

Application

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY POLICY

FL SME - Lawyers



THIS APPLICATION IS FOR A CLAIMS-MADE INSURANCE POLICY

GENERAL INFORMATION

1. NAME OF APPLICANT : _____
2. PLEASE CHECK ONE BOX : PARTNERSHIP INDIVIDUAL PROFESSIONAL CORPORATION PROFESSIONAL ASSOCIATION
3. APPLICANT OFFICE ADDRESS : _____
4. DATE OF INCORPORATION : _____ 5. WEB SITE ADDRESS (if available) _____
6. DURING THE PAST 6 YEARS, HAS APPLICANT NAME CHANGED, HAD ANY MERGERS OR ACQUISITIONS? YES NO
7. PLEASE DETAIL THE NUMBER OF:

PROFESSIONAL CATEGORY	NUMBER
PARTNERS, MANAGERS, DIRECTORS & OFFICERS	
LAWYERS	
REST OF PERSONNEL	
TOTAL	

8. LIMITS OF LIABILITY & DEDUCTIBLES REQUESTED :

LIMITS OF LIABILITY	DEDUCTIBLES

9. PLEASE INDICATE APPLICANTS TOTAL REVENUES OR GROSS INCOME :

	PREVIOUS YEAR	THIS YEAR	NEXT YEAR
CLIENTS IN PUERTO RICO			
CLIENTS IN UNITED STATES/CANADA			
CLIENTS IN REST OF THE WORLD			

10. DESCRIBE THE FIRM'S PRACTICE BY SHOWING THE PERCENTAGE INVOLVING THE FOLLOWING:

1) NEGLIGENCE PLAINTIFF'S ATTORNEY _____%	11) S.E.C. / SECURITIES _____%
2) NEGLIGENCE DEFENDANT'S ATTORNEY _____%	12) DOMESTIC RELATIONS _____%
3) ENTERTAINMENT _____%	13) INTERNATIONAL LAW _____%
4) ANTI-TRUST _____%	14) TAX _____%
5) REAL ESTATE _____%	15) CRIMINAL _____%
6) ESTATES & TRUSTS _____%	16) BANKRUPTCY _____%
7) PATENTS, TRADEMARKS AND COPYRIGHT _____%	17) ADMIRALTY _____%
8) CORPORATION LAW _____%	18) LABOR _____%
9) MUNICIPAL LAW _____%	19) SYNDICATION _____%
10) COMMERCIAL MATTER _____%	20. OTHER (describe) _____%

11. A. WHAT PERCENTAGE OF THE TOTAL VOLUME IS SUBCONTRACTED? _____% Check if none
- B. IF THERE IS PERSONNEL SUBCONTRACTED, WHAT ARE THEIR DUTIES? _____
- C. ARE SUBCONTRACTORS REQUESTED TO HAVE THEIR OWN PROFESSIONAL LIABILITY POLICY? YES NO

12. PLEASE PROVIDE PREVIOUS INSURANCE INFORMATION :

CARRIER	LIMITS	DEDUCTIBLES	EFFECTIVE DATES		PREMIUM
			from (mo./day/year)	to	

13. HAS ANY APPLICANT EVER BEEN REPRIMANDED BY OR REFUSED ADMISSION TO PRACTICE, DISBARRED OR SUSPENDED FROM PRACTICE BEFORE ANY COURT OR ADMINISTRATIVE AGENCY? YES NO

If yes, please provide full explanation. _____

14. A. DOES APPLICANT MANAGE, OWNS OR HAS FINANCIAL CONTROL OF, NOR IS EMPLOYED BY ANY BANK, TRUST COMPANY, MORTGAGE AND LOAN ASSOCIATION, TITLE GUARANTEE OR REAL ESTATE COMPANY OR CORPORATION? YES NO

B. IS APPLICANT A DIRECTOR OR OFFICER OF ANY CORPORATION? YES NO

If yes, name the corporation and position _____

INTERNAL CONTROLS

15. A. HAS THE APPLICANT SUFFERED ANY LOSS DUE TO A DISHONEST OR FRAUDULENT ACT BY A PARTNER, DIRECTOR, OFFICER OR EMPLOYEE? YES NO

B. IS ANY APPLICANT AWARE OF ANY CIRCUMSTANCE THAT COULD GENERATE A LOSS DUE TO A DISHONEST OR FRAUDULENT ACT COMMITTED BY A PARTNER, DIRECTOR OR EMPLOYEE? YES NO

C. WHEN THE APPLICANT HIRES NEW EMPLOYEES, DOES HE REQUIRE REFERENCES FOR ALL EMPLOYEES? YES NO

D. DOES ANY EMPLOYEE HAVE AUTHORIZATION TO SIGN CHECKS, MAKE PAYMENTS, OR TRANSFER FUNDS WITHOUT A SECOND SIGNATURE? YES NO If yes please detail name, position and time with Applicant.

CLAIMS & CIRCUMSTANCES

16. HAVE ANY CLAIMS OR SUITS BEEN MADE DURING THE PAST FIVE YEARS AGAINST ANY APPLICANTS, THEIR (HIS) PREDECESSORS IN BUSINESS OR ANY OF THE PRESENT PARTNERS OR TO THE KNOWLEDGE OF THE FIRM, AGAINST ANY PAST PARTNER? YES NO

If so, give full particulars _____

17. IS ANY APPLICANT AWARE OF ANY CIRCUMSTANCES WHICH MAY RESULT IN ANY CLAIM BEING MADE AGAINST THE APPLICANT, THEIR (HIS) PREDECESSORS IN BUSINESS OR ANY OF THE PRESENT OR PAST PARTNERS? YES NO

If so, give full particulars _____

18. HAS ANY SIMILAR INSURANCE FOR ANY APPLICANT, PRESENT PARTNERS, ASSOCIATES OR PREDECESSORS EVER BEEN DECLINED OR CANCELLED? YES NO

NOTICE TO APPLICANT - PLEASE READ CAREFULLY

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 ON WHICH THE POLICY IS ISSUED, AND IN THE EVENT THE COMPANY ISSUES A POLICY, THE UNDERSIGNED PROPRIETOR OR PARTNER ACTING ON BEHALF OF THE APPLICANT AND ALL PERSONS PROPOSED FOR INSURANCE, ACKNOWLEDGES THAT THE COMPANY IN PROVIDING COVERAGE WILL HAVE RELIED UPON, AS REPRESENTATIONS, THE DECLARATIONS WHICH ARE CONTAINED IN OR ATTACHED TO OR INCORPORATED BY REFERENCE INTO THIS APPLICATION AND WHICH ARE INCORPORATED INTO THE POLICY.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE NOR THE APPLICANT TO PURCHASE THE INSURANCE.

NOTE TO APPLICANTS:

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.

THIS APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER, OR OFFICER AS DULY AUTHORIZED ON BEHALF OF THE APPLICANT.

SIGNATURE OF OWNER, PARTNER, OR OFFICER : _____

TITLE : _____

DATE : _____