



APPLICATION FOR EMPLOYED LAWYER'S PROFESSIONAL LIABILITY INSURANCE (Claims-Made and Reported)

THIS POLICY DOES NOT APPLY TO PROFESSIONAL SERVICES RENDERED TO OTHERS BEYOND THE DUTIES IMPOSED BY THE EMPLOYER

INSTRUCTIONS (Please print or Type All Replies)

- (a) If any space provided herein is insufficient for complete reply, please attach a separate piece of paper. Be sure to identify by number the question to which you are replying.
(b) If the answer to any question is none, please state NONE.

NOTE: A copy of your Employer's letterhead MUST accompany this application.

1. Full name of Employer:

Present Employed Lawyers Policy (NA if none): _____

Expiration Date: _____

2. Principal office address:

No. Street

City State County Zip

3. Business Phone: () Fax: ()

4. Email Address: _____

5. List the names of all predecessor firms of the Employer. (Name only those firms where the Employer is a successor to the former firm's assets and liabilities.) Please list any additional firms on separate sheet. If none, so state.

Table with 3 columns: Name of Firm, Year Established, Number of Employed Lawyers



6. Limits of Employed Lawyers Professional Liability and Deductible Desired - Defense Costs Reduce the Limit of Liability

Limits (000's omitted)

- \$100/300
- \$200/600
- \$250/750
- \$300/600
- \$400/800
- \$500/1000
- \$1000/1000

Deductible

- \$ 1,000
- \$ 2,500
- \$ 5,000
- \$10,000

7. Effective date desired: _____
Month Day Year

8. Please provide the information requested below in accordance with the following designation and instruction (a) on Page 1. Each lawyer listed shall be deemed an "applicant."

- "O" Officers of the Employer who are lawyers.
- "E" Employed lawyers (must be employed by the Employer).

	Applicant Name Last, First, MI	"O" or "E"	Ohio Supreme Court Number	Year & Month Admitted to Ohio Bar	Years of Full- time service with the Employer	Member of Bar Associations (Use State Abbreviations)
(a)						
(b)						
(c)						
(d)						
(e)						

Use separate sheet as necessary.

If member(s) of The Ohio State Bar College, enclose a current copy of the membership certificate.

9. Previous Employed Lawyers Insurance (last 6 years) beginning with immediate prior coverage working backwards for **each** attorney listed in Question 8. If none, so state. Please answer fully for **each** attorney to insure accurate premium rating.

	Coverage Dates (From/To)	Insurance Company	Policy Number	Limits (Each Claim/Aggregate)	Deductible	Applicable to Attorney(s) Lettered
1						
2						
3						
4						
5						
6						

10. Have you ever purchased an option for Extended Reporting for claims made after a prior policy has expired? Yes ___ No ___

If "Yes," when _____, for what limit _____ and for what period? _____
MO/YEAR

11. Indicate your estimate of the percentages of your activities devoted to:

(1)	Plaintiff's Attorney	%	(11)	Securities – additional information may be required	%
(2)	Defendant's Attorney	%	(12)	Commercial Matter	%
(3)	Real Estate	%	(13)	Domestic Relations/Family Law	%
(4)	Estates & Trusts	%	(14)	International Law	%
(5)	Patents, Trademarks & Copyrights (Supplemental needed)	%	(15)	Tax	%
(6)	Corporation Law	%	(16)	Criminal/Juvenile	%
(7)	Municipal Law	%	(17)	Bankruptcy	%
(8)	Collections	%	(18)	Admiralty	%
(9)	Civil Rights	%	(19)	Labor	%
(10)	Banking and/or Savings & Loan	%	(20)	Specify if other and explain...	%
				TOTAL	100%

12. Does applicant's practice also involve acting in the capacity of any of the following?
Yes ___ No ___ **If "Yes," coverage does not apply.**

- (a) Insurance agent or broker ___ (d) Accountant ___
 (b) Title abstracter ___ (e) Real estate agent or broker ___
 (c) Title insurance agent ___ (supplemental application needed to apply for coverage)



13. Does the Employer named in Question 1 have any associate or employed lawyer other than those named in Question 8? Yes ___ No ___

If "Yes," explain _____

14. Does the Applicant provide Professional Services to others, **not just solely to the Employer**, as part of his or her duties on behalf of the Employer? Yes ___ No ___

If "Yes," an additional premium charge may apply in consideration for a modification of coverage.

15. Does any applicant perform legal services for any person or organization other than the Employer? Yes ___ No ___

If "Yes," please describe nature of employment, and percentage of total time devoted to this activity. **Coverage may not apply.** _____

16. Has any applicant (while associated with the Employer) provided legal services for a "financial institution"? Yes ___ No ___

If "Yes," provide the full name and location of the institution and describe the legal services provided.

