



LAWYERS PROFESSIONAL LIABILITY APPLICATION

NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY. TO BE COVERED, A CLAIM MUST BE 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, if any.

SECTION I - FIRM INFORMATION

Effective Date Requested:	
Name of the Firm (or your name if a Sole Practitioner):	
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 Firm letterhead.

SECTION II - LAWYER INFORMATION

Include yourself if you are a Sole Practitioner

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#:	

If there are more than five (5) 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; **S** = Sole Practitioner; **IC** = Independent Contractor; or **OC** = Of Counsel.

If you are an individual (Sole Practitioner), please identify the Lawyer who is designated to handle cases in the event of your absence or provide a detailed description of your back-up plan in the event of your absence:

Lawyer's Name	Address (City, State, Zip)	Telephone Number	Lawyer's Professional Liability Carrier

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.**

Number of Non-Lawyer Personnel			
Position	Number	Position	Number
Paralegal		Title Agent	
Clerical		Other (specify)	

SECTION III - 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%. Please round to nearest percentage (%).

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.	%	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 (must equal 100%)	%

SECTION IV – ADDITIONAL FIRM INFORMATION AND FIRM INTERNAL PROCEDURES

1. 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
2. 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
3. Does the Firm utilize co-counsel (CC), local counsel (LC), refer cases (RC), or case share (CS) with any other Lawyer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes , does the Firm confirm Lawyers Professional Liability is carried by the other Firm or Lawyer?	<input type="checkbox"/> YES <input type="checkbox"/> NO

<p>4. Does any Lawyer:</p> <p>a. Serve as an officer, director, partner, shareholder, or employee of any entity other than a Law Firm:</p> <p>b. Provide legal services or advice to any entity other than a Law Firm:</p> <p>(i) which is, was, or will be owned by a Lawyer of the Firm or any member of the Lawyer's immediate family;</p> <p>(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</p> <p>(iii) in which the Lawyer was, is, or will be a partner or employee?</p> <p>If Yes, please complete the Outside Interest Supplemental Application.</p> <p>As used herein, immediate family member means spouse, party to a civil union, siblings, parents, children, or grandparents.</p>				<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>5. In the past two (2) 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):</p>				
<p>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 securities 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.</p>			<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>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.</p>			<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>6. Please provide any Predecessor Firm* below:</p>				
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	
<p>*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.</p>				
<p>7. Does the Firm have a procedure for evaluating New Clients/New Matters, such as, but not limited to, fit with Firm's Areas of Practice, conflict of interest check, the client's expectations, merits of the client's case and/or client's history of changing Lawyers?</p>			<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>8. Describe how the Firm calendars and tracks dates and deadlines of client matters:</p>				
<p>9. Identify which of the following tools are used for identifying and resolving client or matter conflicts of interest:</p>				
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	Other (describe)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>10. Does the firm maintain the following lists as part of its conflict check:</p>				
Current and former clients	<input type="checkbox"/> YES <input type="checkbox"/> NO	Description of matter/nature of legal work	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Names of spouses of current and former clients	<input type="checkbox"/> YES <input type="checkbox"/> NO	Information on declined matters	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Opposing parties	<input type="checkbox"/> YES <input type="checkbox"/> NO	Other (describe)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>11. Does the Firm review conflicts of interest throughout the duration of the client or matter representation?</p>			<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>12. Does the Firm routinely use client engagement letters, contingency fee agreements, or retainer agreements which outline the scope of services to be provided when accepting all new matters to the Firm?</p>			<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>13. Does the Firm notify clients and prospective clients in writing when an existing relationship is terminated or you decline to represent their matter?</p>			<input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION V - FIRM GROSS REVENUES

14. 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
\$	\$

15. Does any one (1) client (including its subsidiaries and/or affiliates) of the Firm represent over forty percent (40%) of the Firm's revenue? **YES** **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
	%			
	%			

SECTION VI - PRIOR CLAIMS EXPERIENCE AND/OR KNOWLEDGE OF LOSS

16. 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***? **YES** **NO**

If **Yes**, provide number _____.

17. 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? **YES** **NO**

If **Yes**, provide number _____.

If **Yes** to questions 16 or 17 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**.

18. 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:

- 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 any 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.**

SECTION VII - PRIOR INSURANCE COVERAGE

19. Identify the Professional Liability Insurance Coverage carried by the Firm or Sole Practitioner identified in Section I 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
20. 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?						<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes , what is the retroactive date?						
21. 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?						<input type="checkbox"/> YES <input type="checkbox"/> 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.						
22. 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?						<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes , please provide a copy of the Non-Renewal Notice received by the prior insurance carrier.						

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"/>
\$500,000 / \$500,000	<input type="checkbox"/>	\$2,000,000 / \$4,000,000	<input type="checkbox"/>
\$500,000 / \$1,000,000	<input type="checkbox"/>	\$3,000,000 / \$3,000,000	<input type="checkbox"/>
\$1,000,000 / \$1,000,000	<input type="checkbox"/>	\$4,000,000 / \$4,000,000	<input type="checkbox"/>
\$1,000,000 / \$2,000,000	<input type="checkbox"/>	\$5,000,000 / \$5,000,000	<input type="checkbox"/>
\$1,000,000 / \$3,000,000	<input type="checkbox"/>	\$5,000,000 / \$10,000,000	<input type="checkbox"/>
Other \$ _____ / \$ _____	<input type="checkbox"/>	\$0 <input type="checkbox"/>	<input type="checkbox"/>
		(\$0 Deductible available to Sole Practitioners only)	<input type="checkbox"/>
		\$1,000	<input type="checkbox"/>
		\$2,000	<input type="checkbox"/>
		\$2,500	<input type="checkbox"/>
		\$3,000	<input type="checkbox"/>
		\$5,000	<input type="checkbox"/>
		\$10,000	<input type="checkbox"/>
		\$15,000	<input type="checkbox"/>
		\$20,000	<input type="checkbox"/>
		\$25,000	<input type="checkbox"/>
		Other	<input type="checkbox"/>
		\$ _____	<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 the 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 ▶