



VERUS
UNDERWRITING
MANAGERS, LLC
A BERKLEY COMPANY

Lawyers Professional Liability
Application

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

NOTICE: THE COVERAGE APPLIED FOR PROVIDES CLAIMS-MADE COVERAGE WHICH PROVIDES LIABILITY COVERAGE ONLY IF A CLAIM IS MADE DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

1.	GENERAL INFORMATION:
Name of Applicant:	
Principal business premise address: Street:	
City:	State Zip Code:
Address(es) of Branch Office(s):	
Website:	Proposed Effective Date:
Phone Number:	Date the firm was established:
Applicant is: <input type="checkbox"/> Sole Practitioner <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Partnership	
<input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Professional Association or Corporation <input type="checkbox"/> Other:	

2.	Please provide prior insurance information. If none, check here: <input type="checkbox"/>				
	Insurance Company	Policy Period	Limits of Liability	Premium	Retro Date
			\$	\$	
			\$	\$	
			\$	\$	

3.	OPERATIONS INFORMATION:
A.	Is the Applicant controlled by, owned by, or commonly owned, affiliated or associated with any other organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are any services provided to such organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to either of the above, provide details: During the past year, has the Applicant been involved in, or are they presently considering or contemplating:
B.	Any merger, consolidation or acquisition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a complete explanation detailing liabilities assumed and any professional liability coverage purchased by any predecessor organization.
C.	A change in the nature of business operations? <input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, provide details:

D. During the past year, has the name of the Applicant been changed? ☐ Yes ☐ No

If yes, provide details:

4. PERSONNEL

Complete the following for all Lawyers in the firm, including any Of Counsels or Independent Contractors:

Lawyers Name	Dated Admitted to the Bar	Date Joined the Applicant	State Admitted to Practice	Hours Worked Per Week

5. Are the Of Counsels carrying their own E&O? ☐ Yes ☐ No

6. PREDECESSOR FIRMS

List all Predecessor Firms of the Applicant:

Name of the Predecessor Firm	Date Dissolved

7. NON-ATTORNEY EMPLOYEES

Provide the total number of non-attorney employees utilized by the Applicant firm:

Law Clerks	Paralegals	Title Agent/Abstractor	Clerical	Other

8.	FIRM MANAGEMENT:
A. Does the Applicant's docket control system include: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Single Calendar <input type="checkbox"/> Computer <input type="checkbox"/> Tickler Cards </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Master Listing <input type="checkbox"/> Dual Calendar <input type="checkbox"/> Other: _____ </div>	
B. Does your firm utilize client communication letter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Does your firm utilize an engagement letter when accepting a representation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Does your firm utilize a non-engagement letter when declining a representation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
E. How frequently are deadlines cross-checked? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	
F. Which of the following tools are used to avoid conflict of interest? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Oral/Memory <input type="checkbox"/> Computer <input type="checkbox"/> Index File </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Conflict Committee <input type="checkbox"/> Written Procedure <input type="checkbox"/> Other </div>	

9.	AREAS OF PRACTICE:		
Based on the Applicant Firm's gross revenue for the last year, please indicate below the percentage of revenue derived from the following areas of practice:			
If Applicant Firm is newly established, please provide estimated percentages:			
Area of Practice	Percentage	Area of Practice	Percentage
Administration	%	Insurance Defense	%
Admiralty/Maritime – Defense	%	Investment Counseling	%
Admiralty/Maritime – Plaintiff	%	Labor Law – Management	%
Antitrust/Trade Regulation	%	Labor Law – Union	%
Appellate	%	Litigation – Defense	%
Arbitration/Mediation	%	Litigation - General	%
Banking/Financial Institutions	%	Litigation - Plaintiff	%
Bankruptcy	%	Municipal/Governmental – Zoning & Planning	%
BI/PI – Defense	%	Municipal/Governmental – Other	%
BI/PI – Plaintiff	%	Other – Describe:	%
Class Action / Mass Tort	%	Oil/Gas/Minerals	%
Civil Rights / Discrimination	%	Patent	%
Collections/Foreclosures	%	Public Utilities	%
Commercial Law	%	Real Estate – Commercial	%
Communications/FCC	%	Real Estate – Development	%
Construction/Building Contracts	%	Real Estate – Escrow Agent	%
Copyright/Trademark	%	Real Estate - Residential	%
Corporate Formation/Alternation	%	School Law	%
Corporate General	%	Securities/Bonds/Secured Transactions	%

