



LAWYERS PROFESSIONAL LIABILITY APPLICATION

FOR LAW FIRMS WITH 10 OR MORE LAWYERS

NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY. TO BE COVERED, A CLAIM MUST BE BOTH FIRST MADE AGAINST AN INSURED AND REPORTED TO THE COMPANY IN WRITING DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF ANY, AND IS SUBJECT TO THE POLICY PROVISIONS.

INSTRUCTIONS

This Application is to be completed by the Applicant Firm ("Firm") on behalf of itself, its **Predecessor Firm***, and all persons proposed for this insurance. Answer all questions completely. **If space is insufficient to fully answer any question, complete the answer on Firm letterhead and attach it to this Application.**

In addition, please attach:

- Copies of all letterhead(s) currently in use by the Firm.
- Copy of the Firm's expiring Declarations Page for Lawyers Professional Liability Insurance and all Policy Endorsements.

FIRM INFORMATION

Effective Date Requested:	
Full Legal Name of the Firm:	
Trade Name or D/B/A:	
Principal Address: (Principal office location MUST be in IL)	
City, State, Zip Code:	
County:	
Firm Phone Number:	
Firm Fax Number:	
Website:	
Date Firm Established:	
Contact Name:	
Contact Phone Number:	
Contact E-mail Address:	

If the Firm has an alternate mailing address, please provide the address on a separate sheet of paper.

LAWYER INFORMATION

Lawyer Roster

Lawyer Name	Designation (see below)	Date of Hire (mm/dd/yyyy)	Date Admitted to IL Bar (mm/dd/yyyy)	Average Number of Hours Worked per Week on Behalf of the Firm
E-mail:	ARDC#:	ISBA#:		
E-mail:	ARDC#:	ISBA#:		
E-mail:	ARDC#:	ISBA#:		
E-mail:	ARDC#:	ISBA#:		

E-mail:	ARDC#:	ISBA#:
E-mail:	ARDC#:	ISBA#:
E-mail:	ARDC#:	ISBA#:
E-mail:	ARDC#:	ISBA#:
E-mail:	ARDC#:	ISBA#:
E-mail:	ARDC#:	ISBA#:

If there are more than ten (10) Lawyers, please provide additional Lawyer information on Firm Letterhead.

Designations: O = Owner, Officer, or Shareholder; P = Partner of a Partnership; A = Associate or Employed Lawyer; IC = Independent Contractor; or OC = Of Counsel.

IN THE EVENT COVERAGE IS BOUND AND THE FIRM HIRES A NEW LAWYER DURING THE POLICY PERIOD, THE FIRM **MUST** NOTIFY THE COMPANY AND SUBMIT AN **ADD A LAWYER SUPPLEMENTAL APPLICATION WITHIN THIRTY (30) DAYS OF JOINING THE FIRM FOR COVERAGE TO APPLY TO THE NEW LAWYER.**

FIRM AREA OF PRACTICE			
Identify the Firm's Area of Practice based upon percentage (%) of time in the past twelve (12) months (actual hours worked). Total must equal 100%.			
Area of Practice		Area of Practice	
Administrative	%	ERISA	%
Admiralty / Maritime Litigation	%	Estate / Trust / Probate / Wills *	%
Anti-Trust / Trade Regulation	%	Family Law – Adoptions	%
Appellate	%	Family Law – Divorce	%
Arbitration / Mediation	%	Foreclosure	%
Bankruptcy	%	Guardianships	%
BI / PI / MM Litigation – Plaintiff *	%	Immigration & Naturalization	%
BI / PI / MM Litigation – Defense	%	Intellectual Property – Copyright / Trademark	%
Civil Rights / Discrimination	%	Intellectual Property – Patent *	%
Class Action / Mass Tort – Plaintiff *	%	Lobbying	%
Collections *	%	Oil / Gas / Mining	%
Commercial Law / Corporate Transactions If over 15%, please provide a detailed description of services provided.	%	Real Estate – Commercial *	%
Commercial Litigation – Plaintiff *	%	Real Estate – Residential *	%
Commercial Litigation – Defense	%	Real Estate – Syndication / Development *	%
Criminal / Traffic	%	Securities *	%
Employment Law – Employee	%	Tax – Ad Valorem	%
Employment Law – Employer	%	Tax Prep / Tax Opinions	%
Employment Law – Labor Union	%	Workers' Compensation – Plaintiff *	%
Entertainment / Sports *	%	Workers' Compensation – Defense	%
Environmental	%	TOTAL	%

* Complete Corresponding Supplemental Application (Plaintiff Supplement, Collections Supplement, Entertainment Supplement, Estate/Trust Supplement, Patent Supplement, Real Estate Supplement or Securities Supplement)

Number of Non-Lawyer Personnel					
Position		Number	Position		Number
Paralegal			Abstractor		
Clerical			Patent Agent		
Title Agent			Other (specify)		
Additional Firm Information					
1. Does the Firm anticipate any material changes within the next twenty-four (24) months, such as dissolution, merger, acquisition, increase/decrease in number of Lawyers or adding additional office locations? If Yes , provide complete details on Firm letterhead.					<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Does the Firm have any other office locations? If Yes , please complete the Additional Office Location Supplemental Application .					<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Does the Firm practice in states other than Illinois (including contingency fee referrals)? If Yes , please complete the Out of State Supplemental Application .					<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Does the Firm utilize co-counsel (CC), local counsel (LC), refer cases (RC) or case share (CS) with any other Lawyer? If Yes , please provide the information requested below:					<input type="checkbox"/> YES <input type="checkbox"/> NO
Lawyer's Name	Firm Name	City, State	Relationship	Confirmed Professional Liability is Carried?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does the Firm outline and reduce to writing the relationship indicated above and outline the responsibilities of each Law Firm to the client? If Yes , does the client sign the letter confirming receipt and acceptance of the letter?					<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
5. During the past five (5) years:					
a. Has any Lawyer of the Firm served as an officer, director, partner, shareholder or employee of any entity other than the Firm or any Predecessor Firm* ;					
b. Has any Lawyer of the Firm provided legal services or advice to any entity other than the Firm or any Predecessor Firm* :					
(i) which is, was, or will be owned by a Lawyer of the Firm or any member of the Lawyer's Immediate Family** ;					
(ii) which is, was, or will be in any way controlled, managed or operated by the Firm, a Lawyer of the Firm or any member of the Lawyer's Immediate Family** including the ownership, maintenance, or use of any property in connection therewith; or					<input type="checkbox"/> YES <input type="checkbox"/> NO
(iii) in which the Lawyer was, is or will be a partner or employee? If Yes , please complete the Outside Interest Supplemental Application . **Immediate Family member means spouse, party to a civil union, sibling, parent, child or grandparent.					
6. Does the Firm have a policy governing the trading and/or investing by a Lawyer of the Firm in securities of a client and the disclosure of same to the Firm?					<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Does the Firm have a policy governing transactions for clients when a Lawyer serves as an officer, director, partner, shareholder, employee, or exercise any fiduciary or management control over such client?					<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Does the Firm require approval by a Committee of the Firm, or at least two (2) Partners or Officers of the Firm, for a Lawyer of the Firm to serve on the Board of Directors of a client?					<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Does the Firm accept securities of a client or other forms or compensation in lieu of fees?					<input type="checkbox"/> YES <input type="checkbox"/> NO
10. In the past five (5) years, has the Firm, Predecessor Firm* , or any current or former Lawyer(s) with the Firm, or Predecessor Firm* , provided legal services in any way related to the following (please provide this information even if the services were provided prior to joining the Firm):					
a. In connection with the issuance, offering or sale of securities, in connection with: The Federal Securities Act of 1933 or the Illinois Security Law or any other similar security laws? Reliance upon the exemption from registration of such issuance or sale under the Federal Securities Act of 1933 or any other similar securities laws? If Yes , please complete the Securities Supplemental Application .					<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Served as a trustee or fiduciary such as an administrator, conservator, executor receiver, guardian or escrow agent of any client or have any discretionary investment authority over client funds? If Yes , please complete the Estate/Trust Supplemental Application .					<input type="checkbox"/> YES <input type="checkbox"/> NO

