

Submitted By:
Agency:
Address:
Agency/Broker License #:
Phone Number:
Agents Email Address:

New Business Application for Part-Time Lawyers' Professional Liability Insurance

IMPORTANT NOTICE:

- 1. Fully answer all questions.
- 2. Complete and sign supplements referenced in questions 15, 16, 17 & 18 if applicable.
- 3. Provide a sample of current letterhead.
- 4. All forms must be signed and dated.
- 5. Complete supplement TBP-130.

PLEASE NOTE:

This PART-TIME Lawyers' Professional Liability Policy is designated specifically to cover non-employer related liability resulting from legal services performed on a part-time basis by Corporate, Bank, State, and Federal Employees, etc.

This policy is not available to lawyers employed by a law firm or self-employed lawyers whether in a law- related business or not. Only lawyers who spend 25 percent or less of their total hours worked per week, providing part-time legal services are eligible.

PRIOR ACTS COVERAGE IS LIMITED TO PART-TIME PRACTICE.

APPLICANT INFORMATION:

- 1. Name of Applicant:
- 2. Home Address:
- 3. Home Phone Number:
- 4. Year Admitted to Primary Bar:
- 6. Email Address:
- 7. Applicant's Employer:
- 8. Employer's Business Phone Number:
- 9. Employer's Address:

Facsimile Number:

5. Bar or Supreme Court #:

County:

- 10. Nature of Employer's Business:
- 11. Date of Hire by Employer:
- 12. List Lawyers' Professional Liability insurance carried for each of the past 5 years. IF NONE, STATE NONE.

Effective From	From	From	From	From
Expiration To	То	То	То	То
Law Firm				
Insured				
Insurance				
Company				
Limits of				
Liability				
Deductible				

EFFECTIVE DATE REQUESTED:

COVERAGE OPTIONS

13. Please check Limit(s) of Liability desired. Limits include Damages and Defense Expenses.

\$100,000/ 300,000	\$1,000,000/2,000,000	\$3,000,000/3,000,000
\$250,000/ 750,000	\$1,000,000/3,000,000	\$4,000,000/4,000,000
\$500,000/1,500,000	\$2,000,000/3,000,000	\$5,000,000/5,000,000

DEDUCTIBLE DESIRED. Please Check <u>All</u> Deductible Quotes Desired.

\$1,000	\$5,000	\$10,000
\$2,500	\$7,500	\$15,000

A deductible of \$1,000 is limited to policies with limits of \$100,000

A deductible of \$2,500 is limited to policies with limits less than \$1,000,000

A deductible of \$5,000 is limited to policies with limits less than \$2,000,000

A deductible of \$7,500 is limited to policies with limits less than \$4,000,000

A deductible of \$10,000 is limited to policies with limits less than \$5,000,000

Do you desire a quote for: With First Dollar Defense * Without First Dollar Defense **

*First Dollar Defense means: The Insured is responsible for the payment of the deductible <u>only</u> if a Damages payment is made. **Without First Dollar Defense means: The Insured is responsible for the payment of the deductible for defense costs as well as Damages.

14. Are you or have you ever been an owner, officer, dire	ector, partner, associate, member or employee of	a law firm
within the past 10 years?	Yes	No
If Yes, designate the name of the firm and date	e of association.	
NAME OF FIRM	DATES OF ASSOCIATION	

