

LAWYERS' MUTUAL INSURANCE COMPANY

3110 W. Empire Avenue, Burbank, CA 91504 - (818) 565-5512 - (800) 252-2045

Lawyers Professional Liability Insurance

SUPPLEMENTAL APPLICATION

[for adding a lawyer to an existing Claims-Made Policy]

IMPORTANT NOTICE

This is a Supplemental Application to be completed by each new Lawyer to be added to an existing claims-made policy issued by Lawyers' Mutual Insurance Company.

Any Lawyer who becomes a stockholder in, partner of, employee of, or Of Counsel to the Named Insured during the policy period is only covered for so long as such Lawyer remains a stockholder in, partner of, employee of, or Of Counsel to the Named Insured, and solely with respect to act on behalf of the Named Insured. A Lawyer shall be an Insured pursuant to sub-section 1.9(c) of the policy if, and only if, the Named Insured has given notice of the name of such Lawyer to the Company in writing within thirty (30) days after the date of such Lawyer becoming a stockholder in, partner of, employee of, or Of Counsel to the Named Insured, and such Lawyer has submitted appropriate underwriting information promptly upon request therefore by the Company, and such information has been approved by the Company.

INSTRUCTIONS:

1. Complete a separate Supplemental Application for each new Lawyer to be added to the existing policy.
2. Please answer all questions. If the answer to any question is "none", state "NONE". DO NOT LEAVE ANY QUESTION BLANK or the application will be returned.
3. If space is insufficient to answer any question fully, please use an additional sheet and identify the question answered.
4. This application must be signed and dated by the Policyholder/employer (Owner, Partner or Officer) AND the Applicant lawyer.
5. **Please attach a sample of the current letterhead used by the Policyholder.**

PART I – UNDERWRITING INFORMATION

1. Full Name of existing Policyholder (Named Insured): _____
Policy No.: _____
2. a. Principal Business Address of Policyholder:
Street: _____
City: _____ County: _____ Zip: _____
Telephone No.: _____ FAX No.: _____
- b. Address of office where Applicant Lawyer will work (if different):
Street: _____
City: _____ County: _____ Zip: _____
Telephone No.: _____ FAX No.: _____

The following information is to be provided for the Lawyer who is applying for coverage under the existing policy (include all non-California bar numbers and admission dates, if applicable):

3.	LEGAL EDUCATION			STATE BAR DATA		
	NAME OF APPLICANT LAWYER	LAW SCHOOL	DEGREE/YEAR	STATE BAR #	ADMITTED MO/DAY/YR	CERTIFIED SPECIALTY
<hr/>						

4. Date on which Applicant Lawyer first became associated with and/or employed by Policyholder:
 _____, 20_____.
 Month/Day Yr

5. Date on which the Policyholder desires claims-made coverage to become effective for Applicant Lawyer:
 12:01 AM _____, 20_____.
 Month/Day Yr

Note: If dates given for Question Nos. 4 and 5 are different, please explain: _____

6. State the employment relationship between Applicant Lawyer and the Policyholder (i.e., employed lawyer, employed associate, partner, shareholder, Of Counsel, etc.): _____

7. Indicate the area(s) of law to be handled and the Professional Services to be rendered by the Applicant Lawyer on behalf of the Policyholder: _____

8. **Prior Employment History:** Please list below any and all law firms (past and present), including dates and positions of employment, in which the Applicant Lawyer has been a partner, shareholder, employee, associate, Of Counsel, Independent Contractor, etc. during the past 5 years:

<u>NAME OF FIRM</u>	<u>DATES</u>		<u>POSITION</u>
	From	To	
_____	_____ 19__	_____ 19__	_____
_____	From _____ 19__	To _____ 19__	_____
_____	From _____ 19__	To _____ 20__	_____

9. Has the Applicant Lawyer ever had any policy of professional liability insurance non-renewed, declined or cancelled? ___ Yes ___ No.

NOTE: IF THE ANSWER TO QUESTION NO. 9 IS “YES”, A COMPLETE EXPLANATION OF EACH SUCH DECLINATION OR CANCELLATION MUST BE PROVIDED IN A SEPARATE STATEMENT TO BE ATTACHED TO THIS APPLICATION. THE STATEMENT SHOULD INDICATE THE NAME OF THE CARRIER, THE POLICYHOLDER, THE DATE OF THE DECLINATION OR CANCELLATION, AND THE REASONS, IF ANY, GIVEN BY THE CARRIER.

