

Attorney Information

1. Firm Name:		
2. Attorney Name		
3. Email:		
4. List all States where you are admitted to practice and the total percentage of time you practice in each one: (must equal 100%)		
5. Bar / Supreme Court Number in States where licensed to practice law:		
6. Year admitted to Bar(s):		
7. Number of years of full-time practice:		8. Exact date you joined this firm:
9. Total Number of hours worked on a weekly basis practicing law for this firm:		
10. How many open files or matters do you have currently?:		
11. Position Designation: (e.g. Member, Officer, Associate, Ind. Contractor, Of Counsel, Solo):		
12. Have you attended a Risk Management OR Ethics Seminar within the past 12 months? (Yes/No)		

Area Of Practice Hourly percentage Total Hours Must Equal Exactly 100%.

13. Indicate the percentage of billable hours of practice devoted to the following areas (in whole numbers):

<p>Business Transactions/Corporate Law %</p> <p>Banking/Financial Institutions <input type="text"/></p> <p>Business Transactions <input type="text"/></p> <p>Secured Transactions <input type="text"/></p> <p>Commercial Lit- Defense <input type="text"/></p> <p>Commercial Lit- Plaintiff <input type="text"/></p> <p>Mergers/Acquisitions <input type="text"/></p> <p>Collection and Bankruptcy: %</p> <p>Bankruptcy <input type="text"/></p> <p>Collections %</p> <p>Commercial <input type="text"/></p> <p>Consumer <input type="text"/></p> <p>Collections Defense <input type="text"/></p> <p>Residential Foreclosures <input type="text"/></p> <p>Corporate and Business Organizations %</p> <p>General Corporate/Business <input type="text"/></p> <p>Entity Formations <input type="text"/></p> <p>Contracts <input type="text"/></p> <p>Criminal %</p> <p>Criminal Defense <input type="text"/></p> <p>Traffic/DUI <input type="text"/></p> <p>Estate, Trust, and Probate %</p> <p>Estate Planning <input type="text"/></p> <p>Estate Administration <input type="text"/></p> <p>FELA %</p> <p>Individual (Plaintiff) <input type="text"/></p> <p>Collective Actions (Plaintiff) <input type="text"/></p> <p>Individual (Defense) <input type="text"/></p> <p>Collective Action (Defense) <input type="text"/></p> <p>Intellectual Property %</p> <p>Copyright/Trademark <input type="text"/></p> <p>Patent <input type="text"/></p> <p>IP Litigation <input type="text"/></p>	<p>Labor Law %</p> <p>Labor Relations <input type="text"/></p> <p>Employee Benefits (Non-ERISA) <input type="text"/></p> <p>Personal Injury/Property Damage Plaintiff * <input type="text"/></p> <p>BI/PI- Plaintiff <input type="text"/></p> <p>Class Action/Mass Tort <input type="text"/></p> <p>Malpractice <input type="text"/></p> <p>Product Liability <input type="text"/></p> <p>Personal Injury/Property Damage Defense %</p> <p>BI/PI- Defense <input type="text"/></p> <p>Class Action/Mass Tort <input type="text"/></p> <p>Malpractice <input type="text"/></p> <p>Product Liability <input type="text"/></p> <p>Real Estate %</p> <p>Commercial <input type="text"/></p> <p>Residential <input type="text"/></p> <p>Title/Escrow/Closing I <input type="text"/></p> <p>Synd's/Ltd Partnerships, etc. <input type="text"/></p> <p>Securities Law: ** %</p> <p>Bonds- Corp/Govt. <input type="text"/></p> <p>Stocks-Public Offering <input type="text"/></p> <p>Stocks- Private Placements <input type="text"/></p> <p>Other <input type="text"/></p> <p>Tax %</p> <p>Individual <input type="text"/></p> <p>Corporate/Entity <input type="text"/></p> <p>Workers Compensation %</p> <p>WC- Plaintiff <input type="text"/></p> <p>WC- Defense <input type="text"/></p>	<p>Miscellaneous %</p> <p>Administrative Law <input type="text"/></p> <p>Admiralty/Maritime <input type="text"/></p> <p>Anti-trust/Trade Regulation <input type="text"/></p> <p>Appellate Practice <input type="text"/></p> <p>Arbitrator/Mediator <input type="text"/></p> <p>Cannabis Law <input type="text"/></p> <p>Civil Rights <input type="text"/></p> <p>Communications <input type="text"/></p> <p>Consumer Claims/Protection <input type="text"/></p> <p>Construction Law <input type="text"/></p> <p>Environmental <input type="text"/></p> <p>ERISA/Pension Plans <input type="text"/></p> <p>Family Law/Domestic Relations <input type="text"/></p> <p>Immigration Law <input type="text"/></p> <p>International Law <input type="text"/></p> <p>Municipal/Local Government <input type="text"/></p> <p>Oil, Gas and Mining <input type="text"/></p> <p>Public Utilities <input type="text"/></p> <p>School Law <input type="text"/></p> <p>Other (over 5% specify)</p> <p>Area:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> <p><small>* Please complete Plaintiff Supplement</small></p> <p><small>** Please complete Securities Supplement</small></p>																

Past Coverage

14. What is your **Retro Date** with current carrier, if applicable? (Coverage applies ONLY to acts or omissions occurring on or after the Retro Date)

15. List current and past lawyers' professional liability insurance coverage for the last 5 years. Include Month, Day, and Year. If none, state "No coverage".

Effective Date	Expiration Date	Law Firm	Insurance Company	Limits of Liability	Deductible

Policy Application – New Insured Attorney Application



16. Have you been the subject of a reprimand or disciplinary action or refused admission to the bar by any bar association, court, or administrative agency? (Yes/No) *If Yes, explain on separate attachment.*

17. Have you been the subject of an investigation, bar complaint, formal grievance or formal fee dispute filed with a state or local bar association in the last 7 years? (Yes/No) *If Yes, complete the Claim Supplement Form for each.*
List claimant's(s) name: _____

18. During the past 7 years, have you been the subject of a professional liability claim, suit, or incident? (Yes/No)
If Yes, complete the Claim Supplement Form for each.
List claimant's(s) name: _____

19. Do you have knowledge of any incident, circumstance, act, error, or omission which may give rise to a claim? (Yes/No)
If Yes, complete the Claim Supplement Form for each.
(Coverage for such will be provided under the policy in force in the year you reported it to your insurance company and will be excluded from this Policy now being applied for)
List claimant's(s) name: _____

20. Are you engaged in any of the business listed in a-g below: (Yes/No)
If Yes, Complete the following:

Business	% of Time	D&O, E&O or Professional	% of Total Income
(a) Title Insurance Agent			
(b) Life Insurance Agent			
(c) P & C Insurance Agent			
(d) Accountant			
(e) Real Estate Agent			
(f) Employee of Governmental			
(g) Legislator			

It is represented by the undersigned, as acknowledged by the signature below, that undersigned has read the completed application including the insured supplement, the application for Lawyers' Professional Liability Insurance, the securities supplement as well as all other documents presented to The Bar Plan Mutual Insurance Company as part of this application, and the information submitted therein is true to undersigned's best knowledge and belief. It is further understood that all application forms, as well as all other documents presented to The Bar Plan Mutual Insurance Company as part of this application, become part of this Policy.

Signature _____

Print Name _____

Signature _____ **Date** _____

Anti Fraud Warning - New Mexico: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties."

Anti Fraud Warning - Indiana: "Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing false, incomplete or misleading information commits a felony."

Anti Fraud Warning - Tennessee: "It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment fine and denial of insurance benefits."