



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

А.	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:	Si	ate:	ZI	p				
	If the firm has additional office	e locations, please li	st on a separate	sheet.					
В.	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 Date of Merger Percentage of Lawyers Still Did Firm Dissolve, Change Name								

Name of Firm	mm/yyyy	mm/yyyy	Members of Applicant Firm	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 _____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:

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i.	letterhead?	Yes 🗌 No 🗌
 11.	a receptionist/office support staff?	Yes 🗌 No 🗌
 111.	any of the following: Clients/files/bank account/advertising expense?	Yes 🗌 No 🗌
In t	he 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?

If yes to any of the above, please complete the Outside Interests Supplement.

2. Area of Practice

J.

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	0/0	
Antitrust Trade Regulations	%	TAX-Individual Preparation	%	Class Action / Mass Tort	%	
Appellate - Non Criminal	%	TAX – Opinions	%	Commercial Litigation	0/0	
Bankruptcy	%	Venture Capital	%	Legal Malpractice	%	
Collection	%	Water Law	%	Medical Malpractice	0/0	
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	0/0	
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	0/0	
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	0/0	
Immigration	%	Other:	%	Real Estate Syndications	%	
International	%			Wills and Trusts	%	
Investment Cnsling/Money Mgt	%	Bonds	%			
Labor – Employee / Union	%	Copyright	%	Complete Supplement Application	n for all AOPs	
Labor – Management	%	% Patent % > 10% in Col		> 10% in Column C abo	ove	
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 %	%	

Yes 🗌 No 🗌

3. Practice Management

А.	Dock	ocket/Diary Control System:							
	i.	Do you maintain a central docket control system?		Yes 🗌 No 🗌					
	 11.	i. Check all that apply:							
		single calendar dual calendar master Listings tickler system co	mputer system						
		verification of completion of events provisions for accident or illness immediate entry of all dates							
	 111.	Does the ultimate responsibility for docket control, including entry, rest with the	handling lawyer?	Yes 🗌 No 🗌					
	iv.		Yes 🗌 No 🗌						
		iv. Does the applicant crosscheck its docket controls?a. If yes, how frequently? Daily Weekly Other:							
	If no	no to any of the above, please explain:							
B.	How	ow many suits for fees were initiated by the applicant against clients during the past 2-	4 months?						
C.	Indicate percentage that the applicant utilizes the following?								
	i.								
	ii.	Non-engagement/declination letters?%							
	 111.	Disengagement/closing letters?%							
	If any of the above are not utilized, please explain:								
		, , , , , , , , , , , , , , , , , , ,							
D									
D.		Indling potential or actual conflicts of interest:							
	i.	Systems used to check conflict of interest:							
		Oral/Memory Index File							
		Computerized Client Lis	t						
	 11.	Indicate the items captured by this system:							
	Client Name Client Principals Client Subsidiaries Opposing Party Opposing Counsel								
		Related Individuals Predecessor Firm Conflict Information Other							
	 111.	How are conflict of interest situations addressed and disclosed to clients/potentia	l clients? Check all that apply.						
		Non-Engagement Letters Signed W	aiver Obtained from all parties						
		_ 00 _ 0	o other lawyer/law firm						
			5.						

4. Professional Liability Insurance and Claim History

A. List all lawyers professional liability insurance carried during the past consecutive five years for the applicant and/or any predecessor firm.

Inception mm/dd/yy	Expiration mm/dd/yy	Insurance Company	Limits	Deductible	Per Claim or Aggregate Deductible	Annual Premium	Number of Lawyers

B. During the past five years, has any lawyer listed in Question 1.F., or on the Larger Firm Supplement:

i.	been the subject of any investigation or disciplinary action?	Yes 🗌 No 🗌
ii.	had any professional liability insurance declined, cancelled, refused to renew, or accepted only on special terms? (not applicable to Missouri applicants)	Yes 🗌 No 🗌
	become aware of any act, error, omission or specific circumstances which could reasonably be expected to result in a professional liability claim against the firm, any past or present lawyers in the firm, or any predecessor firm?	Yes 🗌 No 🗌

If yes, please explain:

C. During the past five years, has any claim or suit been brought against th lawyers proposed for this insurance?	e applicant, its predecessor firms or any of the	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 appl If no, why haven't they been reported? Please provide details on firm		Yes 🗌 No 🗌						
Fraud Warning Notice: Any person who, with intent to defraud or ket application or files a claim containing a false or deceptive statement is g		rer, submits an						
Applicant's Authorizati	on and Certification							
The undersigned authorized partner, officer or owner of the applicant firm understands that this Company is relying on the accuracy of such information		ance.						
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 (V	Where Required By Law)							
Name of Agency:								
Agency Address:	Telephone Number:							
Agent's Name:	Signature:							
Date:								