

# CID Insurance Programs Inc. DBA CID Insurance Services

## Application for Law Firms Lawyers Professional Liability

**APPLICANT'S INSTRUCTIONS:**

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 90 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

**Additional information required for this submission:**

- Sample of firm's current letterhead

### SECTION I – GENERAL INFORMATION

Firm name:		
Contact name:		
Street address:		
City:	State:	Zip:
Mailing address:		
City:	State:	Zip:
Phone:	Ext:	Fax:
E-mail:	Website:	
Years in business under current management:	Date established:	
Limits requested:	Deductible requested:	Effective date:

### SECTION II – FIRM INFORMATION

1.	Provide number of:	
	Attorneys	Of Counsel
	Clerks	Paralegals
	Office administrators	Other:
		Independent contractors
		Legal secretaries
		Describe:
2.	Has applicant firm's name changed? If "Yes", complete Predecessor Firms supplement, if applicable.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Has applicant firm assumed, by merger or acquisition, the liabilities of another lawyer or law firm? If "Yes", please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Does applicant firm share any of the following with another firm:	
	a. Office space	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Letterhead	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Support staff	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. Cases	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e. If "Yes" to any of the above, provide details:	
5.	In the last 12 months, how many attorneys have:	
	a. Joined the firm	
	b. Departed from the firm	

6. Provide firm's revenue for:  
a. Last 12 months  
b. Prior 12 months

7. List the earliest date from which applicant has had uninterrupted "claims made" coverage:

8. Has applicant firm or predecessor firm ever had a gap in coverage?  Yes  No  
If "Yes", please provide details:

9. Does applicant firm's current policy include a prior acts exclusion or retroactive date?  Yes  No  
If "Yes":  
a. Provide retroactive date:  
b. Attach the endorsement or declarations page that documents this date.

10. Provide the following information about applicant firm's professional liability insurance for the previous five (5) years:

Company	Policy Period	Limits/Deductible	Premium	# of Attorneys

11. Describe firm's system of calendar control and maintenance:

12. Describe firm's system for identifying and avoiding conflicts of interest:

13. Does applicant firm have a written risk management program?  Yes  No  
If "Yes", how is it enforced?

14. Provide the following information regarding client communications. *(Check all that apply and estimate percentage of use.)*

<input type="checkbox"/> Engagement letters on new matters presented to the firm	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Do they clearly define who is being represented?		<input type="checkbox"/> Yes <input type="checkbox"/> No
- Do they define service to be performed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
- Do they describe billing rate and procedures?		<input type="checkbox"/> Yes <input type="checkbox"/> No
- Does applicant firm audit files to make sure they are used by attorneys?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Written fee agreement outlining firm's billing procedures	%	
<input type="checkbox"/> Declination or non-engagement letters on new matters that will not be undertaken	%	
<input type="checkbox"/> Scope of service or engagement letters for new matters of existing clients	%	
<input type="checkbox"/> Settlement authority letters <i>(when applicable)</i>	%	
<input type="checkbox"/> Termination or disengagement letters when completing or terminating representation	%	

15. Approximately, what was the single highest dollar value case the firm handled in the last 12 months:

16. Provide the percentage of each area of practice applicant firm engages in. The combined total of applicant's practice areas must equal 100%. For each area of practice applicant firm engages in that is referenced by an *, please complete the appropriate supplemental application.					
Administrative Law	%	Domestic Relations	%	Mass Tort/Class Actions	%
Admiralty Law	%	Entertainment*	%	Oil & Gas	%
Bankruptcy	%	Environmental Law	%	Personal Injury – Plaintiff*	%
Business Transaction/Contract	%	ERISA/Employee Benefits	%	Personal Injury – Defense	%
Civil Rights	%	Estate/Trust/Probate/Wills*	%	Real estate – Residential*	%
Consumer Debt Collection	%	Financial Institution/Banking*	%	Real estate – Commercial*	%
Commercial Litigation – Plaintiff	%	Government Contracts/Claims	%	Securities*	%
Commercial litigation – Defense	%	Immigration/Naturalization	%	Tax*	%
Construction/Building Contracts	%	Insurance Defense	%	Workers Compensation – Defense	%
Corporate Administrative	%	Intellectual Property*	%	Workers Compensation – Plaintiff	%
Corporate Business Organization	%	International Law	%	Other:	%
Corporate Mergers/Acquisitions	%	Labor Management	%	Other:	%
Criminal	%	Labor Union/Employees	%		
				<b>Total</b>	<b>%</b>
17. Does any single client account for 10% or more of applicant firm's annual billings? If "Yes", please name the client(s), the percentage and describe the services firm provides for them.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. In the past five (5) years, has applicant firm or any lawyers in the firm represented insurers, underwriters, or affiliates of either with regard to the issuance offering or sale of securities or bonds? If "Yes", please complete the Securities supplemental application.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. In the past three (3) years, has any attorney in applicant firm served as a Director, Officer, Trustee, Partner, or Employee of any clients of the firm? If "Yes", please complete the Outside Interest supplemental application.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Do any of applicant firm's attorneys have a financial interest in a client of the firm? If "Yes", please complete the Outside Interest supplemental application.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Does anyone affiliated with applicant firm maintain an equity interest in a Title Agency?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. In the past five (5) years, has anyone in applicant firm served as a Director, Officer, Trustee, Partner, or Employee of a Financial Institution? If "Yes" please complete the Outside Interest supplemental application.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. In the past three (3) years, has any attorney in applicant's firm handled class action or mass tort litigation? If "Yes", please complete the Mass Tort/Class Action supplemental application.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. Describe applicant firm's policy regarding collection of fees from clients.					
25. With regard to fee collection: a. In the past three (3) years, how many times has applicant sued or entered into arbitration with applicant's to collect fees? b. In the past year, how many outstanding client bills has applicant sent to a collection agency?					
26. Does any member of applicant firm currently suffer from an impairment that might hinder their professional ability to provide competent, courteous, and timely legal services? If "Yes", please describe the impairment.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. If applicant is a sole practitioner, who will handle applicant's cases in the event of vacation or incapacitation?					