11. Do any of the Firm's Lawyers or non-Lawyer employees provide any other professional services such as, but not limited to, an accountant, insurance agent or broker, consultant, investment advisor, real estate agent or broker, securities agent or broker? If Yes , please provide the name of the Lawyer or non-Lawyer employee, their professional designation, the services they provide, the name of the entity on whose behalf they perform the services, and the number of hours worked in that capacity.	<input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

12. Please provide any **Predecessor Firm*** below:

Name of Predecessor Firm*	Date Established (mm/dd/yyyy)	Date Dissolved (mm/dd/yyyy)	Number of Owners, Officers, Partners, Associates, Employees, or Shareholders at Time of Dissolution	Number of Owners, Officers, Partners, Associates, Employees, or Shareholders who Joined Successor Firm

***Predecessor Firm** means any Law Firm which prior to the effective date of the proposed Policy is dissolved and from which the Firm has retained at least fifty percent (50%) of the lawyers who were owners, officers, partners, associates, employees or shareholders.

FIRM INTERNAL PROCEDURES

Risk Management

12. Is the Firm managed by a Management/Executive Committee? If Yes :	<input type="checkbox"/> YES <input type="checkbox"/> NO
a. How many Partners or Officers comprise of the Committee?	
b. How often does the Management/Executive Committee formally meet per month?	
13. Does the Firm employ an Administrator? If Yes :	<input type="checkbox"/> YES <input type="checkbox"/> NO
a. Is the Administrator a non-Lawyer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Does the Administrator work full-time for the Firm?	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Is the Administrator a member of the Association of Legal Administrators?	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. Does the Firm have a Risk Manager?	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. Does the Firm have a written Risk Management Program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. Does the Firm (or departments within the Firm) conduct periodic meetings involving all Lawyers (or departments) of the Firm?	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. Does the Firm's Oversight, Peer Review or Internal Communications procedures require:	
a. Firm management to regularly review the status and direction of all Firm matters?	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. all Lawyers to attend regular Firm meetings (in person or virtually) whereby matters of common importance are communicated?	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. all significant/critical opinions or significant/critical decisions to be peer reviewed by at least two (2) other Lawyers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
18. Does the Firm use a Peer Review system to evaluate the performance of:	
a. all practicing Lawyers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Partners and Officers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
19. Does the Firm maintain a training program for all new Lawyers with regard to office and court procedures?	<input type="checkbox"/> YES <input type="checkbox"/> NO
20. Are all departing Lawyers' files reviewed by a Partner or Officer of the Firm?	<input type="checkbox"/> YES <input type="checkbox"/> NO
21. Does the Firm have a system requiring that any complaints about a Lawyer of the Firm be reviewed by a Partner or Officer other than the Lawyer about whom the complaint is made?	<input type="checkbox"/> YES <input type="checkbox"/> NO
22. Does the Firm require independent review of high exposure work product, such as third-party opinion letters, securities issuances and settlement advice?	<input type="checkbox"/> YES <input type="checkbox"/> NO
23. Does the Firm have a written Partnership/Shareholder Agreement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
24. Does the Firm maintain a fidelity bond covering all employees?	<input type="checkbox"/> YES <input type="checkbox"/> NO
25. Are custodial accounts (money, securities and other property held on behalf of clients) audited by an independent outside auditor?	<input type="checkbox"/> YES <input type="checkbox"/> NO
26. Does the Firm have a computer back-up system or some other form of emergency back-up system in the event of a disruption or interruption of business?	<input type="checkbox"/> YES <input type="checkbox"/> NO

