



**Hanover Professional Portfolio**

**Lawyers Professional Liability Insurance**

**New Business Application**

Underwritten by The Hanover Insurance Company

**CLAIMS-MADE WARNING FOR APPLICATION**

**THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSUREDS AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.**

**APPLICATION INSTRUCTIONS**

Whenever used in this Application, the term **you or your(s)** or the **Applicant** shall mean the **Named Insured** and all predecessors, unless otherwise stated.

- All questions must be answered completely. Please type or print clearly.
- If you need more space, continue on a separate sheet and indicate question number.
- Enclose copies of all letterhead on which you are listed.
- The application and all supplements must be signed and dated by a principal of the firm.

**NAME, ADDRESS AND CONTACT INFORMATION:**

1. Name of Applicant (How you want to be insured, per your letterhead, including d/b/a if applicable):

\_\_\_\_\_

*Please explain if name differs from your letterhead.*

2. Entity Type:  Individual  Partnership  PC  PLLC  PLLP  Other\*

\*explain: \_\_\_\_\_

\_\_\_\_\_

3. Primary Practice Address/Physical Address of Office:

\_\_\_\_\_

\_\_\_\_\_

4. Do you have other office locations?  Yes  No (If yes, show each location in additional space provided.)

5. Firm Phone Number: \_\_\_\_\_

6. Firm Fax Number: \_\_\_\_\_  No Fax

7. Firm Email Address: \_\_\_\_\_  No Email

8. Firm Website Address: \_\_\_\_\_  No Website

**CURRENT INSURANCE INFORMATION**

9. Is your firm currently insured for professional liability?  Yes  No

**If No:** Any policy issued will be effective no earlier than the date your agent receives your completed and signed application and premium payment.

**If Yes:** Current Carrier: \_\_\_\_\_

Current policy expiration date: \_\_\_\_\_

Does your current policy have a prior acts limitation or retroactive date applicable to the firm or any individual lawyer?  Yes  No

If Yes, please indicate date: \_\_\_\_\_ or  FPA (Full Prior Acts) / None

Applies to  Firm  Individual lawyer(s)

**Please provide a copy of your current policy declarations including any endorsement showing your retroactive date(s) as evidence of your firm's continuous coverage.**

10. Inception date of firm's first claims made policy, maintained without interruption to date: \_\_\_\_\_

11. Has the firm or any predecessor purchased an Extended Reporting Period under any Lawyers Professional Liability insurance policy?  Yes  No

If yes, please provide details: \_\_\_\_\_

12. Insurance History (beginning with your most recent coverage)

Policy term	Carrier	Limit	Deductible	Premium	# of Lawyers

13. **(Question Not Applicable In Missouri)** Within the last five years, has any similar insurance for the firm, its predecessors or any lawyer included in this application ever been declined, non-renewed or canceled?

