

Application for Lawyers' Professional Liability Insurance

(Claims – Made and Reported Basis)

Instructions *(please print or type all replies)*

- 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.
- 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).
- 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).
- The term "firm" as used in this application includes individual or solo practitioners.

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

2. Principal Office Address *(this will be used as your mailing address):*

Address Line 1: _____

Address Line 2: _____

City, County, State, Zip: _____

Business Phone: () _____

Fax Number: () _____

Email Address: _____

Note: Please list any Secondary Office Locations on a separate sheet of paper, if necessary.

3. Website Address: _____

4. Available Limits of Professional Liability

• 000's omitted • Select Limits for additional quote(s), if different from current Limits • Higher Limits may be available upon request

***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 \$ _____ / _____

5. 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

*\$50,000

*\$75,000

*\$100,000

6. Current Insurer: _____

7. Current Limits and Deductible: _____

8. Effective Date Desired *(OBLIC receipt of application or later)* MM/DD/YYYY: _____

P.O. Box 2708 > Columbus, Ohio 43216-2708

For Overnight Mail:

1650 Lake Shore Drive > Suite 285 > Columbus, Ohio 43204-4894

800.227.4111 > F: 614.488.7936 > oblic.com

oblic
Ohio Bar Liability Insurance Co.

9. Please provide the information requested below for each lawyer for whom coverage is desired, including of counsel, contract lawyers, etc. If a lawyer is not listed below, coverage will not be provided for that lawyer's professional services arising out of acts, errors and omissions of that lawyer. Use separate sheet as necessary.

Lawyer Name (Last, First, Initial) Email Address	Full or Part-time Status +	Year Lawyer Joined Firm	Supreme Court Number	Prior Acts Date Requested *	OSBA Member? Yes / No	Ohio Bar College Member? Yes / No
a.						
Email:						
b.						
Email:						
c.						
Email:						

+ Part-time status qualification: Applicant to provide "Professional Services" to others 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 and not more than 25 hours per calendar week for 60 or more consecutive days.

* Date on which the listed attorney began carrying legal professional liability insurance uninterrupted, continuously renewed to the requested quote effective date.

10. Does any applicant or the firm offer or sell any services other than legal services? Yes No

If yes, please explain.

Lawyer (Last, First, Initial): _____

Explanation: _____

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.**

Lawyer Name	Position Held	Person/Organization/Governmental Agency	% of Total Time

12. Has any applicant, group of applicants or any applicant's spouse listed in Question 9 had an equity interest of more than 10% in any client of the applicant firm? Yes No

Coverage will not apply.

13. How many suits for collection of fees have been filed by the firm during the past 2 years? # _____

14. 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.

15. Please indicate your estimate of the percentage of your firm's time devoted to the below areas of practice in whole numbers. All areas of practice include both transactional law and litigation, except Commercial (Contracts, UCC, etc.).

1	Administrative Law/Social Security	19	Entertainment Law/Sports	36	Medical Malpractice - Plaintiff **
2	Appellate	20	Environmental Law	37	Municipal Law (not bonds)
3	Arbitrator/Mediator	21	ERISA	38	Oil & Gas (including within Real Estate or Probate, Estates, Trusts & Wills) **
4	Banking and/or Savings & Loan	22	Family Law (Divorce, Adoption, Guardianship, Custody, etc.)	39	Personal Injury - Plaintiff **
5	Bankruptcy	23	Guardian Ad-Litem	Probate, Estates, Trusts & Wills:	
6	Civil Rights	24	Healthcare	40	With Assets < \$1,000,000
7	Class Action/Mass Tort - Defense	25	Immigration Law	41	With Assets > \$1,000,000
8	Class Action/Mass Tort - Plaintiff **	26	Insurance Defense (including Personal Injury Defense)	42	Real Estate (including Foreclosures, Zoning, etc.)
9	Collections - Commercial	Intellectual Property:		43	Research/Writing
10	Collections - Consumer	27	Patent Litigation **	44	Securities - Closely held, private placements
11	Commercial (Contracts, UCC, etc.)	28	Patent Prosecution **	45	Securities - Public Offerings **
12	Commercial Litigation (Business)	29	Patent Other **	46	Tax (Preparation, Litigation, Opinions, etc.)
13	Construction Law	30	International Law	47	Title Insurance Agent **
14	Consumer Law	31	Juvenile	48	Trademarks & Copyrights
15	Corporate (Formation, Advice, Mergers, Divestitures, etc.)	32	Landlord/Tenant	49	Workers' Compensation
16	Criminal	33	Legal Malpractice - Defense	50	Other (explain):
17	Elder Law	34	Legal Malpractice - Plaintiff	Total 100%	
18	Employment/Labor Law (Management, Employee or Union)	35	Medical Malpractice - Defense	(**) Indicates Supplemental Required	

16. What percentage of your practice is outside of Ohio? _____ % If any, please identify the state(s).

State(s): _____

QUESTIONS 17 THROUGH 20 EACH LAWYER LISTED UNDER QUESTION 9 SHALL BE CONSIDERED AS AN APPLICANT.

(Please provide complete details on all "Yes" answers.)

17. 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: _____

18. 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: _____

19. 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.

20. 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 Question 9, **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: _____

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. 3999.21)