	DATES OF ASSOCIATION
From	То
From	То
From	То

15.	-	u been the subject of an inv by bar association, court or		-	ry action or refuse	ed admission Ye		0
16.	During t	he past 7 years, have you b	een the subject of a	professional lia	ability claim, suit,	incident, bar	complaint,	
		grievance or formal fee disp				Ye	-	
17	Do vou l	nave knowledge of any inci	dent circumstance	act or omission	n which may give			
17.	rise to a	e .	,			Ye	es No	0
	If Yes,	to questions 15, 16, or 17	please complete C	laim, Bar Con	plaint and Incid	ent Form TH	BP-14 for e	ach
18.		an owner in whole or in pa of the applicant law firm v			any organization	other Ye	es No	0
	If Ye	es, please complete Outsid	e Interest Supplen	ent Form TB	P-17			
19.	Do you ı	utilize engagement and non	-engagement letters	?		Ye	es No	0
20.	Which o	f the following Conflict of	Interest Avoidance	Systems do you	u utilize?			
	a.	Manual System C	omputerized	None	Other (Please ex	xplain)		
	b. Does	your index note: Client Name & Related F Matter Description Principal, owner(s), offic	Opposi	ng Party ng Counsel d affiliate(s), ii	f client or opposin	g party is an	entity	
	c. Upon	identifying an actual or po	tential conflict, do y	you have a proc	edure which requi	res	•	
	you to	o always obtain written cor sentation?		*	-		es No	0
21.	Which o	f the following Time/Dock	et Control procedure	es do you utiliz	æ?			
	a. Is	your system?	Manual	Compute	rized	None		
	b.	Single Calendar	Dual Calendar	Mas	ter Plus Individua	l Calendar		
		Other – Please explain						
	c. Do	es your time/docket control	system note:					
	c. Do	es your time/docket control Statutes of Limitations	system note: Appointi	nents	Procedural D	eadlines		
22.		5	Appoint				es No	0
22.	Have you a. Do yo	Statutes of Limitations	Appointi past 24 months (incl uires critical review	uding sending	to a collection age	ency)? Ye		
22.	Have you a. Do yo over	Statutes of Limitations u sued for legal fees in the u have a procedure that req legal fees owed to the firm?	Appointi past 24 months (incl uires critical review	uding sending	to a collection age	ency)? Ye	es N	0
22.	Have you a. Do yo over 1 b. Do yo	Statutes of Limitations u sued for legal fees in the u have a procedure that req legal fees owed to the firm? ou have a policy not to sue	Appoints past 24 months (incl uires critical review for fees?	uding sending	to a collection age	ency)? Ye Ye Ye	es N	0
22.	Have you a. Do yo over 1 b. Do yo c. Do yo	Statutes of Limitations u sued for legal fees in the u have a procedure that req legal fees owed to the firm?	Appoints past 24 months (incl uires critical review for fees? ate in fee dispute res	uding sending	to a collection age	ency)? Ye Ye Ye	es No	0 0



Area Of Practice Business Supplement

1. Firm Name		2. Attorney Name			
3. Bar or Supreme Court #	4. Year admitted to	o Bar(s)	5. Number of year	s of full time practice	
6. Exact date you joined this firm		7. E-mail address			
8. # of hours worked on a weekly basis j	practicing law for this	firm 9. List Re	tro-Date with last c	arrier	
10. List all State(s) you are admitted to p	ractice:				
11. List the percentage of time you pract	ice in gcej Utate*s+list	ed in question 10:			
12. How many open files or matters do y	ou have currently?				
13. Designation: Member Officer	Director Employ	ee Associate Of Counse	I Independent Co	ontractor Other	
14. Have you attended a risk manageme	nt or ethics seminar w	within the past 12 months?	Yes N	lo	
15. Do you desire coverage in a judicial	capacity? Ye	s No Describ	e judicial position		
16. Indicate the percentage of HOURS (i	in whole numbers) of	practice devoted to the following	ng areas: TRMO+	RXLVO XWY TXDO 00%	
Administrative Law Admiralty/Maritime Arbitration/Mediation Banking/Financial Institutions Bankruptcy BI/PI Defense BI/PI Plaintiffs * (includes cases you refer out and retain an interest) Civil Rights Collection Commercial Litigation Defense Commercial Litigation Defense Commercial Litigation Plaintiff Class Action/Mass Torts/ Defense Class Action/Mass Torts/ Plaintiff* Communication Construction Law Corp. Mergers/Acqn's	%ERIS%Estate%Estate%Gener%Immi%IP - CIP - P%%Labor%Medir%Medir%Medir%Medir%Modir%Oil, C%Produ%Produ	onmental A/Pension Plans Planning /Probate/Trust ral Corporate/Business gration Law 'opyright/Trademark ** atent ** tational Law r Relations cal Malpractice Defense cal Malpractice Plaintiff * cipal/Local Government Gas and Mining tot Liability Defense tot Liability Plaintiff * c Utilities	% Sec % Tax % Wc % Wc % Wc % Wc % Wc % Wc	urities Law - Bonds *** urities Law - Federal SEC *** urities Law - State *** urities Law - Private Placements *** tool Law tial Security ation (Corporate) tation (Individual) to Opinions thereparations ffic urker Comp Defense orker Comp Plaintiff her (over 5% specify)	% % % % % % % %
Corporation Formation Criminal Domestic Relations Entertainment	/0	Estate - Commercial Estate - Residential	70 * **	nplete only <u>one</u> Supplement(s) per firm: Complete Plaintiff Supplement Complete Copyright/Patent/Trademark Supplement Complete Securities Supplement	
Тс	tal Hours	= %			
17. List Lawyers' professional liability <i>IF NO COVERAGE, CHECK TH</i>		each of the past 5 years. Inc	lude Month, Day :	and Year.	