Criminal	%	Social Security/Elder Law	%
Divorce	%	Tax - Corporate/Business	%
Entertainment/Sports	%	Tax- Opinions/Shelters	%
Environmental	%	Tax – Individual	%
Estate Planning/Probate/Trusts	%	Wills	%
Family Law	%	Workers Comp. – Defense	%
Foreign/International	%	Workers Comp. – Plaintiff	%
Healthcare	%		
Immigration	%	The Total Must Equal 100%	%

10.	LOSS HISTORY																		
A. During the past five (5) years, have any claims been presented to your current or prior insurance carrier? Give full details; include description of claim, amount paid and reserves. <input type="checkbox"/> Yes <input type="checkbox"/> No (Add page if needed)																			
B. Is applicant, or any other person for whom insurance is being requested, aware of any circumstances which may result in a claim? If yes, provide full details. (Add page if needed) <input type="checkbox"/> Yes <input type="checkbox"/> No																			
C. Has applicant, or any other person for whom insurance is being requested, had a liability application denied, policy cancelled or policy not renewed in the past five (5) years? If yes, <input type="checkbox"/> Yes <input type="checkbox"/> No provide full details below. (Add page if needed).																			
D. Please detail your Loss History here: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 15%; text-align: left; padding: 5px;">Date:</th> <th style="width: 55%; text-align: left; padding: 5px;">Description of Incident</th> <th style="width: 30%; text-align: left; padding: 5px;">Amount Paid/Reserved</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td><td>\$</td></tr> <tr><td style="height: 20px;"></td><td></td><td>\$</td></tr> <tr><td style="height: 20px;"></td><td></td><td>\$</td></tr> <tr><td style="height: 20px;"></td><td></td><td>\$</td></tr> <tr><td style="height: 20px;"></td><td></td><td>\$</td></tr> </tbody> </table>	Date:	Description of Incident	Amount Paid/Reserved			\$			\$			\$			\$			\$	
Date:	Description of Incident	Amount Paid/Reserved																	
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E. Do you have knowledge of any incident which may lead to a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:

The underwriting manager, Insurer and/or affiliates thereof are authorized to make any inquiry in connection with this application. Information regarding the applicant, or any person(s) or entity(ies) proposed for this insurance, received, found or developed by us and not part of the application, shall be used solely at our discretion, who shall not have any liability for the use or failure to use such information. Any such independently developed information shall not be attached to any subsequently issued policy or be considered part of the application.

Signing this application does not bind the Insurer to provide or the Applicant to purchase the insurance. This application, information submitted with this application and all previous applications and material changes thereto of which the underwriting manager, Company and/or affiliates thereof receives notice is on file with the underwriting manager, Company and/or affiliates thereof and is considered physically attached to and part of the policy if issued. The underwriting manager, Company and/or affiliates thereof will have relied upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the underwriting manager, Company and/or affiliates thereof, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

The underwriting manager, Company and/or affiliates thereof, reserve the right to amend or withdraw terms upon review of the above additional information. In the event of any material change in underwriting information before coverage is bound, terms may be modified or withdrawn.

WARRANTY

I/We warrant to the Insurer, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to the underwriting manager, Insurer and/or affiliates thereof.

The statements in the Declarations are accurate and complete.

That the statements made in the application and attachments and any other materials submitted are true and are the basis of this Coverage Part and are considered as incorporated into and constituting a part of this policy.

That the statements made in the application and attachments and any other materials submitted are representations and that such representations are deemed material to the acceptance of the risk or the hazard assumed by us under this Coverage Part and that this Coverage Part is issued in reliance upon the truth of such representations.

That in the event that the application, including attachments and any other materials submitted, contains misrepresentations which materially affect either the acceptance of the risk or the hazard assumed by us, this Coverage Part in its entirety shall be void and of no effect

Must be signed within 60 days of the proposed effective date.

Signing the Application does not bind the Company to provide or you to purchase this insurance. It is understood that the information provided herein becomes part of the application for insurance and is subject to the same declarations, representations and conditions. This Application must be signed by a director, executive officer, partner or equivalent.

Applicant: _____

Title: _____

Date: _____