 2 or employee of the Applicant aware of any circumstance, incident, act, error or omission that could result in a claim or suit against the applicant or any predecessor or any of the former or current Attorneys or employees of the Applicant? Yes No

IT IS AGREED THAT IF THE RESPONSE TO QUESTIONS 47, 48 AND 49 ARE IN THE AFFIRMATIVE, ANY CLAIM OR CIRCUMSTANCE THAT COULD RESULT IN A CLAIM WILL BE EXCLUDED FROM THE PROPOSED COVERAGE.

By signing this application the undersigned agrees that after inquiry of all prospective insureds, no person proposed for coverage is aware of any fact or circumstance which reasonably might give rise to a future claim that would fall within the scope of the proposed coverage.

Receipt and review of this application does not bind the insurer to provide this insurance.

It is agreed by the undersigned and the insurer that the particulars and statements made in this application, together with all attachments to this application and any other materials submitted to the insurer (all of which attachments and materials shall be deemed attached to the policy as if physically attached thereto) shall be the representations of the undersigned and the prospective insureds. It is further agreed by the undersigned and the prospective insureds that this policy, if issued, is issued in reliance upon the truth of such representations that are incorporated into and made part of this policy. After inquiry of all prospective insureds, the undersigned represents that the statements set forth in this application and its attachments and other materials submitted to us are true and correct. Signing of this application does not bind the undersigned or the insurer.

If the applicant has concealed or misrepresented any material fact, circumstance or fraud concerning this insurance resulting in deception to us which existed at the time of damage and contributed to such damage, this policy may be cancelled and/or coverage denied as long as the deception was material; was made knowingly with the intent to deceive; was relied and acted upon by the Insurer; and deceived the Insurer to the Insurer's injury.

The undersigned further declares that any event taking place between the date this application was signed and the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any information in this application, will immediately be reported in writing to us and we may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Prior to signing this application, review the applicable statutory fraud notices as they may apply to the Applicant's place of domicile.

Completion of this form does not bind coverage. The undersigned's acceptance of the company's quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance should a policy be issued and it will be attached to the policy.

STATEMENT FROM APPLICANT

I hereby represent and confirm that the above information, to the best of my knowledge, is true and correct and further certify that I have read all of the questions and answers of these applications.

Signature:	Principal, Partner or President	Date:	
Print Name:		Title:	
Signature:	Agent	Date:	
Name of Soliciting Agent:	(Please Print) Required in State of Iowa	Date:	

Note: This application must be signed by a Principal, Partner or President of the firm acting as the authorized agent of the applicant.