28. In the past five (5) years, has any attorney associated with applicant firm been the subject of a disciplinary action? If "Yes", please complete a Disciplinary Procedures supplement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. In the past five (5) years, how many claims have been alleged against attorneys in applicant firm ( <i>past and present</i> )? For each, please complete a Claims supplement.	
30. Is applicant or any member of applicant firm aware of any incident, act, error, or omission that may result in a claim or disciplinary action being brought against firm, which has not been mentioned in questions 28 or 29? If "Yes":	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Please complete a Claims Supplement.	
b. Will applicant report this to current insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Note: Any such matter will not be covered by a subsequently issued claims made policy.</i>	
31. Has the firm, any predecessor firm, or any lawyer in the firm ever had any insurance company or Lloyd's decline, cancel, refuse to renew, or accept only on special terms any professional liability insurance? If "Yes", please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION III – SIGNATURE, CONSENT AND AGREEMENT**

This Application is the basis for coverage; therefore, any incorrect or incomplete statements or answers could nullify coverage. Completion of this form neither binds coverage nor guarantees that a policy will be issued. *(Not applicable in North Carolina)*

I hereby request that my application for insurance coverage be submitted for consideration to the company shown in this application. Accordingly, I authorize and direct any person or organization whatsoever to release and furnish to that company any and all information requested which may relate to my insurability.

I hereby indicate that the aforementioned statements and answers are correct and complete. I further understand that an incorrect or incomplete statement or answer could void my protection.

I hereby consent to the review by the company shown in this application of any incidents or occurrences likely to result in malpractice allegation or claim. I agree to cooperate in the review of claims and incidents which apply to the coverage requested.

Where applicable, I hereby consent to the review of my application by the committees appointed by my county or state professional association/society. I agree to cooperate with these committees.

**COPY OF NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.**

*(Not required in all states, contact your agent or broker for your state's requirements.)*

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information. *(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applications in these states.)*

**NOTICE TO APPLICANT**

The coverage applied for is solely as stated in the policy. This policy is issued on a "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy.

The Insurer will rely 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 Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

**FRAUD STATEMENTS**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

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. *\*Applies in MD Only.*

**Applicable in CO**

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.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. *\*Applies in FL Only.*

**Applicable in KS**

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, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

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\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. *\*Applies in NY Only.*

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. *\*Applies in ME Only.*

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

***I have read the statements above, understand their meaning and agree.***

Applicant's signature:

Date:

Applicant's name:

Applicant's title:

**SECTION IV – INSURED SUPPLEMENT**

**APPLICATION FOR LAWYER’S PROFESSIONAL LIABILITY INSURANCE**

Indicate the names of all lawyers who are presently officers, partners, employed lawyers, of counsels, or retired partners of the firm and complete the requested information for each lawyer. **Note that coverage responds only for acts performed on behalf of the firm.**

**Designation\*:** O – Officer P – Partner E – Employed lawyer OC – Of counsel RP – Retired partner

Name of lawyer	Designation*	Date of hire	Date admitted to bar	Hours worked per week	Specialty (if any)	Member in good standing of the following state bar(s)

**MUST BE SIGNED BY A MEMBER OF THE FIRM’S MANAGEMENT COMMITTEE OR GOVERNING BODY.**

*I/we understand information submitted herein becomes a part of my/our professional liability application and is subject to the same representations and conditions.*

Applicant’s signature:

Date:

Applicant’s name:

Applicant’s title: