



**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.

Name of Firm	Year Established	Number of Employed Lawyers





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



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.

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Name of Employer (Please Print or Type):

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

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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.**