10. Please indicate each policy of Professional Liability insurance (including excess and umbrella liability insurance) that, at any time during the past 5 years, has provided coverage to the Applicant Lawyer for whom coverage is sought by this application:

<u>Policyholder</u>	<u>Insurance Co.</u>	<u>Policy No.</u>	<u>Inception</u> __/__/__ Mo/Day/Yr	<u>Expiration</u> __/__/__ Mo/Day/Yr	<u>Limits of Liability</u>	<u>Deductible</u>
_____	_____	_____	__/__/__ Mo/Day/Yr	__/__/__ Mo/Day/Yr	_____	_____
_____	_____	_____	__/__/__ Mo/Day/Yr	__/__/__ Mo/Day/Yr	_____	_____
_____	_____	_____	__/__/__ Mo/Day/Yr	__/__/__ Mo/Day/Yr	_____	_____
_____	_____	_____	__/__/__ Mo/Day/Yr	__/__/__ Mo/Day/Yr	_____	_____
_____	_____	_____	__/__/__ Mo/Day/Yr	__/__/__ Mo/Day/Yr	_____	_____

11. Does the Applicant Lawyer have any knowledge of any error, omission or disagreement with any client which might reasonably give rise to a claim or suit against him or her? Yes No.

NOTE: IF THE ANSWER TO QUESTION NO. 11 IS “YES”, A COMPLETE EXPLANATION OF EACH SUCH ERROR, OMISSION OR DISAGREEMENT MUST BE PROVIDED IN A SEPARATE STATEMENT TO BE ATTACHED TO THIS APPLICATION.

12. Has the Applicant Lawyer, or any prior employer of this lawyer, had any claim made against him, her, or it during the past 10 years alleging any liability arising from the performance of Professional Services? Yes No.

If “Yes”, how many such claims have been made during the past 10 years? _____

NOTE: QUESTION NO. 12 IS INTENDED TO COVER ANY CLAIM FOR LEGAL MALPRACTICE. A CLAIMS INFORMATION SHEET (PART II OF THIS APPLICATION) MUST BE COMPLETED AND RETURNED FOR EACH SUCH CLAIM.

13. (a) Has any disciplinary proceeding ever been brought by the State Bar of California, or any other State Bar, against the Applicant Lawyer? Yes No.

(b) If “Yes” to (a), how many such proceedings have been brought during the past 10 years? _____

NOTE: DISCIPLINARY PROCEEDING INCLUDES DISBARMENT, SUSPENSION, AND PUBLIC OR PRIVATE CENSURE OR REPROVAL. QUESTION NO. 13(a) MUST BE ANSWERED “YES” EVEN IF THE DISCIPLINARY PROCEEDING WAS RESOLVED IN FAVOR OF THE DEFENDANT LAWYER. A COMPLETE DESCRIPTION OF THE ALLEGATIONS AND THE RESOLUTION OR CURRENT STATUS OF EACH SUCH DISCIPLINARY PROCEEDING MUST BE PROVIDED IN A SEPARATE STATEMENT TO BE ATTACHED TO THIS APPLICATION.

(c) Has the Applicant Lawyer ever been reprimanded by or refused admission to practice, disbarred or suspended from practice before any court or administrative agency? Yes No.

NOTE: IF THE ANSWER TO QUESTION NO. 13(c) IS “YES”, A COMPLETE DESCRIPTION OF ANY SUCH CIRCUMSTANCES MUST BE PROVIDED IN A SEPARATE STATEMENT TO BE ATTACHED TO THIS APPLICATION.

14. (a) Does the Applicant Lawyer own a controlling interest in any present or potential client of the Applicant or Policyholder? Yes No.

(b) Is the Applicant Lawyer currently engaged in any business venture with any person or entity to whom the Applicant or Policyholder also provides professional legal services? Yes No.

- (c) Is the Applicant Lawyer a director, officer, trustee or employee of any organization/business entity (other than the Policyholder) including any bank, trust company, mortgage and loan association, building or savings and loan association, title guarantee or real estate company or corporation? ____ Yes ____ No.

NOTE: IF THE ANSWER TO QUESTIONS 14(a), (b) OR (c) IS “YES”, A COMPLETE DESCRIPTION OF THE OWNERSHIP INTEREST OR BUSINESS RELATIONSHIP WITH THE CLIENT, BANK, ETC. MUST BE PROVIDED IN A SEPARATE STATEMENT TO BE ATTACHED TO THIS APPLICATION.

15. Does the Applicant Lawyer’s practice also include acting in the capacity of an insurance agent, insurance broker, accountant, real estate agent/broker, or entertainment/sports agent? ____ Yes ____ No.

