



**APPLICATION FOR LAWYERS' PROFESSIONAL LIABILITY INSURANCE  
(CLAIMS-MADE AND REPORTED BASIS)**

**INSTRUCTIONS (Please Print or Type All Replies)**

- (a) If any space provided herein is insufficient for complete reply, please attach a separate sheet. 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 or N/A (if left blank, a follow-up will be required which will delay the application review process).
- (c) A completed copy of the application must be signed and dated by the applicant (or partner or practicing stockholder in the event that the applicant is a partnership, LPA, LLC, or LLP).
- (d) The term "firm" as used in this application includes individual or solo practitioners.

**PLEASE NOTE: A copy of your letterhead or a prototype must accompany this application.**

1. Firm name (should match your letterhead and legal entity name):

Present Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

2. Principal office address:

Address #1 \_\_\_\_\_  
 Address #2 \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 County \_\_\_\_\_  
 Business Phone: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Note: Please list any Secondary Office Locations (Use a separate sheet of paper if necessary)

Address #1 \_\_\_\_\_  
 Address #2 \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 County \_\_\_\_\_  
 Secondary Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_  
 Email Address: \_\_\_\_\_

3. Year established: \_\_\_\_\_

4. Specify mode of practice below:

Individual \_\_\_ Partnership \_\_\_ LLP \_\_\_ LLC \_\_\_  
 Professional Corporation LPA \_\_\_ Other: \_\_\_\_\_

5a. AVAILABLE LIMITS OF PROFESSIONAL LIABILITY (000's omitted) (Select Limits for additional quote(s) if different from current Limits)

\* Indicates available for only full-time coverage

\$100/300 \_\_\_ \$200/600 \_\_\_ \*\$250/500 \_\_\_ \$300/600 \_\_\_ \*\$500/500 \_\_\_ \*\$500/1000 \_\_\_  
 \*\$750/1500 \_\_\_ \*\$1000/1000 \_\_\_ \*\$1000/2000 \_\_\_ \*\$2000/2000 \_\_\_ \*\$2000/4000 \_\_\_ \*\$5000/5000 \_\_\_  
 Specify Other \$ \_\_\_\_\_/\_\_\_\_\_



5b. AVAILABLE DEDUCTIBLES (Select Deductibles for additional quote(s) if different from current Deductible)

\* **Indicates available for only full-time coverage**

\$1,000 \_\_\_ \$2,500 \_\_\_ \$5,000 \_\_\_ \*\$10,000 \_\_\_ \*\$15,000 \_\_\_ \*\$20,000 \_\_\_ \*\$25,000 \_\_\_

5c. Effective date desired (OBLIC receipt of application or later) MM/DD/YYYY: \_\_\_\_\_

6. Please provide the information requested below for each lawyer for whom coverage is desired. Use separate sheet as necessary.

Lawyer Name (Last, First, Middle Initial) Email Address	+Full or Part-time Status	Year Lawyer Joined Firm	Other States in Which Licensed	Supreme Court Number	Year Licensed	Member of the OSBA? Yes/No	*Member of the OSBA College? Yes/No
(a)							
Email:							
(b)							
Email:							
(c)							
Email:							
(d)							
Email:							
(e)							
Email:							

+If applicant is part-time, please complete the Affirmation of Part-time Status.

\*If any applicant is a member of The Ohio State Bar College, enclose a current copy of the membership certificate. A credit may apply.

7. Does any lawyer named in Question 6 have any other law partner, associate, employee, "of counsel" or contract lawyer other than those named in Question 6? Yes \_\_\_ No \_\_\_ If yes, please list the lawyer, name of firm and explain:

\_\_\_\_\_

8. Has your firm (or have you as a sole practitioner) during the past 3 years provided services relating to securities including bonds/bills/notes to:

- Issuers, underwriters, or affiliates thereof, with respect to the issuance, offering or sale of securities, whether registered or exempt transactions? Yes \_\_\_ No \_\_\_
- Client(s) who are subject to the reporting requirements of Section 13 or 15(d), or registered under Section 12 of the Securities Exchange Act of 1934? Yes \_\_\_ No \_\_\_

If yes to either, please complete a Securities Law Practice Supplemental Application.

9. Does applicant's practice also involve acting in the capacity of any of the following? Yes \_\_\_ No \_\_\_ As your lawyers professional liability insurance policy does not cover acts in these non-legal capacities, you are encouraged to carry separate professional liability insurance for work in these capacities. Coverage may be available for title insurance agents.



