



**APPLICATION FOR LAWYER'S PROFESSIONAL LIABILITY INSURANCE  
ADDITIONAL ATTORNEY  
(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**.
- (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.)

1. Full name of Policyholder (as shown on your letterhead):

\_\_\_\_\_

2. Policy No. \_\_\_\_\_

3. Full name of additional attorney to be insured:

\_\_\_\_\_

4. Please provide the information requested below.

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

+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.

5. Does the applicant have any other law partner, associate, employee, "of counsel" or contract lawyer other than those named in Question 1 above? Yes  No  If yes, please list the lawyer, name of firm and explain:

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6. Indicate your estimate of the percentage of applicant's practice 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%

7. Does applicant's practice also involve acting in the capacity of any of the following? Yes  No   
As your lawyer's 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 \_\_\_

8. Does any applicant perform legal services as an employee of any person, organization, governmental entity or any lawyer or firm of lawyers other than Policyholder? 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

9a. (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 \_\_\_

9b. 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.**

10. Previous Insurance (last 6 years beginning with immediate prior coverage working backwards.) If none, so state. Use separate sheet as required.

**PRIOR ACTS COVERAGE CANNOT BE CONSIDERED WITHOUT ALL SECTIONS BELOW BEING COMPLETED.**

Insurance Company	Firm Name	Coverage Dates (From/To) MM/DD/YYYY	Limits (Each Claim/Aggregate)	Deductible	Full or Part-time Coverage?

11. If eligible, is coverage for "prior acts" desired also?\* Yes  No

\* Prior acts coverage can only be offered if question 10 is fully completed and approved by the underwriter. If you elect to accept or decline prior acts coverage, the coverage cannot later be changed.

12a. Have you ever purchased an option for Extended Reporting ("Tail Policy") for claims occurring during the policy term, but not reported within that term? Yes  No

12b. If yes, effective date (MM/DD/YYYY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

12c. Limit of Liability (per claim/aggregate)? \_\_\_\_\_/\_\_\_\_\_

12d. Duration (1 year, 2 years, 3 years, Unlimited): \_\_\_\_\_

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

13. Does the applicant have an office space and/or expense sharing arrangement with any other attorneys other than with the Policyholder named in Question 1 above? Yes  No   
If yes, please complete the Office/Expense Sharing Supplemental Application.

**THE FOLLOWING QUESTIONS MUST BE ANSWERED. (Please provide complete details on all "Yes" answers.)**

14. Has the 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



- 15. Has the applicant's professional liability insurance coverage ever been cancelled, non-renewed, or offered with a mandatory deductible clause higher than standard or subject to a premium surcharge? Yes  No
- 16. Has the applicant ever been treated for alcohol or drug abuse? Yes  No
- 17. Has the applicant been charged with or convicted of a criminal offense involving moral turpitude or a felony? Yes  No
- 18. Within the last 6 years, has any professional liability claim been asserted or action been filed against the applicant, or claim paid by or on behalf of the applicant? Yes  No   
If yes, please attach a copy of the notice to your insurance carrier and complete a Supplemental Claim Information form.
- 19. Does the applicant know of any circumstance, act, error, or omission which could result in a professional liability claim against the applicant? Yes  No   
If yes, please attach a copy of the notice to your insurance carrier.
- 20. Date applicant joined firm as a licensed attorney (MM/DD/YYYY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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.

By: \_\_\_\_\_ Date \_\_\_\_\_  
(Authorized representative of applicant and/or policyholder)

**WARNING: Any person who, with intent to defraud or knowing that he or 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. 3999.21)**