New Client/New Matter Acceptance Protocol

27. Does the Firm adhere to any of the following **NEW CLIENT/NEW MATTER** intake procedures?

Conflicts of Interest Check	<input type="checkbox"/> YES <input type="checkbox"/> NO	Evaluation of the merits of the client's case	<input type="checkbox"/> YES <input type="checkbox"/> NO
Review for fit with Firm's Areas of Practice	<input type="checkbox"/> YES <input type="checkbox"/> NO	Consideration given to determine if client appears to be difficult to deal with or exhibit irrational behavior	<input type="checkbox"/> YES <input type="checkbox"/> NO
Review to confirm the Firm has the time and financial resources to handle the matter	<input type="checkbox"/> YES <input type="checkbox"/> NO	Consideration given to determine if the client appears to be of questionable moral character	<input type="checkbox"/> YES <input type="checkbox"/> NO
Consideration given to client expectations	<input type="checkbox"/> YES <input type="checkbox"/> NO	Consideration given to determine if the client is financially unstable or overly concerned about legal fees	<input type="checkbox"/> YES <input type="checkbox"/> NO
Review for prior representation/declination by other Law Firm(s)	<input type="checkbox"/> YES <input type="checkbox"/> NO	New client/new matter intake form	<input type="checkbox"/> YES <input type="checkbox"/> NO
Prohibit the disclosure of confidential information before a conflict of interest check is completed	<input type="checkbox"/> YES <input type="checkbox"/> NO	Other (describe)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Subject to approval of a Committee or designated Partner or Officer other than the Lawyer generating the business	<input type="checkbox"/> YES <input type="checkbox"/> NO	Other (describe)	<input type="checkbox"/> YES <input type="checkbox"/> NO

Docket/Calendar Control

28. Does the Firm maintain a docket/calendar control system with at least two (2) independent date controls?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
29. Does the docket/calendar control system track litigated matters?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
30. Does the docket/calendar control system track non-litigated matters?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
31. Does the docket/calendar control system track matters even if there is no critical deadline involved?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
32. Does the ultimate responsibility for the docket date rest with the Lawyer assigned to the client/matter?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

If **NO** to any of the above questions (28-32), please provide further details as to how the Firm tracks its cases.

33. Does more than one (1) individual enter dates into the docket/calendar control system for the same matter?	<input type="checkbox"/> YES <input type="checkbox"/> NO
34. Please indicate how frequently time deadlines are cross-checked. <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other (describe)	

35. Which of the following types of docket control system(s) are used by the Firm?

Computer Docket Software	<input type="checkbox"/> YES <input type="checkbox"/> NO	Master Calendar	<input type="checkbox"/> YES <input type="checkbox"/> NO
Individual Lawyer Diary (separate from Master Calendar)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Tickler System	<input type="checkbox"/> YES <input type="checkbox"/> NO
Day-Timer	<input type="checkbox"/> YES <input type="checkbox"/> NO	Other (describe)	<input type="checkbox"/> YES <input type="checkbox"/> NO

Conflict of Interest

36. Which of the following Conflict of Interest methods are used by the Firm?

Computer	<input type="checkbox"/> YES <input type="checkbox"/> NO	Index File	<input type="checkbox"/> YES <input type="checkbox"/> NO
Client Lists	<input type="checkbox"/> YES <input type="checkbox"/> NO	Conflict Committee	<input type="checkbox"/> YES <input type="checkbox"/> NO
Memo/E-mail to other Lawyers in the Firm	<input type="checkbox"/> YES <input type="checkbox"/> NO	Other (describe)	<input type="checkbox"/> YES <input type="checkbox"/> NO

37. Which of the following lists does the Firm maintain as part of its Conflict Check procedures?

Current and former clients	<input type="checkbox"/> YES <input type="checkbox"/> NO	Opposing parties	<input type="checkbox"/> YES <input type="checkbox"/> NO
Names of spouses of current and former clients (including maiden names)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Description of matter/nature of legal work	<input type="checkbox"/> YES <input type="checkbox"/> NO
Opposing counsel	<input type="checkbox"/> YES <input type="checkbox"/> NO	Clients or matters of a Predecessor Firm*	<input type="checkbox"/> YES <input type="checkbox"/> NO
Declined clients/matters	<input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Lawyer representing the client/matter	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of adverse parties of declined clients/matters	<input type="checkbox"/> YES <input type="checkbox"/> NO	Other (describe)	<input type="checkbox"/> YES <input type="checkbox"/> NO

38. Does the Firm check for potential conflicts when hiring a new lawyer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
39. Does the Firm check for potential conflicts when hiring a new paralegal?	<input type="checkbox"/> YES <input type="checkbox"/> NO
40. Does the Firm's conflict of interest procedure include disclosing all actual or potential conflicts of interest in writing to clients?	<input type="checkbox"/> YES <input type="checkbox"/> NO
41. Does the Firm's conflict of interest procedure include securing written consent from the client(s) to perform legal services or decline further representation in writing to clients?	<input type="checkbox"/> YES <input type="checkbox"/> NO
42. How often is the Firm's conflict of interest system updated? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other (describe)	

