



**APPLICATION FOR LAWYER’S PROFESSIONAL LIABILITY INSURANCE  
NON-PRACTICING EXTENDED REPORTING COVERAGE ENDORSEMENT  
(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, P.A. or P.C.).

1. Full name of Firm/Applicant (as shown on your letterhead):  
\_\_\_\_\_

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

3. Full name of applicant for Non-Practicing Extended Reporting Coverage Endorsement:  
\_\_\_\_\_

4. 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.**

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

5. Does the applicant now manage, 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?  
Yes  No  **If yes, coverage will not apply for this activity.**

6a. Is the applicant a director or officer of any for-profit corporation or has served in such capacity in the last 5 years? (Other than applicant’s law firm) Yes  No  **Coverage will not apply.**

6b. (1) Is the applicant serving as a director, officer, trustee, partner, member (LLC) or employee of any client of the firm, holding no equity interest in the client? Yes  No  **Coverage will not apply.**  
 (2) If yes, how many clients? \_\_\_\_  
 (3) If yes, are all positions secretary, treasurer or employee and without any ability to make board or management decisions? Yes  No



6c. Is the applicant serving as a director, officer, trustee, partner, member (LLC) or employee of any client of the firm and holding equity interest in that client? Yes  No  **Coverage will not apply.** If yes, how many clients? \_\_\_\_\_

6d. Within the past 5 years, has the applicant or applicant's spouse had an equity interest in any client of the applicant firm? Yes  No  **Coverage will not apply.**

7. Does the applicant's practice also involve acting in the capacity of any of the following? Yes  No

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 \_\_\_\_\_

8. Limits of Liability Desired:  
(Shall not be greater than the limits of liability of the policy currently insuring the applicant)

Limits (000's omitted)	Deductible
___ \$100/300	___ \$1,000
___ \$200/600	___ \$2,500
___ \$250/750	___ \$5,000
___ \$500/500	___ \$10,000
___ \$500/1000	___ \$15,000
___ \$1000/1000	___ \$20,000
___ \$2000/2000	___ \$25,000
___ Other \$ _____ / _____	___ Other \$ _____

9. Does the applicant know of any circumstance, act, error or omission which could result in a professional liability claim against the applicant, **whether or not a claim has actually been made?** Yes  No

If yes, please attach a statement explaining the circumstance, and include the date of the act, error or omission, and the name(s) of all persons associated with the circumstance, act, error or omission, **whether or not a claim has actually been made.**

10. 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



- 11. Has the applicant ever been treated for alcohol or drug abuse? Yes  No
- 12. Has the applicant been charged with or convicted of a criminal offense involving moral turpitude or of a felony? Yes  No
- 13. Has the applicant had discretionary investment authority over the funds of any client?  
Yes  No
- 14. Has the applicant exercised any other fiduciary control on behalf of any client? Yes  No   
**If yes, please provide full details on a separate sheet.**
- 15. Does any single client represent 20% or more of the applicant's total gross billings?  
Yes  No
- 16. Please state the date of the applicant's cessation of private practice of law:  
(MM/DD/YYYY)\_\_\_\_\_

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

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

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)