



Thank you for your interest in obtaining your Lawyers' Professional Liability coverage from The Bar Plan. We are a Bar-related mutual insurance company endorsed by The Missouri Bar and the Tennessee Bar Association. We proudly offer broad coverage, exceptional claim handling, and industry-leading risk management services.

Some of our key Policy features include:

- First Dollar Defense – you owe a deductible only if Damages are paid on your claim
- True Career Coverage (if no retro date)
- Strong Consent-to Settle provision
- Waiver of a portion of your deductible for early voluntary resolution of a claim
- Broad "innocent insured" protections
- Coverage for Fair Debt Collection Practices Act (FDCPA) claims
- Free unlimited Extended Reporting Coverage upon retirement, death or disability (if qualified)
- Disciplinary Proceeding coverage and Subpoena Assistance

For your convenience, we offer flexible payment options designed to meet your needs. And for your peace of mind, The Bar Plan has an "A," "Exceptional" Financial Strength Rating from Demotech, Inc.

Our focus is exclusively on products and services for lawyers and we take great pride in our service to the Bar Associations and the legal communities where we do business. We understand the practice of law and the pressures facing lawyers. As a mutual insurance company owned by our policyholders, our mission is to provide comprehensive coverage at the best possible price.

We ask that you fully complete your application as this will assist us in providing you the best possible quote in the timeliest manner. If you would like assistance, our agents are here to serve you. Their contact information is listed below. Or please feel free to contact me at (314) 288-1000, or cmlewisabate@thebarplan.com.

Best regards,

A handwritten signature in cursive script that reads "Christina Lewis Abate".

Christina Lewis Abate

Vice President of Underwriting

Agents: Mark Bockius

(314) 288-1050

mgbockius@thebarplan.com

Gregory Brown

(314) 288-1022

gsbrown@thebarplan.com

Instructions for Completion of the New Business Application

The following items **MUST BE** completed and returned to obtain a quote: **NOTE: AN INCOMPLETE APPLICATION WILL DELAY PROCESSING.**

Completed applications should be emailed to TBPUnderwriting@thebarplan.com or faxed to the Underwriting Department at 314-821-0534.

Firm Application (Form TBP-15NB, Pgs 1-3)

- Complete **ALL** questions. If a question does not apply answer “no” rather than “N/A” or “not applicable”.

Area of Practice New Business Supplement (Form TBP 130)

- Each attorney with the firm **MUST COMPLETE** this form.

Provide a copy of firm’s current letterhead. The name of the sole practitioner or firm shown on the application should be identical to that shown on the firm’s letterhead. Any inconsistency must be explained.

Complete the following supplemental forms **ONLY** if applicable to your firm:

- Claim, Bar Complaint and Incident (Form TBP 14) – If answered yes to question 25 a or b on form TBP 15NB.
- Supplemental Securities Application (Form TBP 18) – If securities work is indicated on form TBP-130 (Area of Practice)
- Plaintiff Supplement (TBP 120) – if any Plaintiff work is indicated on Form TBP130 (Area of Practice)

SUBMITTING YOUR APPLICATION

- Before signing the application, save a copy to your desktop
 - Select file, Save a copy, click save
 - Return to signature line on the application and follow instructions for electronic signature

QUESTIONS? Contact an agent at The Bar Plan at (314)965-3333 or (800)843-2277 (Mark ext 150, or Greg ext 122)

****IMPORTANT** MacOS Users: You **MUST** use Adobe Reader to complete this form. Visit <https://get.adobe.com/reader/> to install app.**

Additional supplemental forms may be obtained from our web-site at: www.thebarplan.com – select products – malpractice insurance.

New Business Application for Lawyers' Professional Liability Insurance

Submitted By: _____

Agency: _____

Address: _____

Phone No: _____

Fax No: _____

Agents Email Address: _____

IMPORTANT NOTICE:

1. To ensure you receive the most accurate quote, please answer all questions.
2. Complete and sign supplements referenced in Question 23 and 25 if applicable.
3. **Please provide a copy of your current letterhead.**
4. Sign and date all forms.
5. Complete Area of Practice Supplement (TBP-130) for each attorney requesting coverage.