\*  Yes \*  No  
 \*Question Not Applicable in Missouri

If yes, please provide details: \_\_\_\_\_

**GENERAL INFORMATION**

14. Date Business Commenced: \_\_\_\_\_

15. Total Gross Billings for 12 months ending \_\_\_\_\_ by fiscal year:

This year: \_\_\_\_\_

Last Year: \_\_\_\_\_

Two years ago: \_\_\_\_\_

16. Do you have ownership in a Title Agency that is a separate legal entity from your law firm?  Yes  No

17. Do you want coverage for your title agency under this policy?  Yes  No

If yes, please list the name of your Title Agency: \_\_\_\_\_

**If you answered "yes," please complete a Title Agency Supplement.**

**18. Indicate limits of liability and deductible(s) requested:**

**Limits Of Liability Per Claim / Aggregate** (You may check more than one)

- |  |   |
|--|---|
| <input type="checkbox"/> \$100,000 / \$300,000     | <input type="checkbox"/> \$1,000,000 / \$2,000,000  |
| <input type="checkbox"/> \$250,000 / \$500,000     | <input type="checkbox"/> \$2,000,000 / \$2,000,000  |
| <input type="checkbox"/> \$250,000 / \$750,000     | <input type="checkbox"/> \$2,000,000 / \$4,000,000  |
| <input type="checkbox"/> \$300,000 / \$600,000     | <input type="checkbox"/> \$3,000,000 / \$3,000,000  |
| <input type="checkbox"/> \$500,000 / \$500,000     | <input type="checkbox"/> \$3,000,000 / \$4,000,000  |
| <input type="checkbox"/> \$500,000 / \$1,000,000   | <input type="checkbox"/> \$4,000,000 / \$4,000,000  |
| <input type="checkbox"/> \$500,000 / \$1,500,000   | <input type="checkbox"/> \$5,000,000 / \$5,000,000  |
| <input type="checkbox"/> \$1,000,000 / \$1,000,000 | <input type="checkbox"/> Other: \$ _____ / \$ _____ |

**Deductible** (You may check more than one)

- |  |  |
|--|--|
| <input type="checkbox"/> \$0 Each claim      | <input type="checkbox"/> \$15,000 Each claim |
| <input type="checkbox"/> \$1,000 Each claim  | <input type="checkbox"/> \$20,000 Each claim |
| <input type="checkbox"/> \$2,500 Each claim  | <input type="checkbox"/> \$25,000 Each claim |
| <input type="checkbox"/> \$5,000 Each claim  | <input type="checkbox"/> \$50,000 Each claim |
| <input type="checkbox"/> \$10,000 Each claim | <input type="checkbox"/> \$ _____ Each claim |

**19. Estimate the percentage of hours per year your firm works in each area of practice. (NOTE: Must total 100%)**

%	Admiralty / Marine - Defense	%	Immigration
%	Admiralty / Marine - Plaintiff	%	Intellectual Property - Copyright, Trademark *
%	Agent Practice and Entertainment Law	%	Intellectual Property - Patent *
%	Business Formation	%	Juvenile rights, guardian <i>ad litem</i>
%	Business Transactions where the value of the transaction is greater than \$500,000	%	Mediation, Arbitration
%	Business Transactions where the value of the transaction is less than \$500,000	%	Mergers & Acquisitions
%	Civil Litigation – General	%	Municipal -- Finance or Bonds *
%	Commercial & Corporate Litigation - Defense	%	Municipal – General (not finance)
%	Commercial & Corporate Litigation - Plaintiff	%	Oil & Gas, Mineral Rights
%	Corporate Finance	%	Other
%	Creditor Rights / Collections	%	Plaintiff Litigation-Class Actions *
%	Creditor Rights / General (bankruptcy)	%	Plaintiff Litigation-Mass Tort *
%	Criminal Defense	%	Plaintiff Litigation-Social Security, Workers Compensation
%	Defense Litigation & Insurance Carrier Representation	%	Plaintiff Personal Injury where the value of the case is more than \$250,000 *
%	Elder Law	%	Plaintiff Personal Injury where the value of the case is less than \$250,000 *
%	Employee Benefit Plans, ERISA	%	Public Utilities (not finance)
%	Employment Law - Employee Representation	%	Real Estate Finance
%	Employment Law - Management Representation	%	Real Estate – Res. & Basic Commercial where the value of the transaction is greater than \$1,000,000 *
%	Employment Law - Union Representation	%	Real Estate – Res. & Basic Commercial. where the value of the transaction is less than \$1,000,000 *
%	Environmental Regulatory	%	Schools & Education (not finance)
%	Estate and Probate - General	%	Securities - Private Placement *
%	Estates/Trusts where the value of the estate is greater than \$1,000,000	%	Securities - Public Registration *
%	Estates/Trusts where the value of the estate is less than \$1,000,000	%	Tax Preparation-Individual
%	Family Law where the value of the marital estate is greater than \$1,000,000	%	Taxation (excluding estate tax & individual preparation)
%	Family Law where the value of the marital estate is less than \$1,000,000	%	Water Rights

