

Application

EMPLOYED LAWYERS PROFESSIONAL LIABILITY POLICY

FL- 015 EMP LAW



PROFESSIONAL INDEMNITY INSURANCE FOR CORPORATE LEGAL STAFF WHICH RELATES, SUBJECT TO ITS TERMS AND CONDITIONS, TO CLAIMS MADE AGAINST THE INSUREDS DURING CURRENCY OF THE POLICY.

THIS APPLICATION IS FOR A CLAIMS-MADE INSURANCE POLICY

NOTICE: AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT

1. NAME OF THE CORPORATION: _____

2. ADDRESS OF MAIN OFFICE OF THE CORPORATION. _____

3. BUSINESS OF CORPORATION (PLEASE APPEND THREE COPIES OF LATEST 10K, ANNUAL REPORT, AND/OR OTHER FINANCIAL AND DESCRIPTIVE INFORMATION.) YEAR ESTABLISHED _____

4.

LIMITS OF LIABILITY REQUESTED:		DEDUCTIBLE (INCLUDE CLAIMS EXPENSES)	
1 MIL/1MIL	4 MIL/4 MIL	1,000	10000
2 MIL/2 MIL	5 MIL/5 MIL	2,500	25000
3 MIL/ 3MIL		5,000	50000
			100000

POLICY TO BE EFFECTIVE ON _____

5. (A) PLEASE GIVE NUMBER AND NAMES OF ALL ATTORNEYS EMPLOYED BY THE CORPORATION AND BY ANY OTHER COMPANY CONTROLLED BY THE CORPORATION, IN THEIR CAPACITY AS SUCH. _____

(B) PLEASE GIVE TOTAL NUMBER OF STAFF SUPERVISED BY ATTORNEYS INCLUDING CLERICAL AND PARALEGAL _____

6. NAME OF PRINCIPAL OUTSIDE LEGAL COUNSEL OF CORPORATION AND NATURE OF WORK REFERRED. _____

7. (A) DESCRIBE TYPE OF LEGAL WORK UNDERTAKEN BY THE LEGAL DEPARTMENT. _____

(B) DESCRIBE INTERNAL CONTROLS AND OPERATING PROCEDURES FOR LEGAL DEPARTMENT, INCLUDING PROCEDURES GOVERNING THE ISSUE OF LEGAL OPINIONS, ADVICES OR RECOMMENDATIONS. _____

8. (A) DO ATTORNEYS OF THE LEGAL DEPARTMENT OF THE CORPORATION ISSUE LEGAL OPINIONS WITH RESPECT TO REGISTRATION STATEMENTS FILED WITH ANY SECURITIES COMMISSION? YES NO

(B) ARE THESE STATEMENTS NORMALLY APPROVED BY OUTSIDE COUNSEL? YES NO

(C) DO ATTORNEYS OF THE LEGAL DEPARTMENT OF THE CORPORATION EVER SIGN REGISTRATION STATEMENTS OF THE CORPORATION OR ANY AFFILIATED COMPANY? YES NO

9. DOES THE CORPORATION WISH TO ELIMINATE COVERAGE FOR ATTORNEYS ACTING OTHER THAN IN THE COURSE OF THEIR EMPLOYMENT BY THE CORPORATION? YES NO

10. DOES THE LEGAL DEPARTMENT PERFORM PERSONAL LEGAL SERVICES FOR ANY OFFICER, DIRECTOR, EMPLOYEE, SHAREHOLDER OF THE CORPORATION OR OTHER PERSON? IF SO, PLEASE ADVISE GENERAL POLICY OF LEGAL DEPARTMENT CONCERNING SUCH ACTIVITIES AND WHETHER COVERAGE IS REQUIRED FOR SUCH ACTIVITIES. YES NO

11. DOES THE CORPORATION PERMIT OR REQUIRE THE LEGAL DEPARTMENT OR ANY EMPLOYED LAWYER TO ISSUE OPINIONS OF COUNSEL TO PARTIES OUTSIDE THE CORPORATION IN CONJUNCTION WITH SALES OR ACQUISITIONS OR OTHER TRANSACTIONS WHERE SUCH OPINION OF COUNSEL IS REQUESTED OR REQUIRED? YES NO
if so, state policy.

