


**The State Bar of California Approved
Lawyers Professional Liability Insurance Program**

General Instructions for Short Form Application

1. For most law firms of one through five attorneys, this simplified application will greatly speed the process of obtaining a premium quotation. Firms of six or more attorneys should complete the Risk Management Questionnaire (available from the Forms section of this website) and include an attachment with the information requested in Question 1 for all attorneys.
2. You can complete the application immediately from within your Web Browser. If you save it to your hard drive for completion later, use the free Adobe Acrobat Reader, or the full version of Adobe Acrobat to open the file.
3. Use your mouse to click in a text entry area and type the requested information. You can use the Tab key to move to the next text entry area.
4. To check a checkbox, click inside it with your mouse. You can uncheck a box by clicking in it again with the mouse.
5.  When you see a Note icon like the one at the left, double left-click on it to read helpful information about the adjacent question. When you are finished, click on the "X" or close box in the Note's title bar to minimize the Note.
6. In the Areas of Practice table on page two (Question 6), select the area(s) that most closely describe your practice. Please note that "other" is not an acceptable description. Be sure that percentages total to 100%. Some Areas of Practice require the completion of supplemental questionnaires; these are available on the Downloads page or from the Administrator. The Claim/Incident Supplement is included in this file; if it is not needed please discard it before you submit your application.
7. Date and sign the application in ink, attach a sample of your professional letterhead stationery and any required supplemental questionnaires, and return it to us as follows:

By mail: Marsh Affinity Group Services
Program Administrator
P.O. Box 9277
Des Moines, IA 50306-0302

By Fax: (515) 282-8324

If your current coverage expires in less than 30 days, please submit your application by fax.

For additional information or forms, assistance in completing the application, or questions about coverage, please call us toll-free:

(800) 343-0132



Application For A Claims-Made And Reported Lawyers Professional Liability Policy

PLEASE TYPE OR PRINT IN INK AND **RETURN WITH A SAMPLE OF YOUR LETTERHEAD**

Firm/Applicant Name	Business Phone with Area Code	E-mail Address
Principal Business Address	Business Fax with Area Code	Effective Date Requested
City County State Zip		

1. Please list all attorneys practicing on behalf of your firm. Add an attachment if necessary.



Attorney Name	Social Security Number	Years in Private Practice	Designation Code (See choices below)	Current Legal Malpractice Insurance Carrier	Current Retroactive Date

Designation Code: E = Member/Employee of the Firm , OC = Of Counsel/Independent Contractor and F = Full Time, P = Part Time (26 hours or fewer per week)

2. Have any members of your firm been reprimanded, censured, suspended or disbarred within the past five (5) years? If YES, provide full details on your letterhead. Yes No
3. Have any professional liability claim(s) or suit(s) been made against the applicant firm or any attorney(s) in the applicant firm or former attorney(s) in the applicant firm within the past five years? If YES, complete the Claim Supplemental Application. Yes No
4. After inquiry, are you or any attorney in your firm aware of any circumstances, incidents, acts or omissions that has led to a professional liability claim that has not yet settled or which could lead to a professional liability claim being made against your firm? If YES, complete the Claim Supplemental Application Yes No
5. Please list the limit of liability and deductible currently carried and circle the appropriate type of limit and deductible. Select the limit and deductible requested.



CURRENT	DESIRED
Limit: \$ _____ Defense Costs Part of the Limit * Defense Costs Outside the Limit * Don't Know	Limit: \$ _____ Defense Costs Part of the Limit * Defense Costs Outside the Limit * Don't Know
Deductible: \$ _____ Per Claim Aggregate Loss Only	Deductible: \$ _____ Per Claim Aggregate Loss Only
Premium: \$ _____	

6. Please provide the percentage of gross billable dollars allocated to each Area of Practice. Please round to the nearest whole number. Total must equal 100%.

ADMIRALTY/MARITIME		GOVERNMENT-FEDERAL AND STATE	
ANTITRUST		GOVERNMENT-LOCAL (NOT BOND WORK)	
BUSINESS TRANSACTIONS-CORPORATE AND COMMERCIAL		IMMIGRATION/NATURALIZATION	
BUSINESS TRANSACTIONS-ENTERTAINMENT		INTERNATIONAL LAW	
CIVIL RIGHTS/DISCRIMINATION		LABOR LAW	
COLLECTION/BANKRUPTCY		PI/PD-PLAINTIFF	
CONSTRUCTION LAW (BUILDING CONTRACTS)		INSURANCE DEFENSE	
CONSUMER CLAIMS		WORKERS COMPENSATION-DEFENSE	
BUSINESS ORGANIZATION:		WORKERS COMPENSATION-PLAINTIFF	
Formation/Alteration and Mergers/Acquisitions		NATURAL RESOURCES/OIL & GAS	
Secured Transactions		PATENT/TRADEMARK/COPYRIGHT (INTELLECTUAL PROPERTY)	
Administrative Law/Record Keeping		REAL ESTATE	
CRIMINAL		SECURITIES LAW	
ENVIRONMENTAL LAW		State or Federal (both exempt and registered)	
ESTATE/TRUST/PROBATE		Municipal Bonds	
FAMILY LAW		TAXATION/TAX OPINIONS	

BOLD INDICATES THAT A SEPARATE SUPPLEMENTAL APPLICATION IS REQUIRED.

The applicant represents that the above statements are true and correct to the best of his or her knowledge and that no material or relevant facts have been suppressed or misstated and agree that the policy, if issued, will be issued on the reliance of such representations.

Applicant acknowledges a continuing obligation to report to us as soon as practicable any material changes in the facts or statements above, and in each supplementary application, which applicant becomes aware after signing the application.

Notice to Applicant: **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 false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions.**

Completion of this form does not bind coverage. Applicant's acceptance of company's quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance should a policy be issued and it will be attached to the policy.

Signature of Owner/Partner _____ Date: _____

Print name: _____ Title: _____

SUPPLEMENTAL CLAIM/INCIDENT INFORMATION

This form should be completed for each claim, suit or incident applicant firm is aware of after inquiry of all partners, officers, owners and employees.

Make sure all questions are answered completely.

1. Full name of Applicant or Insured: _____

2. Full name of Firm which reported claim: _____

3. Full name of claimant: _____

4. Indicate whether: Claim/suit Incident

5. Date of alleged error: ____ / ____ / ____

6. Date you became aware of alleged error: ____ / ____ / ____

7. Date it was reported to your insurance carrier: ____ / ____ / ____

Name of your insurance carrier: _____

8. Additional defendants: _____

9. a. IF CLOSED indicate date closed. ____ / ____ / ____ Total amount paid \$ _____

b. Of the total amount paid, how much was paid for legal expenses: \$ _____

What was your deductible: \$ _____

10. IF PENDING, PLEASE SEND SUIT PAPERS AND ANSWER ALL QUESTIONS BELOW:

a. Claimant's settlement demand \$ _____

b. Defendant's offer for settlement \$ _____

c. Insurer's loss reserve \$ _____
(Available by calling your insurance company and/or defense counsel)

d. Is claim in suit? Yes No

If yes, amount asked in summons \$ _____

e. Limits of liability _____ Deductible _____

11. Name of insurance carrier responding to this claim or incident: _____

12. Was an engagement letter used? Yes No

13. Provide a brief description of the claim, indicating the alleged error, type of engagement and alleged injury.

Signature of Owner, Officer or Partner

Date (month-day-year)