



Atlantic Specialty Lines, Inc.

LAW FIRMS ERRORS & OMISSIONS APPLICATION

APPLICANT'S INFORMATION:

LEGAL NAME OF FIRM:					
BUSINESS ADDRESS:					
COUNTY:		WEB ADDRESS:			
DATE FIRM ESTABLISHED:		DATE PRESENT OWNERSHIP ASSUMED CONTROL:			
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> PA/PC <input type="checkbox"/> Franchise					

Insurance History:

1. Current Insurer _____ Deductible \$ _____
 Expiration Date _____ Expiring Premium \$ _____
 Is Current Carrier willing to Renew? No Yes
 Retroactive Date (Prior Acts) _____ **If requesting prior acts coverage you must provide a copy of your current insurance declaration page and complete the Prior Acts Coverage Supplement Application.**

2. Requested Limits: \$100,000/\$300,000 \$500,000/\$500,000
 \$300,000/\$600,000 \$1,000,000/\$1,000,000
 Other \$ _____ / \$ _____
 Requested Deductible (Per Claim): \$2,500 \$5,000 \$10,000 Other _____

3. A. Complete the following for all lawyers in the Firm, independent contractor lawyers and "Of Counsel" lawyers:

Lawyer Name	CLE Hours Past Year	D/C*	Date Admitted to Bar (Mo-Yr)	Years in Private Practice	Lawyer's Primary Area of Practice
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

* Designation Code

O Officers, Directors or Shareholders of the Corp. who are licensed as Lawyers **E** Employed Lawyers
S Sole Proprietor **C** "Of Counsel" Lawyers **P** Partners of Partnership **I** Indep. Contractor Lawyers

B. Are "Of Counsel" carrying their own E&O?

No Yes

C. Give the number of employees and/or support staff utilized:

Law Clerks	Investigators	Abstractors	Title Agents	Accountants	Certified Paralegals	Clerical/ Secretarial
_____	_____	_____	_____	_____	_____	_____

D. Please attach the following:

- Copy of firm letterhead
- Copy of five (5) years hard copy loss runs
- Copy of current declaration page (if requesting prior acts coverage)

4. Does any lawyer listed above practice in this Firm less than 40 hours per week? No Yes
If "Yes," to which attorney(s) does this apply? _____ No. of Hours _____

5. Total gross billings: a. Latest Fiscal Year: \$ _____
b. Projected Next Fiscal Year: \$ _____

6. Please indicate types of Docket Control Systems currently used:
 Single Calendar Dual Calendar Computer Master listing Tickler cards Other

7. a. How many individuals in firm are involved in Monitoring Deadlines? _____

b. How frequently are deadlines checked? Daily Weekly Monthly Other

c. Does someone other than the attorney handling the case have primary responsibility for maintaining the docket calendar? No Yes

8. Is it the firm's standard practice to use engagement letters when agreeing to represent a claim? If "No," please provide an explanation: _____

9. Is it the firm's standard practice to use non-engagement letters when refusing to represent a client? If "No," please provide an explanation: _____

10. Is any lawyer or employee listed above licensed or operating as any of the following: (% of Total Time Spent)
Accountant _____% Escrow Agent _____% Insurance Agent/Broker _____%
Mortgage Broker/Lender _____% Real Estate Agent/Broker _____% Title Abstractor/Searcher _____%
Title Agent _____%
Do you understand that your insurance coverage does not cover acts related to these operations unless specifically endorsed? No Yes

11. a. How does the firm maintain its conflict of interest avoidance system? (check all applicable)
____Computer ____Index File ____Conflict Committee ____Other -please describe: _____

b. How often is the conflict of interest system updated?
____Daily ____Weekly ____Monthly ____Other (describe) _____

c. Does the conflict of interest system disclose attorney-client relationships established by newly hired lawyers, partners, predecessor, merged or acquired firms? No Yes

d. If any lawyer of the firm becomes aware of a conflict of interest, do they disclose it in writing to all parties involved and all partners? No Yes
If "No," please explain: _____