Insurance agent or broker \_\_\_ Accountant \_\_\_ CPA \_\_\_  
 Real estate agent or broker \_\_\_ Title insurance agent (Supplemental Application Needed) \_\_\_  
 Investment Advisor \_\_\_

10. Indicate your estimate of the percentage of your firm's time devoted to:

01	Administrative Law/Social Security		22	Immigration Law	
02	Appellate		23	International Law	
03	Arbitrator/Mediator		24	Labor	
04	Banking and/or Savings & Loan		25	Landlord/Tenant	
05	Bankruptcy		26	Litigation (If not included in other areas of practice) (Please describe)	
06	Civil Rights		27	Municipal Law	
07	Class Action - Plaintiff		28	Oil and Gas	
08	Collections - Commercial		29	Patents (Supplemental Needed) (Including patent litigation)	
09	Collections - Consumer (Attach a copy of initial collection letter)		30	Plaintiff Legal Malpractice	
10	Commercial (Contracts, UCC, etc)		31	Plaintiff Personal Injury (Includes Med Mal)	
11	Consumer Law		32	Probate, Estates, Trusts & Wills	
12	Corporate (Formation, advice)		33	Real Estate	
13	Criminal/Juvenile		34	Research/Writing	
14	Defendant Personal Injury		35	Securities – Closely held, private placements (Supplemental Needed)	
15	Domestic Relations/Family Law		36	Securities – Public offerings (Supplemental Needed)	
16	Employment		37	Subrogation	
17	Entertainment Law		38	Tax	
18	Environmental Law		39	Trademarks & Copyrights	
19	ERISA		40	Workers' Compensation	
20	Guardian Ad-litem		41	Other and Explain	
21	Healthcare			Total	100%

11. Does any applicant perform legal services as an employee of any person, organization, governmental entity or any lawyer or firm of lawyers other than applicant firm? Yes \_\_\_ No \_\_\_ If yes, please describe nature of employment and percentage of total time devoted to this activity. **Coverage will not apply.**

Attorney Name	Position Held	Person/Organization/Governmental Agy	% of Total Time

12a. (1) Has any applicant served as a director, officer, trustee, partner, member (LLC) or employee of any client of the firm? Yes \_\_\_ No \_\_\_ **Coverage may not apply.**  
 (2) If yes, how many clients? \_\_\_  
 (3) If yes, have all positions been limited to secretary, treasurer or employee and without any ability to make board or managerial decisions in the past 5 years, or is presently serving in such capacity?  
 Yes \_\_\_ No \_\_\_

12b. Within the past 5 years, has any applicant, or group of applicants, or any applicants' spouses listed in question #6 had an equity interest of more than 10% in any client of the applicant firm? Yes \_\_\_ No \_\_\_  
**Coverage will not apply.**



13. Previous Insurance (last 6 years beginning with immediate prior coverage working backwards for each lawyer listed in question No. 6). If none, state "NONE." Please answer fully for each lawyer to insure accurate premium rating.

Lawyer Name As Listed in Question #6	Insurance Company	Firm Name	Coverage Dates (From/To) MM-DD-YYYY	Limits (Each Claim/Aggregate)	Deductible	Full or Part-time Coverage?

Use separate sheet as necessary.

14. Have you ever purchased an option for Extended Reporting ("TAIL") for claims occurring during the policy term, but not reported within that term? Yes \_\_\_ No \_\_\_ If yes, when? MM/DD/YYYY \_\_\_\_\_ for what limit? \_\_\_\_\_ and for what length of time? \_\_\_\_\_

15. Does any applicant have an office space and/or expense sharing arrangement with any other lawyers? Yes \_\_\_ No \_\_\_ If yes, then please complete the Office/Expense Sharing Supplemental Application.

**QUESTIONS 16 THROUGH 21 EACH LAWYER LISTED UNDER ITEM 6 SHALL BE CONSIDERED AS AN APPLICANT. (Please provide complete details on all "Yes" answers.)**

16. 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? Yes \_\_\_ No \_\_\_

Lawyer (Last, First, Initial)/Explanation \_\_\_\_\_  
\_\_\_\_\_

17. Has any applicant's professional liability insurance coverage ever been cancelled or non-renewed? Yes \_\_\_ No \_\_\_

If yes, please supply the notice from carrier.  
Lawyer (Last, First, Initial)/Explanation \_\_\_\_\_  
\_\_\_\_\_

18. Has any applicant ever been treated for alcohol or drug abuse? Yes \_\_\_ No \_\_\_  
If yes, please provide an explanation, timeframe, and the name of your sponsor and a lawyer reference.

Lawyer (Last, First, Initial)/Explanation \_\_\_\_\_  
\_\_\_\_\_

19. Has any applicant been charged with or convicted of a criminal offense involving moral turpitude or of a felony? Yes \_\_\_ No \_\_\_

Lawyer (Last, First, Initial)/Explanation \_\_\_\_\_  
\_\_\_\_\_



20. Within the last 6 years, has any professional liability claim been asserted or action filed against any applicant? Yes \_\_\_ No \_\_\_

If yes, please attach a copy of the notice to your insurance carrier. In addition, complete a Supplemental Claim Information form.