Financial Institution means: savings and loan, bank, credit union, savings association, building and loan association; or service company, subsidiary corporation or holding company of the aforementioned.

17. Does any applicant or employer now manage, wholly or in part own or have a financial control of, or is employed by any bank, trust company, mortgage and loan association, building or savings and loan association, title guarantee or real estate company, or corporation, other than one named as the Employer in Question 1? Yes ___ No ___

If "Yes," coverage will not apply for this activity.

18. Is any applicant a director or officer of any corporation other than the Employer named in Question 1? Yes ___ No ___

If "Yes," name each corporation and position. **Coverage will not apply.**



- 19. Does the Employer carry current directors and officers liability insurance? Yes ___ No ___
If "Yes," please provide a current copy of the policy declarations page.
- 20. After reasonable inquiry, is any applicant aware of pending or prior D&O claims or litigation against directors and/or officers of the Employer named in Question 1?
Yes ___ No ___
- 21. Is any applicant lawyer also serving as an officer or director to the Employer, or to any entity wholly or partly-owned by the Employer? Yes ___ No ___
This policy does NOT provide "D&O" coverage to any such applicant.
- 22. Does the Employer permit or require the legal department of any applicant to issue opinions of counsel to clients of the Employer or other outside parties in conjunction with transactions where such opinion of counsel is requested or required? Yes ___ No ___ If "Yes," state policy.

- 23. Is any applicant engaged in private practice? Yes ___ No ___
Coverage does not apply to such activities.

If "Yes," who is the employer or firm, and describe the activities:

- 24. Has any applicant ever been reprimanded by or refused admission to practice, disbarred, or suspended (including voluntarily suspended) from practice before any court or administrative agency or is any complaint regarding such pending? Yes ___ No ___
- 25. Has any applicant's professional liability insurance coverage ever been canceled, non-renewed, or offered with a mandatory deductible clause higher than standard, or subject to a premium surcharge? Yes ___ No ___
- 26. Has any applicant ever been treated for alcohol or drug abuse? Yes ___ No ___
- 27. Has any applicant been charged with or convicted of a criminal offense involving moral turpitude or of a felony? Yes ___ No ___
- 28. Within the last 6 years, has any professional liability claim been asserted or action been filed against any applicant, or filed against the Employer? Yes ___ No ___

If "Yes," please attach a copy of the notice to your insurance carrier. In addition, complete a Supplemental Claim Information form provided upon request.



29. Does any applicant or employer know of any circumstances, act, error or omission which could result in a professional liability claim against any lawyer to be covered in Question 8, **whether or not a claim has actually been made?** Yes ___ No ___

If "Yes," please attach a copy of the notice to your insurance carrier, **or attach a description of the circumstance, if not reported.**

30. CALENDAR CONTROL SYSTEM:

(a) Do you have a planned system for your docket/calendar control? Yes ___ No ___

(b) Are independent date controls kept for all litigated and non-litigated items?
Yes ___ No ___

(c) Briefly describe your method of docket control with particular comments on cross-checking: _____

31. OUTSIDE INTERESTS:

(a) Is any applicant serving as a director, officer, trustee, partner, or employee of any client of the Employer? Yes ___ No ___

(b) Has the Employer or any applicant:

(1) acted as an investment advisor to clients? Yes ___ No ___

(2) had discretionary investment authority over the funds of any client?
Yes ___ No ___

(3) exercised any other fiduciary control on behalf of any client?
Yes ___ No ___

If "Yes" to (1), (2) or (3) above, please provide full details on a separate sheet.

(c) Do any attorneys listed in Question 8 have an equity interest in any client of the Employer? Yes ___ No ___

If "Yes," please complete the Outside Interests Supplement.

32. Does the applicant or Employer have a system requiring complaints by either a client or other counsel to be reviewed by a lawyer other than the lawyer about whom the complaint is made? Yes ___ No ___



33. Business of Employer: Please include a copy of latest 10k, Annual Report, and/or other financial and descriptive information, such as an audited financial statement or opinion.

There is no coverage under OBLIC's policy for claims made and reported arising out of acts, errors or omissions during uninsured periods of time, or periods during which "occurrence" coverage applied.

WARRANTY: I/We hereby declare that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts; and I/we agree that this Application shall be the basis of the contract with the Company; and it is agreed that all representations contained herein are material as a matter of law, and that I/we will immediately notify the Company, said representations being deemed continuing, of any change in facts occurring prior to issuance of insurance pursuant hereto.

IT IS UNDERSTOOD THAT THIS IS AN APPLICATION FOR INSURANCE AND NOT A BINDER OF INSURANCE COVERAGE.

Name of Employer (Please Print or Type):

Signature of Applicant or Authorized Agent of Applicant(s):

Date:

WARNING: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.