

LAWYERS PROFESSIONAL LIABILITY BRIDGE APPLICATION

CLAIMS MADE AND REPORTED COVERAGE – PLEASE READ ALL POLICY PROVISIONS

NOTICE: EXCEPT AS MAY BE OTHERWISE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR COVERED ACTS COMMITTED SUBSEQUENT TO THE RETROACTIVE DATE, IF APPLICABLE, FOR WHICH CLAIMS ARE FIRST MADE AGAINST YOU WHILE THE POLICY IS IN FORCE AND WHICH ARE REPORTED TO US NO LATER THAN THIRTY (30) DAYS AFTER THE TERMINATION OF THIS POLICY. THE COVERAGE OF THIS POLICY DOES NOT APPLY TO CLAIMS FIRST MADE AGAINST YOU AFTER THE TERMINATION OF THIS POLICY UNLESS, AND IN SUCH EVENT ONLY TO THE EXTENT, AN EXTENDED REPORTING PERIOD OPTION APPLIES.

Throughout this application, the words “you” and “your” refer to the applicant herein and any subsidiary, partner, officer, director, member, covered independent contractor or employee of the applicant. The words “we”, “us”, and “our” refer to the insurance company to which this application is made.

1. Name of Applicant: _____
- a. Contact: _____ Email: _____
- b. Mailing Address: _____
- c. Telephone: _____ URL: http://_____
- d. Individual ___ Partnership ___ P.A. ___ P.C. ___ LLC ___ LLP ___ Other _____

2. Date Firm Established: _____

3. **Your** total gross billings for the past three (3) years:

Most Recent Full Year	One Year Prior	Two Years Prior
\$ _____	\$ _____	\$ _____

4. List of all Attorneys (attach a separate sheet if necessary):

O = Owner P = Partner A = Associate OC = Of Counsel IC = Independent Contractor

Name of Attorney	Designation (O, P, A, OC, IC)	Date of Hire (month/year)	States of Bar Admission	Year Admitted to the Bar	For IC, OC, and Part-Time, Average Weekly Hours Worked

5. Has any attorney listed ever been denied the ability to practice law, suspended from practice, disbarred, reprimanded, sanctioned, held in contempt, or had any disciplinary action taken against them (if “YES” please describe on the **Additional Information Supplement**)? Yes ___ No ___

6. In the past five (5) years how many professional liability claims or suits have been filed against the applicant, its predecessor firm(s), or any of the attorneys proposed for this insurance? _____
 a. Please complete a **Claim Supplement** for each matter and provide currently valued Loss Runs
7. After inquiry is the applicant, its predecessor firm(s), or any of attorneys proposed for this insurance aware of any facts, circumstances, incidents, acts, errors, omissions, or personal injuries that could be the basis of or potentially give rise to a professional liability claim? Yes ___ No ___
8. Has the applicant, its predecessor firm(s), or any of the attorneys proposed for this insurance ever had professional liability insurance coverage declined, canceled, or refused, including at renewal (if "YES" please describe on the **Additional Information Supplement**)? Yes ___ No ___
9. Docket Controls (if "NO" please describe on the **Additional Information Supplement**):
- a. Do **you** maintain a central, electronic docket control system? Yes ___ No ___
 - i. If "YES" does it include "tickler" reminders? Yes ___ No ___
 - ii. If "YES" does it include statute of limitations parameters? Yes ___ No ___
 - b. Do **you** maintain at least two (2) methods of docket control? Yes ___ No ___
 - c. Do **you** crosscheck **your** docket controls? Yes ___ No ___
 - i. If "YES" how frequently? _____
 - d. Does the ultimate responsibility for docket control, including entry and updates lie with the handling attorney? Yes ___ No ___
10. Conflicts of Interest (if "NO" please describe on the **Additional Information Supplement**):
- a. Do **you** maintain a system for identifying and avoiding conflicts? Yes ___ No ___
 - i. System(s) used: _____
 - b. How often do **you** check for conflicts of interest? _____
 - c. How are potential/actual conflicts of interest disclosed and handled (check all that apply)?
 - i. Non-Engagement Letters Yes ___ No ___
 - ii. Signed Waiver(s) from all parties Yes ___ No ___
 - iii. Oral Disclosure to all parties Yes ___ No ___
 - iv. Written Referral to another firm Yes ___ No ___
11. Engagement Letters (if "NO" please describe on the **Additional Information Supplement**):
- a. Do **you** use engagement letters for all clients? Yes ___ No ___
 - b. Do the letters include the scope of services and the fee structure? Yes ___ No ___
 - c. Are the letters revised if the scope of representation changes? Yes ___ No ___
 - d. Do **you** use non-engagement/declination letters for all clients? Yes ___ No ___
 - e. Do **you** use disengagement/termination letters for all clients? Yes ___ No ___
12. Risk Management (if "NO" please describe on the **Additional Information Supplement**):
- a. Do **you** employ a firm administrator? Yes ___ No ___
 - b. Do **you** have a firm management committee that meets regularly? Yes ___ No ___
 - c. Do **you** have written risk management procedures? Yes ___ No ___
 - d. Do **you** have a formal evaluation system for all attorneys? Yes ___ No ___

REPRESENTATION: **You** represent and warrant that the undersigned is authorized by and is acting on behalf of the applicant and that the information and statements contained in this application are true, complete, and accurate and **you** agree that this application and all supplements and attachments hereto shall become the basis of any coverage and a part of any policy that may be issued to **you** by **us** in reliance upon said information and statements.

NOTICE: **You** understand and agree that this application, all supplements and attachments, and all replies to **our** inquiries related to this application are made a part of and incorporated into any policy that may be issued to **you** and that any such policy will be issued in reliance upon the representation(s) contained in the foregoing. **You** further understand and agree that failure to provide true, complete, and/or accurate responses may, at **our** option, result in the voiding of any insurance issued and/or the denial of claims under any insurance issued.

NOTICE: **You** understand and accept that any policy issued by **us** will provide coverage on a **CLAIMS MADE AND REPORTED** basis. To avoid loss of coverage, it is imperative that all known claims, incidents, and/or circumstances that could give rise to a professional liability claim against **you** be reported to **your** current insurer within the time period specified in **your** current policy(ies).

NOTICE: The execution of this application does not bind **you** to purchase any coverage offered, nor does the receipt and/or review of this application bind **us** to offer any coverage or issue any policy.

NOTICE: **You** are required to provide written notice to **us** of any changes that would result in different responses on any of **your** applications that occur between the signature date below and any proposed effective date of insurance.

NOTICE: All applications and supplements must be signed by an active owner, partner, principal, officer, or member of the applicant.

You agree that signing this application will permit Amwins Program Underwriters, Inc., as managers for Attorneys' Select™, or its agents, to send emails relating to **your** coverage to the party identified in Question 1. of this application and its designees.

Signature of Applicant: _____

Date: _____

Title: _____

Firm: _____