12. What percentage of time-not income do you spend in the following areas of practice?

Total of A+B+C+D must equal 100%

- A.**
- _____ % Admiralty—Defense
 - _____ % Bankruptcy
 - _____ % Collections
 - _____ % Criminal matters
 - _____ % Defense of personal or bodily injury
 - _____ % Defense of workers' compensation
 - _____ % Immigration
 - _____ % International Law
 - _____ % Mediation
 - _____ % Will, estate planning, probate
 - _____ % Family Law
 - _____ % **Subtotal (A)**

- B.**
- _____ % Admiralty other than Defense
 - _____ % Corporation formation/alteration (Non-SEC Related)
 - _____ % Environmental
 - _____ % ERISA or Employee Benefits
 - _____ % Investment Counseling/Money Mgt. (Complete Financial Planning Supplement)
 - _____ % Labor—Employee relations
 - _____ % Labor management representation
 - _____ % Taxation-individual
 - _____ % Utilities/Municipality
 - _____ % Mergers/Acquisitions
 - _____ % **Subtotal (B)**

- C.**
- _____ % Entertainment, sports or celebrity
 - _____ % Oil, gas, or mining
 - _____ % Patent, copyright or trademark (PCT)
 - _____ % Plaintiff's rep. in personal or bodily injury
 - _____ % Plaintiff's representation in products liability
 - _____ % Plaintiff's representation in workers' comp.
 - _____ % Real Estate - Commercial
 - _____ % Real Estate - Residential
 - _____ % Title/Abstracting
 - _____ % Domestic Law
 - _____ % Taxation – Corporate
 - _____ % **Subtotal (C)**

- D.**
- _____ % Banking, savings & loan, or other financial institution services
 - _____ % Bonds, commercial paper, limited partnerships, or State/Federal securities, both exempt & non-exempt (Complete Securities Supp.)
 - _____ % Real Estate Development and/or Syndication/Limited Partnership
 - _____ % Securities/SEC (Complete Securities Supp.)
 - _____ % Other (Describe in detail by attachment)
 - _____ % **Subtotal (D)**

Complete attached supplemental application for any plaintiff's or PCT work.

13. a. After inquiry with each person as appropriate, in the last seven (7) years, has any professional liability claim or suit ever been made against the Firm or any predecessor firm or any current or former member of the Firm or predecessor firm? No Yes

If "Yes," how many? _____ Please attach copies of currently valued Loss Runs from prior carriers. If "Yes," complete a separate Supplemental Claim Form for each claim or suit.

b. After inquiry with each person as appropriate, do you know of any circumstances, acts, errors or omissions that could result in a Professional Liability claim? No Yes

c. After inquiry with each person as appropriate, has an attorney for who coverage is sought ever been refused admission to practice, been disbarred, suspended, reprimanded, sanctioned, or held in contempt by any court, administrative agency or regulatory body or been subject of a disciplinary complaint made to any of the aforementioned entities? No Yes

If "Yes," please provide a copy of the complaint made to the bar and a copy of their decision.

* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.
 * not applicable in all states

Applicants Signature
Date
Producer
Title



Atlantic Specialty Lines, Inc.

LAW FIRMS

ERRORS & OMISSIONS SUPPLEMENTAL CLAIM APPLICATION

INSTRUCTIONS:

1. This form is to be completed when the Applicant has been involved in any claim or is aware of an incident which may give rise to a claim. COMPLETE ONE FORM FOR EACH CLAIM OR INCIDENT.
2. If space is insufficient to answer any questions fully, attach a separate sheet.
3. In lieu of attaching suit papers, please provide a complete narrative description of the litigations and facts involved.

1. Full name of Applicant: _____

2. Full name of Individual(s) or firm involved in the claim: _____

3. Full name of Claimant: _____

4. Indicate whether: CLAIM SUIT ACT, ERROR OR OMISSION ONLY (No Claim or Suit)
(If suit was filed please provide copy of suit papers)

5. Date and location of alleged act, error or omission: _____

6. Date of claim: _____ Date reported to Insurance Company: _____

7. Additional defendants _____

8. If closed: A. Total loss paid including deductible(s)? \$ _____ Date closed: _____

B. Indicate whether: COURT JUDGEMENT (or) OUT OF COURT SETTLEMENT

9. If pending: A. Claimant's settlement demand? \$ _____

B. Defendant's offer for settlement? \$ _____

C. Insurer's loss reserve? \$ _____

10. Name(s) of Insurer(s) responding to this claim or incident. _____

a. Policy Number: _____

b. Limits of Liability: _____ Deductible: _____

11. Provide complete narrative description of suit claim or incident: _____

A. Description of alleged act, error or omission upon which claim is based: _____

B. Description of the type and extent of injury or damage allegedly stained: _____

C. Explain what action(s) have been taken to prevent reoccurrence of a similar claim: _____

D. Was Engagement Letter used? No Yes

I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability Application. I understand that an incorrect or incomplete statement could void my protection.