Client Communication

43. Does the Firm outline and reduce to writing its billing policy and procedures when agreeing to represent a new client?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes , what percentage (%) of the time?	%
44. Does the Firm use client engagement letters and/or contingency fee agreements which outline the scope of services to be provided when accepting all NEW MATTERS to the Firm?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes , what percentage (%) of the time?	%
45. If an engagement letter or contingency fee agreement is not used on all (100%) NEW MATTERS undertaken by the Firm, explain how misunderstandings of the scope of representation and fee agreements are prevented.	
46. Does the Firm require engagement letters and/or contingency fee agreements be signed by the client?	<input type="checkbox"/> YES <input type="checkbox"/> NO
47. Does the Firm use written declination/non-engagement letters when declining work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes , what percentage (%) of the time?	%
48. If a declination/non-engagement letter is not used, describe how the Firm documents they are not representing the potential client to prevent misunderstandings of representation.	
49. Does Firm use termination letters when withdrawing or terminating representation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If No , describe how the Firm documents to the client that the Firm is no longer representing the client.	
50. Does the Firm use written referral agreements when referring a client to another law firm?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If No , describe how the Firm documents the responsibilities of each firm to the client.	
51. Does the client confirm in writing when referral arrangements have been made and acknowledge the fee received by each Lawyer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
52. Does the Firm use written settlement agreements with all clients?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If No , describe how the Firm documents the client's agreement to a settlement offer.	

FIRM GROSS REVENUES

53. Please provide the gross revenue generated by the Firm. Note: If the Firm is a start-up, please provide estimate for next twelve (12) months only.	
Past twelve (12) months	Estimate for next twelve (12) months
\$	\$

54. Does any one (1) client (including its subsidiaries and/or affiliates) of the Firm represent over forty percent (40%) of the Firm's revenue?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes , please provide the following information for each client of the Firm who represents over forty percent (40%) of the Firm's revenue:	

Name of Client/State Client located	% of Firm Revenue	Industry of Client	Number of Years as a Client of the Firm	Legal Services Provided
	%			
	%			

BILLINGS

55. What percentage (%) of the Firm's billings are ninety (90) days past due?	%
If greater than thirty percent (30%), please explain how the Firm manages accounts receivables and what the Firm is doing to reduce the percentage (%) of billings over ninety (90) days past due.	<input type="checkbox"/> N/A
56. How many lawsuits or arbitration proceedings has the Firm initiated to collect unpaid fees due and owing to the Firm in the past two (2) years that did not include family law?	
If more than three (3) fee dispute proceedings, please provide the date of suit(s), nature of client representation, the total dollar amount in dispute, current status of the matter and if still a Firm client.	
57. When evaluating whether a case should be sent for collection, is a complete review of the underlying work product completed to determine the likelihood of a counter-claim alleging malpractice?	<input type="checkbox"/> YES <input type="checkbox"/> NO
58. Does the Firm wait until the applicable statute of limitation of a potential malpractice counter-claim has expired before filing a suit (or instituting arbitration) for fees?	<input type="checkbox"/> YES <input type="checkbox"/> NO
59. Do suits for collection of fees have to be approved by a committee or at least one (1) partner or officer of the Firm?	<input type="checkbox"/> YES <input type="checkbox"/> NO

CUSTODIAL ACCOUNTS

60. Are all client funds deposited in one (1) or more separate and identifiable interest bearing or dividend-bearing IOLTA or non-IOLTA client trust account at an eligible financial institution?	<input type="checkbox"/> YES <input type="checkbox"/> NO
61. Does the Firm have a protocol for the review, maintenance and use of IOLTA or non-IOLTA client trust accounts?	<input type="checkbox"/> YES <input type="checkbox"/> NO
62. Are two (2) signatures required for all withdrawals of funds from IOLTA or non-IOLTA client trust accounts?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If No , describe who has authority to withdraw funds from custodial accounts, including escrow funds, and provide how Firm prevents the unauthorized withdrawal of client funds?	