21. Does any applicant know of any circumstances, act, error or omission which could result in a professional liability claim against any lawyer to be covered in Item 6, **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 provide a description of the circumstances, if not reported.

Lawyer (Last, First, Initial)/Explanation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONFLICT OF INTEREST SYSTEM:**

22. Does the firm maintain a method of monitoring conflicts of interest? Yes \_\_\_ No \_\_\_

If no, please explain:

\_\_\_\_\_  
\_\_\_\_\_

If yes, how does the firm retain conflicts of interest avoidance information?

Please check all applicable methods used.

\_\_\_ Oral/Memory    \_\_\_ Computerized  
\_\_\_ Index File    \_\_\_ Other (describe) \_\_\_\_\_

**CALENDAR/DOCKET CONTROL SYSTEM:**

23. Do you have a planned method for your calendar/docket control? Yes \_\_\_ No \_\_\_

If no, please explain:

\_\_\_\_\_  
\_\_\_\_\_

If yes, describe, briefly, your method of docket control with particular comments on cross checking.

\_\_\_\_\_  
\_\_\_\_\_

**CLIENT COMMUNICATION:**

24a. Does the firm require the use of engagement letters on all new client matters undertaken by your firm? Yes \_\_\_ No \_\_\_ **If yes, please provide a sample letter.** Will use OBLIC sample letter \_\_\_

24b. Does your firm require the use of a written fee or retainer agreements on all engagements with new clients? Yes \_\_\_ No \_\_\_ **If yes, please provide a sample letter.** Will use OBLIC sample letter \_\_\_

24c. Are declination or non-representation letters issued on matters declined by the firm, other than for telephone inquiries outside your area of practice? Yes \_\_\_ No \_\_\_  
**If yes, please provide a sample letter.** Will use OBLIC sample letter \_\_\_

**INTERNAL CONTROLS:**

25a. How many suits for collection of fees have been filed by the firm during the past 2 years? # \_\_\_\_\_



- 25b. Does or would the firm wait more than one year from the completion of legal services before filing a suit for fees? Yes \_\_\_ No \_\_\_ If no, please provide an explanation.  
\_\_\_\_\_
- 25c. What steps have been taken by the firm to reduce or avoid the necessity of future fee collection suits? Not Applicable \_\_\_  
\_\_\_\_\_
- 25d. When evaluating whether a fee claim should be filed for collection, does the firm review the file for the purpose of evaluating whether the possibility of a counterclaim alleging malpractice might be filed in response thereto? Yes \_\_\_ No \_\_\_ Not Applicable \_\_\_
- 25e. Does any employee who has discretionary control or check writing authority have to have all such matters reviewed by a partner, shareholder or other lawyer in the firm? Yes \_\_\_ No \_\_\_ Not Applicable \_\_\_
- 25f. Are all trust account, estate and bank account statements for the firm reviewed monthly by more than one person/employee/partner or shareholder in the firm? Yes \_\_\_ No \_\_\_ Not Applicable \_\_\_
- 26. Does the firm provide written opinion letters to third parties who are creditors of clients? Yes \_\_\_ No \_\_\_ If yes, please provide a sample letter (if not previously provided).
- 27. If any applicant is licensed in another state, please provide the firm's percent of Ohio-related law work (based on time, not revenues) for all attorneys in your practice. \_\_\_% Not applicable \_\_\_

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.

BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
Authorized Representative of the Applicant

**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.**

**WARNING: Any person who, with intent to defraud or knowing that he/she 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. (O.R.C. Sec. 3991.21)**



**Supplemental Application for Part-Time Lawyers Professional Liability Insurance  
(Claims-Made and Reported Basis)  
Affirmation of Part-time Status**

The undersigned hereby states and affirms that:

1. I shall render Professional Services to others in my capacity as a lawyer for **an average of 25 hours per calendar week or less (whether billable or not)** during the period of the next year or longer; and
2. I will not provide Professional Services to others in my capacity as a lawyer for more than 25 hours per calendar week for 60 or more consecutive days; and
3. I shall contact OBLIC as soon as practicable if there is a change in circumstances during all times that I have current part-time professional liability insurance with OBLIC in effect which would alter the affirmation above.

Please explain why your practice is limited to part-time.

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I hereby apply for part-time coverage with OBLIC based upon the above affirmations.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

“**Professional Services**” shall be deemed, for the purposes of this policy, to include all services or activities performed by or on behalf of the Insured in a lawyer-client capacity; to also include services or activities performed by the Insured as a volunteer on behalf of the Ohio State Bar Association, and all general Ohio county and metropolitan bar association(s); and to also include services performed by the Insured as an arbitrator or mediator.

**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. (O.R.C. – 3991.21)**