If “Yes”, please provide the following information with respect to each such circumstance:

NON-LAWYER CAPACITY	PERCENTAGE OF TIME	E&O COVERAGE? YES/NO	CARRIER	INCEPTION	EXPIRATION	LIMITS OF LIABILITY	DEDUCTIBLE
_____	_____	_____	_____	Mo/Day/Yr	Mo/Day/Yr	_____	_____
_____	_____	_____	_____	Mo/Day/Yr	Mo/Day/Yr	_____	_____

The foregoing responses to this application are true and complete. We understand that the Company will rely upon the accuracy of this application and that the Company retains the right to rescind any policy which is issued based upon any application containing false or incomplete information. We understand that in order to underwrite professional liability insurance, the Company must have access to all possible information concerning our professional practice. We hereby authorize the release and exchange of information involving past and future underwriting and claims matters between the Company and our past and present insurance carriers (and their agents and brokers) and we appoint the Company our attorney-in-fact for obtaining such information. We hereby authorize The State Bar of California to release information to the Company concerning membership status, certified specialties, and disciplinary proceedings. We agree that any person or organization furnishing information to the Company pursuant to this authorization will not be liable for the furnishing of such information, even if such information is inaccurate or untrue.

NOTE: THE APPLICANT LAWYER AND THE POLICYHOLDER (OWNER, PARTNER OR OFFICER) MUST BOTH SIGN AND DATE THIS SUPPLEMENTAL APPLICATION. PLEASE CHECK THAT ALL QUESTIONS HAVE BEEN ANSWERED COMPLETELY AND ATTACH A COPY OF THE POLICYHOLDER’S CURRENT LETTERHEAD. THANK YOU.

Dated: _____, 20____
Mo/Day Yr

(Signature of Applicant Lawyer)

(Please print name of Applicant Lawyer)

Dated: _____, 20____
Mo/Day Yr

(Signature of Policyholder: Owner, Partner or Officer)

(Please print name of Policyholder: Owner, Partner or Officer)

LAWYERS' MUTUAL INSURANCE COMPANY

SUPPLEMENTAL APPLICATION -- PART II -- CLAIMS INFORMATION SHEET

NOTE: PLEASE COMPLETE ONE COPY OF THIS FORM FOR EACH CLAIM

Name of Applicant Lawyer: _____

1. Name of Claimant: _____

Was claimant a client? ____ Yes ____ No.

2. a. Date(s) on which professional services were rendered which comprise the alleged basis for the claim: _____

b. Name of law firm that Applicant Lawyer was with at the time such services were rendered:

3. a. Individual lawyer(s) who allegedly rendered such professional services: _____

b. Dates Applicant Lawyer was with the law firm named in Question No. 2(b) above: _____

c. Dates Applicant Lawyer involved with underlying case: _____

4. Insurance Carrier(s) to which claim has been reported:

Name

Date First Reported

5. Allegations of claimant. (Please describe the facts and events which the claimant alleges to have occurred -- not the legal theory or the name of the alleged tort): _____

6. State any defenses you expect to assert, or did assert: _____

7. Has a lawsuit been instituted in which these allegations have been made? ____ Yes ____ No.

8. If the answer to No. 7 is "Yes", state:

a. Name of lawsuit _____

b. Court _____

c. Your Attorney _____

d. Case Number _____

e. Claimant's Attorney _____

f. Current Status of Proceeding:

Current Settlement Demand: \$ _____

Pleadings Not At-Issue

Trial set for (date) _____

Case was tried on _____

Result _____

Final Judgment

Other (Explain) _____

9. Current Status of Claim: ____ Open ____ Closed. If closed, please give date: _____

Mo/Day/Yr

Result: _____

10. a. Total amounts paid to claimant (from whatever source) pursuant to or in connection with the claim: \$ _____

b. Applicant's share of amount paid to claimant: \$ _____

c. Defense costs paid to date: \$ _____

(NOTE: THIS CLAIM INFORMATION SHEET DOES NOT ELICIT THE DISCLOSURE OF PRIVILEGED ATTORNEY-CLIENT COMMUNICATIONS. CARE SHOULD BE TAKEN TO PROVIDE COMPLETE INFORMATION WITHOUT MAKING SUCH DISCLOSURES. THIS SHEET MUST BE DATED AND EXECUTED BY EACH OF THE ATTORNEYS WHO WERE IDENTIFIED IN RESPONSE TO ITEM NO. 3, SUPRA).

Date: _____, 20____

Mo/Day

Yr

(Applicant)

(Please print name of Applicant Lawyer)

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