PRIOR CLAIMS EXPERIENCE AND/OR KNOWLEDGE OF LOSS

63. After inquiry, during the past five (5) years, has any professional liability Claim*** been made against the Firm, any Predecessor Firm* , any present Lawyers with the Firm, or to your knowledge, any former Lawyer with the Firm or Predecessor Firm* ?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If Yes , provide number _____.			
64. After inquiry, is the Firm or any Lawyer with the Firm, aware of any potential Claim*** , including but not limited to, any act, error, omission, fact, circumstance, a request for a tolling agreement, a request for a deposition, a subpoena request for any file, ARDC complaint, situation, legal work, or any allegation of negligence that might result in any professional liability Claim*** against the Firm, or any Predecessor Firm* , or any past or present Lawyer with the Firm regardless whether such Claim*** would be without merit?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If Yes , provide number _____.			
If Yes , to questions 63 or 64 above, please complete a Claim Supplemental Application for each prior Claim*** or potential Claim*** . This Application must be accompanied by applicable currently valued Loss Runs for the Past Five (5) Years .			
65. Have any of the Firm's Lawyers been the subject of any of the following disciplinary actions, investigations or proceedings by any court, bar association, administrative agency or regulatory body?			
Pending Investigation/Proceeding	<input type="checkbox"/> YES <input type="checkbox"/> NO	Censured	<input type="checkbox"/> YES <input type="checkbox"/> NO
Refused Admittance to Bar or Court	<input type="checkbox"/> YES <input type="checkbox"/> NO	Suspended	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sanctioned or Fined	<input type="checkbox"/> YES <input type="checkbox"/> NO	Disbarred	<input type="checkbox"/> YES <input type="checkbox"/> NO
Reprimanded	<input type="checkbox"/> YES <input type="checkbox"/> NO	Other (specify)	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes to any of the above:			
<ul style="list-style-type: none"> • Provide number open _____ Provide number closed _____ • Include copies of the complaint, current disposition and/or a copy of the final opinion or decision of the court, bar association, administrative agency or regulatory body. 			

*****Claim** means a demand received for money or services, or the service of a suit or the initiation of an arbitration proceeding against the Firm that seeks damages arising out of an act, error or omission in rendering professional legal services including an act, error or omission of which the Firm, or anyone associated with the Firm is aware and which they know, or ought reasonably to have known, might give rise to a demand for money or services, or the service of suit or arbitration proceeding against them.

IT IS UNDERSTOOD AND AGREED THAT THE COMPANY SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR DAMAGES OR CLAIM EXPENSES IN CONNECTION WITH ANY CLAIM* OR DISCIPLINARY ACTION, INVESTIGATION OR PROCEEDING MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM, IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY PROFESSIONAL LIABILITY CLAIM***, POTENTIAL CLAIM***, DISCIPLINARY ACTION, INVESTIGATION OR PROCEEDING, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH, OR THAT SHOULD HAVE BEEN SET FORTH, IN CONNECTION WITH THE ABOVE QUESTIONS.**

PRIOR INSURANCE COVERAGE

66. Identify the Professional Liability Insurance Coverage carried by the Firm during the past five (5) years.

Note: Please attach the Firm's current Declarations Page and all Policy Endorsements.

Effective Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)	Insurance Carrier	Limits of Liability	Deductible	Annual Premium	# of Insured Lawyers

67. Does the Firm's current Lawyers Professional Liability insurance policy have a retroactive date/prior acts date set forth either on the Declarations Page or in a prior acts exclusion endorsement? **YES** **NO**

If **Yes**, what is the retroactive date?

68. Has the Firm, or any **Predecessor Firm***, purchased an Extended Reporting Period (ERP)/Tail Coverage under any current or past Lawyers Professional Liability insurance policy? **YES** **NO**

If **Yes**, provide details including reason for purchasing an ERP/Tail Coverage, length of ERP/Tail Coverage purchased, and date ERP/Tail Coverage commenced.

69. During the past five (5) years, has any insurance carrier canceled or refused to renew the Firm's Lawyers Professional Liability insurance for any reason other than carrier's withdrawal from the market? **YES** **NO**

70. During the past five (5) years, has any insurance carrier decreased the Firm's coverage at renewal? **YES** **NO**

If **Yes** to either question 69 or 70 above, please provide a copy of the Non-Renewal Notice or Notice of Decrease in Coverage received by the Firm, including reason for such action.

