

RPG New Business Application

Underwritten by The Hanover Insurance Company

NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

RISK PURCHASING GROUP NOTICE

This Lawyers Professional Liability Risk Purchasing Group Policy may not be protected by an insurance insolvency guaranty fund in this state, and the insurer or Risk Purchasing Group may not be subject to all the insurance laws and rules of this state.

IMPORTANT NOTICE REGARDING RISK PURCHASING GROUPS

Disclosure Pursuant to Federal Law Regarding Purchasing Groups [15 U.S.C. SEC. 3901, et seq] Pearl Insurance is a "Purchasing Group", as defined under Federal law, formed to purchase liability insurance on a group basis for its Members to cover the similar or related liability exposure(s) to which the Members of the Purchasing Group are exposed by virtue of their related, similar, or common businesses or services. Members do not share limits and each member is provided with its own policy and/or evidence of insurance.

INSTRUCTIONS

Whenever used in this Application, the term Firm shall mean the Named Insured proposed for insurance, and You or Your(s) shall mean the persons and entities proposed for insurance unless otherwise stated.

A. APPLICANT INFORMATION

- 1. Full Legal Name of Firm (include all Firm names and DBAs under which the Firm operates): Please explain if name differs from the Named Insured letterhead.
2. Firm is a: Individual Partnership PC PLLC PLLP Other:
3. Firm's Address: Mailing Address: City: County: State: Zip Code: Physical Address (if different):
4. Firm's Email Address: Website:
5. Coverage is requested to be effective on: Retroactive Date: Current Carrier: Year Firm Established:

B. ATTORNEY ROSTER

6. Roster of Lawyers (Use a separate sheet if needed)

Lawyer Name	Position*	Date of Hire	Retro Date (if other than Date of Hire)	# Hours Worked per week	State Licensed	Bar/Reg. Number	Date(s) Admitted
1.							
2.							
3.							
4.							
5.							

* O – Owner E – Employee OC – Of Counsel** IC – Independent contractor**

** Coverage limited to work done for the Firm

C. AREAS OF PRACTICE

7. In the columns provided below, please estimate the percentage of hours per year the Firm works in each area of practice.

Must total 100%. Please round to the nearest whole number, please note this table continues to the next page.
If marked with "(Questionnaire)", please complete the corresponding Questionnaire for that Area of Practice.

%	Area of Practice	Area of Practice	%
	Admiralty / Marine	Local Government / Municipal	
	Appellate	Mediation, Arbitration (other than Securities/FINRA)	
	Banking / Financial Institution (Questionnaire)	Mergers & Acquisitions	
	Bankruptcy (Questionnaire)	Oil & Gas, Mineral Rights (Questionnaire)	
	Civil / Commercial Litigation - Defense	Plaintiff Litigation - Class Action / Mass Tort (Supplement)	
	Civil / Commercial Litigation - Plaintiff	Social Security / Disability / Medicare	
	Civil Rights / Discrimination	Personal Injury Defense	
	Collections (Questionnaire)	Plaintiff Personal Injury > \$500K (Questionnaire)	
	Commercial Law / Business Transactions >\$1M	Plaintiff Personal Injury < \$500K (Questionnaire)	
	Commercial Law / Business Transactions <\$1M	Real Estate > \$1M (Questionnaire)	
	Construction Law	Real Estate < \$1M (Questionnaire)	
	Corporate Formation	Schools & Education (not finance)	
	Criminal Defense	Securities (Questionnaire)	
	Employee Benefit Plans, ERISA	Taxation - Corporate	
	Entertainment Law (Questionnaire)	Taxation - Individual	
	Environmental Regulatory (Questionnaire)	Tax Opinions	
	Family Law > \$2M	Tribal Law	
	Family Law < \$2M	Water Rights	
	Immigration		

%	Area of Practice (continued)	Area of Practice (continued)	%
	Insurance Defense (<i>Questionnaire</i>)	Wills / Estate / Trust / Probate > \$5M (<i>Questionnaire</i>)	
	Intellectual Property -Copyright/Trademark (<i>Questionnaire</i>)	Wills / Estate / Trust / Probate \$2M – \$5M (<i>Questionnaire</i>)	
	Intellectual Property – Patent (<i>Questionnaire</i>)	Wills / Estate / Trust / Probate < \$2M (<i>Questionnaire</i>)	
	International/Foreign Law	Workers Compensation (Defense)	
	Labor – Management Representation	Workers Compensation (Plaintiff)	
	Labor – Union Representation	Other _____ (Please provide a description)	