Quotes and Policies are sent via electronic mail to the Insured Designee

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

1. Name of Law Firm:

2. Business Address (list all business addresses and designate which is primary; use a separate sheet if necessary):

County:

County:

3. Business Phone:

Business Fax:

4. Year firm established

5. Total number of people working on behalf of the law firm:

Attorneys

Of Counsel Attorneys

Paralegals/Law Clerks

Support staff

6. Are any Attorneys in the firm employed by another firm? If yes, please provide the name of firm(s): Yes: No:

7. Are you a sole practitioner? No: Yes: (if yes, complete below)

Provide the name of the person responsible for your practice in the event of your incapacity, absence or death

Name:

Phone:

Address:

(a). Do you give consent for us to provide the above named with information regarding your coverage? Yes No

8. Insured Designee: (Individual with authority to act in all matters regarding this insurance on behalf of the firm and all persons to be covered by this insurance).

9. Are there any predecessor firm(s) in whose assets and liabilities the Applicant is the majority successor in interest?

Yes No If Yes, please list

COVERAGE OPTIONS

10. **POLICY EFFECTIVE DATE REQUESTED:**

11. Please Select **All** Limits for which you request a quote:

\$ 100,000/\$ 300,000

\$1,000,000/\$2,000,000

\$3,000,000/\$3,000,000

Greater than \$5,000,000 -

\$ 250,000/\$ 750,000

\$1,000,000/\$3,000,000

\$4,000,000/\$4,000,000

Please Specify:

\$ 500,000/\$1,500,000

\$2,000,000/\$3,000,000

\$5,000,000/\$5,000,000

12. Please Select **All** Deductible options for which you request a quote:

\$1,000	\$5,000	\$10,000	\$25,000	\$100,000
\$2,500	\$7,500	\$15,000	\$50,000	

Please note a deductible of:

- \$ 1,000 is limited to policies with limits of \$100,000
- \$ 2,500 is limited to policies with limits less than \$1,000,000
- \$ 5,000 is limited to policies with limits less than \$2,000,000
- \$ 7,500 is limited to policies with limits less than \$4,000,000
- \$10,000 is limited to policies with limits less than \$5,000,000

Please select at least one of the following two options:

With First Dollar Defense: Deductible is paid only when there is a Damages payment

Without First Dollar Defense: Deductible is paid when either Defense Expenses or Damages are paid

OFFICE PROCEDURES

Note: If you are establishing a new firm, please answer this section with your intended risk management procedures.

13. Does your firm routinely use the following:

- | | | |
|---|-----|----|
| a. Engagement letters or fee agreements | Yes | No |
| b. Declination (Non-Engagement) letters | Yes | No |
| c. Termination or closing letters | Yes | No |

14. Does the firm have a Conflict of Interest Checking System and written procedures to identify and resolve conflicts of interest?
Yes No

If yes, does an attorney supervise the conflict of interest system? Yes No

15. Does the firm maintain a system to control and alert the firm to case-sensitive deadlines? Yes No

If yes, are deadlines reviewed on a regular basis? Yes No

SUITS FOR FEES

16. Does your firm have a policy or practice not to sue for fees? Yes No

- a. How many clients have been sent to collections or sued for fees in the past 24 months?