Signature of Applicant/Title/Date (Must be signed by a Principal, Partner or Officer of the Firm.)



Atlantic Specialty Lines, Inc.

PLAINTIFF LITIGATION ERRORS & OMISSIONS SUPPLEMENTAL APPLICATION

PLEASE COMPLETE THE FOLLOWING ONLY IF ACTING AS PLAINTIFF'S REPRESENTATIVE AS NOTED ON THE SUPPLEMENTAL APPLICATION.

1. Describe the types of cases handled with percentages for each, to total 100%:

Auto Related _____%	Medical Malpractice _____%
Admiralty _____%	Products Related Injury _____%
Aviation _____%	Toxic Tort _____%
Asbestos _____%	Sexual Harassment _____%
Bodily Injury _____%	Tobacco _____%
(non-medical malpractice)	Veterans Issues _____%
Breast Implant _____%	Workers Compensation _____%
Discrimination _____%	Wrongful Death _____%
General Liability _____%	Other (describe): _____

2. What is the Firm's average litigation case load per year? _____

3. What percentage of the Firm's litigation cases are settled before trial? _____%

4. What percentage of the Firm's litigation cases are tried to a verdict? _____%

5. What percentage of the Firm's litigation cases are handled on a contingency fee basis? _____%

6. What is the estimated average dollar size of judgments, awards and settlements \$ _____ in the litigation cases handled by the Firm?

7. What is the largest judgment, award or settlement in a litigation case achieved \$ _____ by the Firm in the past five years?

8. Does the firm take litigation case referrals from other law firms? No Yes
If "YES," please indicate the approximate number of cases and the types involved:

9. Does the firm refer cases to other law firms? No Yes
If "YES," please indicate the approximate number of cases and the type involved:

10. Has the firm been involved in any class action plaintiff cases within the past five years? No Yes
If "YES," please describe the type of case, the injury or loss involved and the number of plaintiff's involved:

I/We agree and understand this supplement becomes part of the application which forms a part of the policy. This information is true and correct to the best of my/our knowledge.

Signature of Applicant/Title/Date

(Must be signed by a Principal, Partner or Officer of the Firm.)



Atlantic Specialty Lines, Inc.

PRIOR ACTS COVERAGE SUPPLEMENTAL APPLICATION

Applicant Name: _____

Address: _____

1. Are procedures in place that require the documentation of alleged wrongful acts/incidents with a contemporaneous written report? No Yes

2. Are such incident reports maintained in a central location? No Yes
If "No," describe record maintenance procedures: _____

3. Name and Title of the person responsible for maintenance of incident report records: _____

4. Total number of wrongful acts/incidents recorded from _____(retroactive date on existing policy) until _____(today's date)? _____

5. How many of these incidents have been reported to your current or former insurance carrier? _____

6. How many of these incidents have NOT been reported to any insurance carrier? _____

7. What criteria do you use to determine whether or not to report an incident to your current insurance carrier? _____

8. Are you or any of your officers, managers, partners or directors aware of any incidents for which no incident report has been completed? No Yes

If "Yes," how many such undocumented incidents have there been from _____(retroactive date) until _____(today's date)? _____

9. On a separate sheet of paper please describe each undocumented wrongful act/incident including a description of the accident, date, witness, types of injuries, name of injured persons, etc.

10. Attach copy of expiring policy declarations page.

DECLARATION AND SIGNATURE:

The undersigned declares that to the best of his/her knowledge the statements in this application and its attachments are true. The company is hereby authorized to make any investigation and inquiry deemed necessary in regard to this application.

Applicant's Signature

Title

Date

***SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY OR THE UNDERWRITING MANAGER TO COMPANY THE INSURANCE. Application MUST be currently signed and dated to be considered for quotation.**

* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine. * not applicable in all states.