D. FIRM OPERATIONS & MANAGEMENT

8. What is the total number of non-attorney staff? _____
If staff to attorney ratio is greater than 3:1, please attach a roster of non-attorney staff.
9. If **You** are a sole practitioner, have **You** made arrangements for a backup attorney in the event of **Your** extended and/or unexpected absence from **Your** practice? N/A
Please provide **Your** backup lawyer's name and contact information in the space below. A Back-Up Lawyer is required for all solo **Firms**.
Back Up Lawyer: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Telephone: _____
10. Total Gross Billings:
Most Recent Fiscal Year: _____ Previous Fiscal Year: _____
11. Does the **Firm** maintain a Conflict of Interest System? Yes No
a. If "Yes", is it computerized? Yes No
b. If "No", explain how conflict of interest checks are performed and monitored. _____
12. Does the **Firm**:
a. Maintain a docket control system and/or calendar with at least two independent date controls? Yes No
If "No", describe the **Firm's** docket and/or calendar system: _____
b. Is the docket control system and/or calendar computerized? Yes No
c. Does the docket control system and/or calendar have redundancies in input, review and oversight? Yes No
d. How often is the docket control system and/or calendar updated?
 Daily Weekly Monthly Annually Other: _____
e. Does the docket control system and/or calendar:
 Track Litigated Items Track Litigated Items, even where no critical deadline is involved?
13. Client Communications - Indicate percentage of use for each. All questions must be answered:
a. Engagement Letters: _____%
Do they include scope of services to be performed? Yes No
Do they outline the **Firm's** billing policy and procedures? Yes No
b. Non-Engagement Letters: _____%
c. Disengagement Letters: _____%
If not 100% for a, b and/or c above, provide details: _____

14. Does the Firm have a written client intake, screening, or file opening procedure? Yes No

If "Yes", does the Firm's client intake, screening, or file opening procedure:

a. Prohibit the disclosure of confidential information before a conflict check is completed? Yes No

b. Require a conflicts approval before a new file can be opened? Yes No

c. Examine the difficulty or complexity of the proposed representation? Yes No

d. Examine the match between the proposed representation and the current skill sets of the lawyer(s) who will be working on the matter? Yes No

e. Examine the likelihood of success or expectations of the client? Yes No

15. Do any of You have an interest of more than 15% in any company as a partner, member, principal or stockholder of any business enterprise or any entity not named on this application? Yes No
 If "Yes", please complete the Outside Interest Questionnaire.

16. Do any of You serve as director, officer, trustee, consultant, or in any other capacity for a Firm client? Yes No
 If "Yes", please complete the Outside Interest Questionnaire.

17. Does the Firm share letterhead with any lawyer (other than the attorneys listed in the roster above) or firm; or does Your name appear on the letterhead of any other lawyer or firm? Yes No
 If "Yes", please provide a copy of the letterhead(s)

18. How many suits for collection of delinquent fees have been filed by the Firm in the past two years? _____
 If 4 or more, please complete the Fee Suit Questionnaire.

19. Is coverage requested for a Predecessor Firm(s)? Yes No
Predecessor Firm means any law firm or legal entity that was engaged in **Professional Services**, is dissolved or inactive, and to whose financial assets and liabilities the Firm is the majority (more than 50%) successor in interest.
 If "Yes", please complete the Predecessor Firm Questionnaire.

20. In the past 5 years, has the Firm, or any attorney with the Firm, provided legal services in any way related to the following areas of practice?

a. Class Action / Mass Tort	<input type="checkbox"/> Yes <input type="checkbox"/> No	d. Patent	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Entertainment / Entertainment Clientele	<input type="checkbox"/> Yes <input type="checkbox"/> No	e. Securities (Public and/or Private)	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Marijuana (Medical and/or Recreational)	<input type="checkbox"/> Yes <input type="checkbox"/> No	f. Water Rights	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide details for any "Yes" response:

21. Do any of You provide professional services as an accountant, insurance agent or broker, investment advisor, real estate agent or broker, securities agent or broker, or any other professional service outside the practice of law? Yes No
 Please provide details for any "Yes" response:

22. List the five largest clients to whom the **Firm** has provided legal services in the past twelve months. (“Largest Case Value” refers to size/value of transaction, not amount billed by the **Firm**.)

Client Name	Client’s Industry	Area of Practice	Percentage of Firm’s Annual Billings	Largest Case Value

*Where a client’s name may not be disclosed, please insert a number from 1-5 (as applicable) in the Client Name fields

E. CURRENT INSURANCE INFORMATION & COVERAGE REQUEST

23. Provide the following information regarding the **Firm’s** most recent insurance policies. If no coverage is currently in-force indicate with a N/A.