(a) Effective	From	From	From	From	From
(b) Expiration	То	То	То	То	То

(c) Law Firm Insured

(d) Insurance Company

(e) Limits of Liability

(f) Deductible



Applicant's Instructions: (Please type or print)

- a. Complete one form for each Claim, Incident, or Bar Complaint.
- b. If space is insufficient to answer question fully, attach separate sheet.
- c. Answer all questions completely and all dates must be listed.

1.	Firm name:				
		(-) :			
2.	Full name of attorney(m:		
3.	Full name of claimant				
4.	Indicate whether:	Claim	Suit	Incident	Bar Complaint
5.	Date of alleged error of	or omission:			
6.	Date of first notice to	applicant:			
7.	Additional defendants	:			
8.	Please give a brief des	scription:			
9.	If an incident, estimate	ed liability: \$			
10.	If closed claims indica	te whether: ver	dict	judgment	out of court settlement
	Total loss paid includ	ing deductible \$			
	Total cost of defense	\$		Date Payment Made	
11.	If a pending claim: (Claimant's settlement	demand \$	Defendant's	offer for settlement \$
	Defense expenses inc	urred to date \$		Deductible \$	
	Is claim in suit? Y	Yes No	Amount sou	ght in petition or complai	int:
12.	Name of Insurer:				
13.		ırer.			
	-		prevent future clai	ms/incidents of this natur	۵.
17.	Deseribe any detion a			ins, incluents of this natur	
Provide	e name and contact infor	rmation should the Cla	im Department ne	ed to communicate with	you regarding this report.

Please check preferred method of contact:PhoneEmailMailFaxContact Name:Phone #:

Email Address:

Phone #: Fax #:



OUTSIDE INTERESTS SUPPLEMENT

FIRM NAME:

	Entity #1	Entity #2	Entity #3	Entity #4
Name of Attorney				
Client Name				
Date of Affiliation				
Nature of Client Enterprise				
Position(s) Held by Attorney				
List all committee Involvement and/or Non Lawyer Activities If None – State NONE				
Indicate D & O Insurance Limits - If None, State NONE				
Indicate % of Firm Billings	%	%	%	ç
Indicate % of Attorney Billings	%	%	%	G
Dollar Value and % of Interest Held by Firm or Attorney	%	%	%	c

NOTICE TO APPLICANT - PLEASE READ CAREFULLY:

REPRESENTATION: Insured Designee, on behalf of and with the authority of Applicant represents that the statements and information contained herein are true and that Applicant has not suppressed, omitted or misstated any facts. Applicant has made inquiry with each lawyer in the firm regarding the accuracy of the answers on this application. Applicant agrees that this application shall be the basis of the Policy of insurance issued by the Company and incorporated therein. Applicant agrees to notify the Company of any material change(s) in the statements in the application forms between the date of application and the effective date of the Policy of insurance. Applicant understands that any change(s) may result in an adjustment of the terms and conditions of the Policy of insurance and/or premium.

Applicant understands that the Policy applied for provides coverage on a "Claims Made and Reported" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD and that coverage ceases with the termination, cancellation or expiration of the Policy unless Applicant exercises the options available in the Policy for Extended Reporting Coverage.

IMPORTANT REMINDER

TO AVOID LOSS OF COVERAGE IT IS IMPERATIVE THAT ALL KNOWN CIRCUMSTANCES, ACTS OR OMISSIONS WHICH COULD RESULT IN A PROFESSIONAL LIABILITY CLAIM AGAINST YOU, YOUR FIRM OR A PREDECESSOR IN BUSINESS BE REPORTED TO YOUR PRESENT INSURER WITHIN THE TIME PERIOD SPECIFIED IN YOUR PRESENT POLICY. PLEASE CONTACT THE BAR PLAN MUTUAL INSURANCE COMPANY IF YOU DESIRE ASSISTANCE.

Printed Name:

Email address of Insured Designee:

Date:

Signature of Insured Designee*:

Check this box **Only** if you want to receive a paper copy of your quotes and policy instead of an email transmission.

*Signing this form and tendering premium does not bind the Applicant or the Company. Application must be signed and dated to be considered for a quotation. If not the Insured Designee, the peson submitting this Application affirms he/she is doing so under the express authority of the Insured Designee.

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."