

LAWYERS PROFESSIONAL LIABILITY BRIDGE APPLICATION

CLAIMS MADE AND REPORTED COVERAGE. PLEASE READ ALL POLICY PROVISIONS.

Please fully answer all questions in ink. Complete all sections, including the appropriate supplements. If a question does not apply, state "N/A." If space is inadequate to answer all questions in full, please provide details on a supplemental sheet. Please also attach a copy of your firm's letterhead.

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. Firm Name: _____
2. Contact Name: _____
3. Contact Email: _____
4. Mailing Address: _____ County: _____
(No P.O. Boxes allowed)
5. Telephone: _____
6. Website: _____
7. Date Firm Established: _____
8. Total Billings in Last Twelve (12) Months _____

9. Attorney Roster (All fields are required. Attach a separate sheet if necessary):

Name of Attorney	Designation (P, A, OC, IC, PD)	Date of Hire (mm/yyyy)	States of Bar Admission	Year Admitted to the Bar	For IC, OC, PD, Part-Time, etc, Average Weekly Hours

Designations: P = Partner, A = Associate, OC = Of Counsel, IC = Independent Contractor, PD = Per Diem

10. All sole practitioners must provide the name and address of their backup attorney:

- a. Backup Attorney Name: _____
- b. Backup Attorney Address: _____

11. Do **you** share office space, staff, or letterhead with any attorneys or firms not part of **yours**: ☐ Yes ☐ No

12. The below questions 12.a. – 12.d. apply to **you**, **your** predecessor firm(s), and any attorney listed for coverage (if Yes to any of these questions, a **Claim Supplement** for each matter must be provided):

- a. In the past five (5) years, have any professional liability claims been made or any lawsuits or disciplinary actions been brought against any of the above? ☐ Yes ☐ No
- b. Has any of the above ever been denied the ability to practice law, suspended, disbarred, reprimanded, censured, sanctioned, held in contempt, or had any disciplinary action taken against them? ☐ Yes ☐ No
- c. Have any of the above ever had professional liability insurance coverage declined, cancelled, refused, or non-renewed? ☐ Yes ☐ No
- d. After inquiry, are any of the above aware of any facts, circumstances, incidents, acts, errors, omissions, or personal injuries that could be the basis of a professional liability claim against **you**, any of **your** predecessor firm(s), and/or any attorney listed for coverage? ☐ Yes ☐ No

13. Risk Management Questions

- | | |
|---|--|
| a. Do you maintain a central, electronic docket control/calendaring system? | ☐ Yes ☐ No |
| b. Do you maintain at least two (2) methods of docket control? | ☐ Yes ☐ No |
| c. Does ultimate docket responsibility lie with the handling attorney? | ☐ Yes ☐ No |
| d. Do you maintain a system for identifying and avoiding conflicts of interest? | ☐ Yes ☐ No |
| e. Do you use engagement letters for all clients detailing the scope of services and fees? | ☐ Yes ☐ No |
| f. Do you use disengagement/termination letters for all clients? | ☐ Yes ☐ No |
| g. Do you use non-engagement letters for all clients when representation is declined? | ☐ Yes ☐ No |
| h. Do you employ a firm administrator or have written risk management procedures? | ☐ Yes ☐ No |

REPRESENTATIONS AND WARRANTIES

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. **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 Firemark™, or its agents, to send emails relating to **your** coverage to the party identified in Questions 1. – 4. of this application and its designees.

Signature of Applicant: _____

Date: _____

Title: _____

Firm: _____