	Insurance Carrier	Policy Period	Limits	Deductible	Premium	# of Attorneys	Retroactive Date(s)
Current Year							
Prior Year 1							
Prior Year 2							
Prior Year 3							

24. If the **Firm** has elected an ERP, been non-renewed, cancelled or declined, please provide details:

(Question not applicable in Missouri)

25. Limit requested:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$100,000/\$300,000 | <input type="checkbox"/> \$300,000/\$600,000 | <input type="checkbox"/> \$1,000,000/\$1,000,000 | <input type="checkbox"/> \$2,000,000/\$4,000,000 |
| <input type="checkbox"/> \$250,000/\$500,000 | <input type="checkbox"/> \$500,000/\$500,000 | <input type="checkbox"/> \$1,000,000/\$2,000,000 | <input type="checkbox"/> \$3,000,000/\$3,000,000 |
| <input type="checkbox"/> \$250,000/\$750,000 | <input type="checkbox"/> \$500,000/\$1,000,000 | <input type="checkbox"/> \$1,000,000/\$3,000,000 | <input type="checkbox"/> \$4,000,000/\$4,000,000 |
| | <input type="checkbox"/> \$500,000/\$1,500,000 | <input type="checkbox"/> \$2,000,000/\$2,000,000 | <input type="checkbox"/> \$5,000,000/\$5,000,000 |

26. Deductible requested:

- | | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$7,500 | <input type="checkbox"/> \$10,000 |
| <input type="checkbox"/> \$15,000 | <input type="checkbox"/> \$20,000 | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$50,000 | |

27. Select the optional coverages the **Firm** desires:

- Claims Expense Outside Limits Title Insurance Agency
 First Dollar Defense up to \$10,000 Full First Dollar Defense

Title Insurance Agency coverage extends coverage to a specific title agency via endorsement. A supplemental application is required (specific requirements apply)

F. LOSS INFORMATION AND FIRM'S REPRESENTATIONS

28. During the past 5 years, has any professional liability claim or suit ever been made against the **Firm**, any **Predecessor Firm** or any of the **Firm's** or any **Predecessor Firm's** current or former professional staff? Yes No

If "Yes", please indicate how many: _____ and submit 5 year loss runs.

29. Do any of **You** know of any incident, negligent act, error or omission, or other circumstance that could result in a claim or suit against the **Firm** or any **Predecessor Firm** or any of the **Firm's** or any **Predecessor Firm's** current or former professional staff? Yes No

If "Yes" to 29 or 30 above, please complete a Claim Supplement for each matter.

30. During the past five years have any of **You** been subject to any disciplinary inquiry, complaint, grievance, or proceeding, for any reason including non-payment of dues? Yes No

31. Have any of **You** ever been refused admission to practice, disbarred, suspended, formally reprimanded, or sanctioned in any other way? Yes No

If "Yes" to question 31 or 32 above, please complete the Disciplinary Questionnaire.

IMPORTANT: Without prejudice to any of **Our** other rights and remedies, all of **You** understand and agree that if any such fact, circumstance or situation exists, which is not disclosed in response to the questions above, any claim or action arising from such fact, circumstance or situation is excluded from coverage under the proposed policy.

G. DECLARATIONS AND NOTICE

The undersigned, acting on behalf of the **Firm**, represents that the statements set forth in this Application are true and correct and that thorough efforts were made to obtain requested information from all of **You** to facilitate the proper and accurate completion of this Application.

The undersigned agree that the information provided in this Application and any material submitted herewith are the representations of all of **You** and that they are material and are the basis for issuance of the insurance **Policy** provided by **Us**. The undersigned further agree that the Application and any material submitted herewith shall be considered attached to and a part of the **Policy**. Any material submitted with the Application shall be maintained on file (either electronically or paper) with **Us**.

It is further agreed that:

- If any of **You** discover or become aware of any material change which would render the Application inaccurate or incomplete between the date of this application and the **Policy** inception date, notice of such change will be reported in writing to **Us** as soon as practicable;
- Any **Policy** issued will be in reliance upon the truthfulness of the information provided in this Application.
- The signing of this Application does not bind the **Firm** to purchase insurance.

The information requested in this Application is for underwriting purposes only and does not constitute notice to **Us** under any policy of a **Claim** or potential **Claim**.

GENERAL FRAUD NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.



NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARIZONA AND MISSOURI APPLICANTS: Claim Expenses are Inside the Policy Limits. All claim expenses shall first be subtracted from the limit of liability, with the remainder, if any, being the amount available to pay for damages.

NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO IDAHO AND OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO KANSAS APPLICANTS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to, or by an insurer, purported insurer or insurance agent or broker, any written statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

NOTICE TO KENTUCKY APPLICANTS: 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 materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MICHIGAN APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO NEW JERSEY APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy or files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO NEW HAMPSHIRE APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading

facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

NOTICE TO NEW MEXICO AND RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. **NOTICE TO OREGON APPLICANTS:** Any person who knowingly and with intent to defraud or solicit another to defraud any insurance company: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

This Application must be signed by a representative of the **Firm** acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Date

Signature/Title

(mm/dd/yyyy)

(Chief Executive Officer, President, Chief Financial Officer, Managing Partner or Owner)

Agent's Signature: _____

Supporting Documentation: Please attach a copy of the following:

- All copies of letterhead on which the **Firm** is listed.
- Questionnaires for areas of practice as required in Section C.
- Copy of declarations page and endorsements for Retroactive Date as required in Section A.
- Questionnaire for Outside Interest as required in Section D.

A POLICY CANNOT BE ISSUED UNLESS THE "APPLICATION" IS PROPERLY SIGNED AND DATED.