\* If greater than 10%, completion of a Supplement for this area of practice is required

20. Number of Lawyers in Firm to be covered under this policy: \_\_\_\_\_

21. Number of non-lawyer employees in the firm: \_\_\_\_\_

22. Roster of Lawyers (use a separate sheet if needed)

Lawyer Name	Status*	Date of Hire	Retro Date if other than Date of Hire	Date of Birth	Hours Worked per Week	State(s) of Licensure & Bar / Registration Number	Date(s) Admitted
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

\* O – Owner      E – Employee      OC – Of Counsel      IC – Independent contractor

23. For “Of Counsel” lawyers: Please complete the following for each “Of Counsel” lawyer.

Lawyer Name	Does lawyer work exclusively for the applicant firm?	How many hours per week does the lawyer work for the applicant firm?	Does lawyer have independent professional liability insurance coverage?
	<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
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

24. Are you requesting coverage for a Predecessor Firm(s)?  Yes  No

Predecessor Firm means any legal entity that was engaged in the practice of law, and to whose financial assets and liabilities the entity or individual identified in Question 1 above is the majority successor in interest (51% or more).

Name(s) of Predecessor Firm(s)	Date(s) Established	Date(s) Terminated	Number of Lawyers	Percentage of Ownership Retained

25. Risk Management

- a. Do you share letterhead with any other lawyer or firm; or does your name appear on the letterhead of any other lawyer or firm?  Yes  No
- b. Does the firm have formal, written procedures regarding the maintenance of custodial accounts?  Yes  No
- c. How many suits for collection of delinquent fees have been filed by the firm in the past two years? \_\_\_\_\_
- d. When evaluating whether a case should be sent for collection, does the firm review the file for the purpose of evaluating whether the possibility of a counter claim alleging malpractice might be filed in response?  Yes  No
- e. When evaluating whether a case should be sent for collection, does the firm wait until the applicable statute of limitations on a potential malpractice action has run before filing suit?  Yes  No
- f. Do any firm members have more than 5% ownership in one or more publicly traded companies or more than 15% ownership in one or more companies that are not publicly traded and which are firm clients?  Yes  No  
**If "yes," please complete an Outside Interest Supplement**
- g. Do any firm members serve as directors, officers, trustees, consultants, etc., for any firm clients?  Yes  No  
**If "yes," please complete an Outside Interest Supplement**
- h. Does the firm outline and reduce to writing its billing policy and procedures when agreeing to represent a new client?  Yes  No
- i. Does the firm use scope of service letters when taking on new matters for existing clients?  Yes  No
- j. How often does the firm use:  
Engagement letters \_\_\_\_\_% Disengagement letters \_\_\_\_\_% Non-engagement letters \_\_\_\_\_%
- k. Does the firm maintain a docket control system and procedure with at least two independent date controls? If yes,  Yes  No
  - 1) Is the docket control system and procedure computerized?  Yes  No
  - 2) Does the docket control system have redundancies in input, review, and oversight?  Yes  No
  - 3) How often is the docket control system updated? \_\_\_\_\_
- l. Does your Docket/Calendar system:
  - 1) Track litigated items?  Yes  No
  - 2) Track non-litigated items, even where no critical deadline is involved?  Yes  No
- m. What is the total number of hours of continuing legal education within the last year for all lawyers? \_\_\_\_\_
- n. If you are a sole practitioner, please identify the lawyer who handles your cases in your absence.  N/A  
Back-up Lawyer: \_\_\_\_\_  
Address, City & State: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

- o. List the firm's five largest clients to whom the firm provided legal services in the past twelve months:

Client Name	Client's industry	Services performed

**LOSS INFORMATION**

26. Within the past ten years, has any firm member been the subject of any of the following disciplinary actions or investigations/proceedings?  Yes  No
- Currently pending investigations/proceedings
  - Reprimand or Censure
  - Suspension
  - Imposition of a fine
  - Been refused admission to the bar or any bar association, court or administrative agency