REQUESTED LIMITS OF LIABILITY AND DEDUCTIBLE(S)

NOTE: The Company pays the first \$5,000 of CLAIM EXPENSES that the Company incurs as a result of a Claim that an Insured reports to the Company in writing in accordance with the Conditions Section of the Policy.

Limits of Liability – Each Claim/Annual Aggregate		Deductible – Each Claim	
\$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"/>
\$500,000 / \$500,000	<input type="checkbox"/>	\$3,000,000 / \$3,000,000	<input type="checkbox"/>
\$500,000 / \$1,000,000	<input type="checkbox"/>	\$4,000,000 / \$4,000,000	<input type="checkbox"/>
\$1,000,000 / \$1,000,000	<input type="checkbox"/>	\$5,000,000 / \$5,000,000	<input type="checkbox"/>
\$1,000,000 / \$2,000,000	<input type="checkbox"/>	\$5,000,000 / \$10,000,000	<input type="checkbox"/>
\$1,000,000 / \$3,000,000	<input type="checkbox"/>	Other \$ _____ / \$ _____	<input type="checkbox"/>

REPRESENTATIONS AND WARRANTIES

The Firm understands and agrees that the following representations and warranties are material and that the Illinois State Bar Association Mutual Insurance Company ("Company") is relying on the truthfulness of these representations and warranties, which are made the basis of and a condition for the Company's acceptance of the risks covered to be insured. The Firm further understands and agrees that if any of the following material representations and warranties are false, or if Firm fails to comply with any of the following representations and warranties at any time during the policy period, the Firm shall be deemed to have breached the insurance policy issued by the Company.

The Firm hereby represents and warrants that the following are true and correct as of the inception date of the policy:

- a. The information contained in this Application, all material and information submitted to the Company in connection with this Application, and all material that is created and submitted to the Company by the Firm in connection with this Application is a full and true exposition of all the facts and circumstances with regard to the risk to be insured.

- b. No **Claim***** has been made against the Firm or any person(s) proposed for this insurance nor has any person proposed for this insurance received a request for deposition in the past five (5) years and no disciplinary action, investigation or proceeding has been filed against any Lawyer proposed for this insurance other than as disclosed in the Application and/or loss runs submitted to the Company.
- c. No person or entity for whom this insurance is intended has any knowledge of any act, error, omission, fact or circumstance, tolling agreement, request for deposition, a subpoena for any file, disciplinary action, investigation or proceeding, situation, legal work or any allegation of negligence that might result in any professional liability **Claim***** against the Firm, or any **Predecessor Firm***, or any past or present Lawyer in the Firm regardless whether such **Claim***** would be without merit other than as disclosed in this Application.

ACKNOWLEDGEMENTS

The undersigned declares that to the best of his or her knowledge, the statements set forth herein are true and accurate and that reasonable efforts have been made to obtain sufficient information from all persons proposed for this insurance to facilitate the proper and accurate completion of this Application. The signing of this Application does not bind the Company to issue a policy, but it is agreed that this Application, all material and information submitted to the Company in connection with this Application, and all material that is created by the Firm and submitted to the Company in connection with this Application are the representations of the Firm and are material and shall be the basis of the contract should a policy be issued.

The undersigned further agrees that if any significant adverse change in the condition of the Firm is discovered or occurs between the date of completion of this Application and the date that coverage is bound by the Company, and such change renders this Application inaccurate or incomplete, notice of such change will be immediately reported in writing to the Company.

This Application shall be considered attached to and part of the Policy. Any material submitted with the Application shall be maintained on file with the Company and shall be deemed to be attached hereto as if physically attached.

Coverage is NOT bound until appropriate premiums and any required supplements have been received. The Company reserves the right to withdraw or amend the quoted terms at any time prior to the proposed effective date of coverage if changes material to the underwriting of the Application are received.

SIGNATURE			
Signature of Owner, Officer, Partner, Shareholder, or Member (only one signature needed)			
Name:	Title:		
SIGNATURE ▶		DATE ▶	