WEBSITE & ADVERTISING

Not applicable – skip to next section

17. Does your law firm have a website?

Yes No

If yes, please provide your website address:

18. Does the firm advertise in states where no attorney at the firm is licensed?
If yes, in which states?

Yes No

OFFICE SHARING PROCEDURES

Not applicable – skip to next section

19. Does the firm share any of the following with other attorneys who are not members of this firm? (Select all that apply)

Office Space Letterhead Cases Support Staff

- | | | |
|---|-----|----|
| 20. Do the firms share a receptionist? | Yes | No |
| If yes, please answer questions a. and b.: | | |
| a. Is the phone answered by giving the names of all attorneys/firms sharing the space? | Yes | No |
| b. Is the phone answered using a generic greeting, (e.g. "law offices") without giving the name(s) of each attorney/firm sharing the space? | Yes | No |
| 21. Does the name(s) of each attorney/firm sharing the office appear together as "Law Offices of..." or some other common listing on the signage for your office suite? | Yes | No |
| 22. Do you disclose in writing to your clients the parameters and limits of your office sharing arrangement? | Yes | No |

PUBLICLY TRADED COMPANY(S)

- | | | |
|--|-----|----|
| 23. In the past 12 months, has any attorney in the firm represented any publicly traded company(s) regarding corporate governance or legal compliance matters? | Yes | No |
|--|-----|----|

If "Yes", submit a brief written description of the legal work performed on separate attachment

CLAIMS

- | | | |
|--|-----|----|
| 24. After inquiry of each lawyer named in the firm: | | |
| a. During the past seven years, has any member of the firm or former member of the firm (while employed by the firm);(i). Been the subject of an investigation, reprimand, disciplinary action, or formal grievance, or been refused admission by any bar association, court or administrative agency? | Yes | No |
| (ii) Been the subject of a professional liability claim, suit, or incident? | Yes | No |
| b. Does the firm or any attorney in the firm have knowledge of any incident, circumstance, act or omission, which may give rise to a claim? | Yes | No |

If "Yes" to question a. or b., a Supplemental Claim Form (TBP-14) must be completed for each. Please submit the most recent loss run from your current carrier with this Application

INDEPENDENT CONTRACTOR(S)

- | | | |
|---|-----|----|
| 25. Does the firm or any member of the firm retain an attorney(s) on an independent contractor basis? | Yes | No |
|---|-----|----|
- If "Yes", please list below the independent contractors**

NOTE: No coverage is available under this Policy for the acts or omissions of an Independent Contractor ("IC") unless either: 1) the IC is added as a Named Insured to this Policy; or 2) the IC carries an LPL policy covering the Claim. Under option 2, coverage is limited to the Policyholder and the Insured's under this Policy. We recommend you obtain a copy of the IC's declarations page.

1. Firm Name:
2. Attorney Name:
3. E-mail address:
4. Bar or Supreme Court #:
5. Year admitted to Bar(s):
6. Number of years of full time practice:
7. Exact date you joined this firm:
8. Total number of hours worked on a weekly basis practicing law for this firm:
9. List Retro-Date with last carrier: (if no previous carrier, please state "N/A")
10. List all State(s) where you are admitted to practice:
11. List the percentage of time you practice in each State(s) listed in question 10: (total time must equal 100%)
12. How many open files or matters do you have currently?
13. Designation: Member Officer Director Employee Associate Of Counsel Independent Contractor Other
14. Have you attended a Risk Management OR Ethics Seminar within the past 12 months? Yes No
15. Do you desire coverage in a judicial capacity? Yes No Describe judicial position
16. Indicate the percentage of **HOURS** (in whole numbers) of practice devoted to the following areas: **Total Hours Must Equal 100%.**