***If "yes," provide copies of the complaint, all correspondence with the disciplinary body, and any final orders.***

27. Is any member of the firm aware of any incident, fact, circumstance, act or omission that could result in a professional liability claim against the firm, any predecessor firm or any member of the firm?  Yes  No
- If yes, how many? \_\_\_\_\_ Name(s) of claimants: \_\_\_\_\_

***A complete Claim Supplement form must be provided for each.***

28. In the past five (5) years, has any professional liability claim been made or suit brought against the firm, any predecessor firm, or any member of the firm?  Yes  No
- If yes, how many? \_\_\_\_\_ Name(s) of claimants: \_\_\_\_\_

***A complete Claim Supplement form must be provided for each.***

**ADDITIONAL INFORMATION**

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**DECLARATIONS AND NOTICE**

**NOTICE TO APPLICANT**

**If you are aware of any incident, fact, circumstance, act or omission that could reasonably result in a professional liability claim against you or any lawyer listed in this application, you should immediately file a report with your current carrier.**

**This application forms a part of your policy, if issued.**

The undersigned, acting on behalf of all Applicants, declare that the statements set forth in this Application are true and correct and that thorough efforts were made to obtain requested information from each and every Applicant proposed for this insurance to facilitate the proper and accurate completion of this Application.

The undersigned agree that the information provided in this Application and any material submitted herewith are the representations of all the Applicants and are the basis for issuance of the insurance **policy** provided by **us**. Any material submitted with the Application shall be maintained on file (either electronically or paper) with **us**.

It is further agreed that:

- If any of the Applicants discover or become aware of any significant change in the condition of the Applicant's Organization between the date of this Application and the **policy** inception date, which would render the Application inaccurate or incomplete, notice of such change will be reported in writing to **us** immediately;
- Any **policy** issued, will be in reliance upon the truthfulness of the information provided in this Application; provided, however, with respect to such information, no knowledge or information possessed by any Applicant shall be imputed to any other Applicants. If any person or persons knew as of the **policy** inception date that such information contained in the Application(s) was untrue, inaccurate or incomplete, then coverage may be denied or canceled if such information was material to issuance of the **policy**. However, if the Chairperson of the Board of Directors, President, Chief Executive Officer, or Executive Director of the Applicant knew as of the **policy** inception date that such information contained in the Application(s) was untrue, inaccurate or incomplete, then coverage may be denied or canceled if such information was material to issuance of the **policy**;
- Statements in the Application, facts pertaining to or knowledge possessed by the individual signing the Application shall be imputed to the Applicant; and
- The signing of this Application does not bind the undersigned to purchase insurance.

This Application must be signed by a representative of the Applicant acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

<b>Date</b>	<b>Signature/Title</b>
_____	_____
(Date)	(Chief Executive Officer, President, Chief Financial Officer, Managing Partner or Owner)
_____	_____
(Date)	(Print Name)
_____	_____
(Date)	(Print Title)

**RETURN YOUR COMPLETED APPLICATION TO YOUR AGENT.**

Produced By: Agent: _____ Agency: _____
Agent Signature: _____
Agency Taxpayer ID or SS No.: _____ Agent License No.: _____
Address (Street, City, State, Zip): _____

**A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.**

**NOTICE TO ARIZONA AND MISSOURI APPLICANTS:** Claim Expenses are Inside the Policy Limits. All claim expenses shall first be subtracted from the limit of liability, with the remainder, if any, being the amount available to pay for damages.

**NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA APPLICANTS:** 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 fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provide false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO IDAHO AND OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**NOTICE TO MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS:** 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, fines and denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MICHIGAN AND MINNESOTA APPLICANTS:** Any person who knowingly and with intent to defraud an insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime and subjects the person to criminal and civil penalties.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who knowingly includes any false or misleading information on an application for an insurance policy or files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO AND RHODE ISLAND APPLICANTS:** 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.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and with intent to defraud or solicit another to defraud any insurance company: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO VERMONT APPLICANTS:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.