12. DOES THE CORPORATION PERMIT OR REQUIRE EMPLOYED LAWYERS TO REPRESENT IN COURT THE CORPORATION OR OTHER PARTIES IN THE COURSE OF EMPLOYED LAWYER'S EMPLOYMENT? YES NO
 If so, state the circumstances.

13. (A) IS THE PRINCIPAL LEGAL OFFICER AWARE, AFTER REASONABLE INQUIRY, OF ANY PROFESSIONAL LIABILITY CLAIM MADE AGAINST ANY LAWYER WHOM THE CORPORATION EMPLOYS? YES NO
 If so, please give full details.

(B) IS THE PRINCIPAL LEGAL OFFICER AWARE, AFTER REASONABLE INQUIRY, OF ANY CIRCUMSTANCES WHICH MAY BE REASONABLY EXPECTED TO GIVE RISE TO A CLAIM AGAINST AN EMPLOYED ATTORNEY? YES NO
 If so, please give full details.

14. HAS ANY APPLICATION FOR ANY SIMILAR INSURANCE RELATING TO THE CORPORATION OR ANY EMPLOYEE OR PREDECESSORS IN BUSINESS OF THE CORPORATION EVER BEEN DECLINED OR HAS SUCH INSURANCE EVER BEEN CANCELLED? YES NO
 If so, please give full particulars.

15. PLEASE GIVE DETAILS OF ALL SIMILAR INSURANCE CARRIED IN THE PAST 5 YEARS, IF ANY.

CARRIER	LIMITS EACH CLAIM / AGGREGATE	MO/DAY/YEAR EFFECTIVE DATES		CLAIMS-MADE FORM POLICY OR OCCURRENCE FORM POLICY
		FROM:	TO:	

16. HAS ANY ATTORNEY BEEN IN PRIVATE PRACTICE ANYTIME WITHIN THE LAST FIVE YEARS? YES NO
 If so, please give full details.

17. DOES THE CORPORATION CARRY DIRECTORS AND OFFICER'S LIABILITY INSURANCE? YES NO
 If not, please explain

THE UNDERSIGNED DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE, THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE OR THE APPLICANT TO BUY THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE PART HEREOF.

NOTICE: ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD PROVIDES FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, ASSISTS, OR MAKES A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME INCIDENT OF DAMAGE OR LOSS, WILL COMMIT A FELONY AND IF CONVICTED WILL BE SENTENCED FOR EACH VIOLATION WITH A FINE OF NO LESS THAN FIVE THOUSAND (\$5,000) DOLLARS AND NOT EXCEEDING TEN THOUSAND (\$10,000) DOLLARS, OR BE SENTENCED TO IMPRISONMENT FOR A THREE (3) YEAR TERM, OR BOTH PENALTIES. IN THE EVENT OF AGGRAVATING CIRCUMSTANCES, THE TERM COULD BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IN THE EVENT OF INTERVENING EXTENUATING CIRCUMSTANCES IT COULD BE REDUCED UP TO A MINIMUM OF TWO (2) YEARS.

NOTICE: IN NEW YORK AND OHIO, ANY PERSON KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLIACTION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

TO BE EXECUTED BY AN OFFICER OF THE CORPORATION

NAME OF CORPORATION: _____

BY: _____

ITS: _____

(Print title)

AND (If other than above)

_____ BY _____

Date of Application Principal Legal Officer

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

THE INSURED HEREBY ACKNOWLEDGES THAT HE/SHE/IT IS AWARE THAT LEGAL DEFENSE COSTS THAT ARE INCURRED SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

INSURED: _____

BY: _____

TITLE: _____

DATE: _____

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