Business Transactions/Corporate Law		IP Litigation	%	Miscellaneous	
Banking/Financial Institutions	%	Labor Law		Administrative Law	
Business Transactions	%	Labor Relations	%	Admiralty/Maritime	
Secured Transactions	%	Employee Benefits (Non-ERISA)	%	Anti-trust/Trade Regulation	
Commercial Lit- Defense	%	Personal Injury/Property Damage-Plaintiff *		Appellate Practice	
Commercial Lit- Plaintiff	%	(includes cases you refer out and retain an interest)		Arbitrator/Mediator	
Mergers/Acquisitions	%	BI/PI- Plaintiff	%	Civil Rights	
Collection and Bankruptcy:		Class Action/Mass Tort	%	Communications	
Bankruptcy	%	Malpractice	%	Consumer Claims/Protection	
Collections		Product Liability	%	Construction Law	
Commercial	%	Personal Injury/Property Damage- Defense		Entertainment	
Consumer	%	BI/PI- Defense	%	Environmental	
Collections Defense	%	Class Action/Mass Tort	%	ERISA/Pension Plans	
Residential Foreclosures	%	Malpractice	%	Family Law/Domestic Relations	
Corporate and Business Organizations		Product Liability	%	Immigration Law	
General Corporate/Business	%	Real Estate		International Law	
Entity Formations	%	Commercial	%	Municipal/Local Government	
Contracts	%	Residential	%	Oil, Gas and Mining	
Criminal		Title/Escrow/Closing	%	Public Utilities	
Criminal Defense	%	Synd's/Ltd Partnerships, etc.	%	School Law	
Traffic/DUI	%	Securities Law:***		Other (over 5% specify)	
Estate, Trust, and Probate		Bonds- Corp/Govt.	%		
Estate Planning	%	Stocks-Public Offering	%		
Estate/Probate/Trust	%	Stocks- Private Placements	%		
FELA		Private Placements	%		
Individual (Plaintiff)	%	Other	%		
Collective Actions (Plaintiff)	%	Tax			
Individual (Defense)	%	Individual	%		
Collective Action (Defense)	%	Corporate/Entity	%		
Intellectual Property		Workers Compensation			
Copyright/Trademark**	%	WC- Plaintiff	%		
Patent**	%	WC- Defense	%		
				Total Hours =	%

17. List lawyers' professional liability insurance carried for each of the past years. **Include Month, Day and Year.**

IF NO CURRENT or PAST COVERAGE, PLEASE STATE NO COVERAGE.

- | | | | | | |
|-------------------------|------|------|------|------|------|
| (a) Effective | From | From | From | From | From |
| (b) Expiration | To | To | To | To | To |
| (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(s) involved in the claim:
3. Full name of claimant:
4. Indicate whether: Claim Suit Incident Bar Complaint
5. Date of alleged error or omission:
6. Date of first notice to applicant:
7. Additional defendants:
8. Please give a brief description:

9. If an incident, estimated liability: \$
10. If closed claims indicate whether: verdict judgment out of court settlement

Total loss paid including deductible \$

Total cost of defense \$

Date Payment Made

11. If a pending claim: Claimant's settlement demand \$ Defendant's offer for settlement \$
- Defense expenses incurred to date \$ Deductible \$
- Is claim in suit? Yes No Amount sought in petition or complaint:

12. Name of Insurer:
13. Date Reported to Insurer:
14. Describe any action taken by the insured to prevent future claims/incidents of this nature:

Provide name and contact information should the Claim Department need to communicate with you regarding this report.

Please check preferred method of contact: Phone Email Mail Fax

Contact Name: Phone #:

Email Address: Fax #:

Securities Supplement

For purposes of this application, the term “securities” takes its definition from the Securities Act of 1933. Securities practice includes all activities involved with or related to both public offerings and private placements and indicates both exempt and non-exempt securities. Securities practice does not however generally include: **1.** assisting clients with basic small business formations in which all of the owners/investors are either actively involved in the operation of the business, or their relatives; **2.** drafting or amending the governing documents (e.g. partnership agreement, articles of incorporation, by-laws) for a new or existing business; or **3.** representing a client in the sale of a business in which securities are exchanged when: a. the sale is a negotiated transaction and the buyer conducts its own due diligence; and b. the purchase decision is expressly based on the buyer’s own due diligence investigation. The Company retains the sole discretion to review any business formation or sale of securities in which any Insured provides Legal Services to determine whether it shall be considered as a “securities practice.”

	Client #1	Client #2	Client #3	Client #4
Date Offering Commenced				
Name of Issuer				
Type of Offering: PR =Private Placement PUI =Public Initial Placement PUS =Public Secondary Placement B =Bond (Private) SY =Syndication M =Municipal Financing				
Type of Business				
Did firm render Tax Opinion?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Issuer Incorporation or Formation				
Dollar Size of Offering and Description of Security				
Indicate Counsel For: I =Issuer U =Underwriter L =Lender IC =Insurance Co. P =Purchaser A =Auditor O =Other(Specify)				
Number of Months as Client				
Affiliated with Issuer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant Lawyer(s) Invest?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Average number of years Attorney(s) has been practicing in Securities work.				

