

**IMPORTANT NOTICE:**

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

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.

**COVERAGE DOES NOT APPLY TO THE FOLLOWING AREAS OF PRACTICE:  
(Coverage for these areas of practice can be obtained under a full-time policy)**

- |   |  |
|---|--|
| a) Patent   | e) State or Federal Securities               |
| b) Oil and Gas                                      | f) Plaintiff Personal Injury/Property Damage |
| c) Corporate Taxation and/or Tax Shelter Formations | g) Banking/Financial Institutions            |
| d) ERISA  |  |

**PRIOR ACTS COVERAGE IS LIMITED TO PART-TIME PRACTICE.**

**APPLICANT INFORMATION:**

1. Name of Applicant:

2. Home Address:

County:

3. Home Phone Number:

Facsimile Number:

4. Year Admitted to Primary Bar:

5. Bar or Supreme Court #:

6. Email Address:

7. Applicant's Employer:

8. Employer's Business Phone Number:

9. Employer's Address:

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	To	To	To	To
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.

\$ 500,000/1,500,000	\$2,000,000/3,000,000	\$5,000,000/5,000,000
\$1,000,000/2,000,000	\$3,000,000/3,000,000	
\$1,000,000/3,000,000	\$4,000,000/4,000,000	

**DEDUCTIBLE DESIRED.** Please Check All Deductible Quotes Desired.

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

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 only 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, director, 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 of association.**

<u>NAME OF FIRM</u>	<u>DATES OF ASSOCIATION</u>
	From                      To
	From                      To
	From                      To

15. Have you been the subject of an investigation, reprimand or disciplinary action or refused admission to the bar by any bar association, court or administrative agency? Yes No
16. During the past 7 years, have you been the subject of a professional liability claim, suit, incident, bar complaint, formal grievance or formal fee dispute filed with a state or local bar association? Yes No
17. Do you have knowledge of any incident, circumstance, act or omission which may give rise to a claim? Yes No

**If Yes, to questions 15, 16, or 17 please complete Claim, Bar Complaint and Incident Form TBP-14 for each**

18. During the past seven (7) years, has any professional liability insurance carrier of Lloyds of London declined issue, canceled, refused to renew or agreed to accept only on special terms, coverage for any attorney in your firm? Yes No

**If "Yes" to question d., please provide details on a separate attachment**

19. Are you an owner in whole or in part, employee, director or partner of any organization other than that of the applicant law firm which is a client of the firm? Yes No

**If Yes, please complete Outside Interest Supplement Form TBP-17**

20. Do you utilize engagement and non-engagement letters? Yes No

21. Which of the following Conflict of Interest Avoidance Systems do you utilize?

a. Manual System Computerized None Other (Please explain)

- b. Does your index note:

Client Name & Related Parties Opposing Party  
 Matter Description Opposing Counsel  
 Principal, owner(s), officer(s), director(s) and affiliate(s), if client or opposing party is an entity

- c. Upon identifying an actual or potential conflict, do you have a procedure which requires you to always obtain written consent from the client before proceeding further with the representation? Yes No

22. Which of the following Time/Docket Control procedures do you utilize?

a. Is your system? Manual Computerized None

b. Single Calendar Dual Calendar Master Plus Individual Calendar  
 Other – Please explain

- c. Does your time/docket control system note:

Statutes of Limitations Appointments Procedural Deadlines

23. Have you sued for legal fees in the past 24 months (including sending to a collection agency)? Yes No

- a. If yes, how many?

- b. Do you have a procedure which requires critical review of the matter prior to bringing suit over legal fees owed? Yes No

- c. Do you have a policy to participate in Fee Dispute Resolution Programs, whenever possible, prior to bringing suit over legal fees owed the firm? Yes No

1. Firm Name
2. Attorney Name
3. Bar or Supreme Court #
4. Year admitted to Bar(s)
5. Number of years of full time practice
6. Exact date you joined this firm
7. E-mail address
8. # of hours worked on a weekly basis practicing law for this firm
9. List Retro-Date with last carrier
10. List all State(s) you are admitted to practice:
11. List the percentage of time you practice in each State(s) listed in question 10.:
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%.**

Administrative Law	%	Estate Planning	%	Securities Law:***	
Admiralty/Maritime	%	Estate/Probate/Trust	%	Bonds	%
Arbitrator/Mediator	%	General Business/Corporate:		Federal SEC	%
Banking/Financial Institutions	%	Business Transactions/Advice	%	State	%
Bankruptcy	%	Contracts	%	Private Placements	%
BI/PI Defense	%	Entity Formations	%	School Law	%
BI/PI Plaintiffs * (includes cases you refer out and retain an interest)	%	Mergers/Acqns	%	Social Security	%
Civil Rights	%	Secured Transactions	%	Taxation (Corporate)	%
Class Action/Mass Torts/ Defense	%	Corporate Administration	%	Taxation (Individual)	%
Class Action/Mass Torts/ Plaintiff*	%	General Corporate	%	Tax Opinions	%
Collection:		Immigration Law	%	Tax Preparations	%
Collection Defense	%	IP - Copyright/Trademark**	%	Traffic	%
Commercial	%	IP - Patent**	%	Worker Comp Defense	%
Consumer	%	International Law	%	Worker Comp Plaintiff	%
Commercial Litigation Defense	%	Labor Relations	%	Other (over 5%)	%
Commercial Litigation Plaintiff	%	Medical Malpractice Defense	%	(please specify)	%
Communication	%	Medical Malpractice Plaintiff *	%		%
Construction Law	%	Municipal/Local Government	%		%
Criminal	%	Oil, Gas and Mining	%		%
Domestic Relations	%	Product Liability Defense	%	Of the following supplemental forms, complete only <b>one</b> per firm:	
Entertainment	%	Product Liability Plaintiff *	%	* Plaintiff Supplement	
Environmental	%	Public Utilities	%	** Copyright/Patent/Trademark Supplement	
ERISA/Pension Plans	%	Real Estate - Commercial	%	*** Securities Supplement	
		Real Estate - Residential	%		

**Total Hours =** ' \_\_\_\_\_

17. List lawyers' professional liability insurance carried for each of the past years. **Include Month, Day and Year.**  
**IF NO COVERAGE, CHECK THIS BOX.**

- |                         |      |      |      |      |      |
|-------------------------|------|------|------|------|------|
| (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          |      |      |      |      |      |



**FIRM NAME:**

	<b>Entity #1</b>	<b>Entity #2</b>	<b>Entity #3</b>	<b>Entity #4</b>
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	%	%	%	%
Indicate % of Attorney Billings	%	%	%	%
Dollar Value and % of Interest Held by Firm or Attorney	%	%	%	%

# Application for Part-Time Lawyers' Professional Liability Insurance

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

- Firm Application – Form VU -51NB
- Area of Practice Business Supplement – Form TBP-130 for each attorney
- Claim, Bar Complaint and Incident Supplemental – Form TBP-14
- Outside Interest Supplement – Form TBP-17
- 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.

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 person 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."