In chronological order provide the above information as to the issuance or sale of securities for which the firm rendered legal services on behalf of a client during the past 48 months, or legal services for which a filing is expected to be made within the next 90 days. Include in this list, filings which were withdrawn after having been filed, offerings that were unsuccessful, and filings made pursuant to an exemption from registration under the act. Use separate sheet if necessary.



Plaintiff Supplement

(Excludes Worker's Compensation Plaintiff Work)

Application Information

- Plaintiff Cases are defined as: Bodily Injury, Personal Injury, Class Action/Mass Tort, Product Liability and Professional Malpractice
- Please answer all questions in relation to your plaintiff practice only. Complete only one copy for the firm.

Section 1: Required Questions

- a. Total number of all open and closed plaintiff cases in the past 12 months:
- b. Average number of plaintiff cases each attorney handles per year:
- c. Enter percentage of cases: Settled before trial? Cases Tried to conclusion?
- d. Percentage of cases referred to you by other law firms:
- e. Percentage of cases you refer to other firms and maintain an economic interest:
- f. If such cases are referred to other firms, are these firms located in other states? Yes No
- If Yes, list all state(s) and the percentage in each state:
- g. Average dollar value of cases (opened and closed): *Please estimate to the best of your ability*
- | | | | |
|--------------------------|---------|-----------------------|---------|
| Less than \$25,000 | _____ % | \$ 25,000- \$75,000 | _____ % |
| \$75,001-\$125,000 | _____ % | \$125,001- \$300,000 | _____ % |
| \$300,001-\$500,000 | _____ % | \$500,001-\$1,000,000 | _____ % |
| Greater than \$1,000,000 | _____ % | Other | _____ % |
- h. What percentage of your plaintiff cases during the past 5 years has been: *Please estimate to the best of your ability.*
- | | | | | | |
|------------------------|---|---------------------|---|-----------------------|---|
| Class Action/Mass Tort | % | Medical Malpractice | % | Premises Liability | % |
| Automobile Accident | % | Legal Malpractice | % | Other – Explain below | % |
| Product Liability | % | Slip and Fall | % | | |
- i. With respect to your answer in question h, please state the maximum dollar value of any one case. *Please estimate to the best of your ability.*
- | | | | | | |
|------------------------|----|---------------------|----|-----------------------|----|
| Class Action/Mass Tort | \$ | Medical Malpractice | \$ | Premises Liability | \$ |
| Automobile Accident | \$ | Legal Malpractice | \$ | Other – Explain below | \$ |
| Product Liability | \$ | Slip and Fall | \$ | | |
- j. Describe the firm's procedure for tracking the Statute of Limitations on each plaintiff case:

Plaintiff Supplement

- k. Provide a written narrative regarding any class action/mass tort cases this firm has handled or had involvement with on behalf of the plaintiff in the past 12 months. Please include the jurisdiction, number of such cases, number of clients in each case, overall case value, status, nature of cause of action of each case as well as the firms' previous experience in this area.

Application for Lawyers' Professional Liability Insurance

Forms Included in this applications (check all that apply):

Firm Application – Form TBP-15NB

Area of Practice Business Supplement – Form TBP-130 for each attorney

Supplemental Securities Application – Form TBP-18

Claim, Bar Complaint and Incident Supplemental – Form TBP-14 Plaintiff

Plaintiff Supplement – Form TBP-120

Firm's Current Letterhead

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.

Signature of Insured Designee*: _____ Date: _____

*Signing this form and tendering premium does not bind the Applicant or the Company. Application must be signed to be considered for a quotation.

Printed Name: _____

Primary Email Address: _____

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: Kansas “Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

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.”