



NAVIGATORS INSURANCE COMPANY

APPLICATION FOR LAWYERS' PROFESSIONAL LIABILITY INSURANCE

THIS APPLICATION IS FOR A CLAIMS MADE AND REPORTED POLICY (must complete in ink)

1. Name of Applicant (type or print) _____ Name of Designated Contact _____ E-Mail Address/Web-Site _____

Business Address _____ (Must Include Street Address) **List secondary locations on SUPPLEMENT #1, Item A**

City _____ County _____ State _____ Zip Code _____

Business Phone: (____) _____ Fax: (____) _____

2. Type of Business:

Sole Proprietor Partnership Professional Association Professional Corporation

Other _____

3. Coverage Requested:

A. Requested Effective Date: _____

\$1M/\$1M \$1M/\$3M
 \$500K/\$500K \$500K/\$1M \$2M/\$2M

B. Deductible: Each claim

\$5,000 \$10,000 \$25,000*
 \$7,500 \$15,000* *for firms of five-ten attorneys only

C. Do you intend to purchase additional limits in excess of this policy? Yes ____ No ____

4. Insured Section:

A. Date Present Firm Established: _____

B. Are there any Predecessor Firms of the Applicant? (**Predecessor Firm** means a partnership or professional corporation which has been dissolved provided that at least 50% of the lawyers in the dissolved partnership or professional corporation become partners of, shareholders in, or employees of the applicant). Yes No
If "yes", please list them on **SUPPLEMENT #1, Item B**.

C. Please indicate the total number of lawyers: This Year ____ Last Year ____ Two Years Ago ____

D. List the names of all lawyers that work on behalf of the firm.

Name	Year Joined Firm	State/Year of Admission to Bar	Designation*	CLE in Last 12 Mos. Y/N	Average Hours Worked Per Week

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* "O" Owner/Officer/Director/Shareholder
 "OC" Of Counsel lawyer of Applicant

"P" Partner of a Partnership
 "RP" Retired Partner of Applicant

"E" Employed Lawyer of Applicant
 "S" Sole Proprietor

E. Number of other employees: _____ law clerks/paralegals _____ secretarial/clerical/support

5. Current and Prior Insurance Coverage:

A. Does your current coverage have a prior acts exclusion? Yes No If "yes", provide the date _____.

B. List Lawyers Professional Liability Insurance carried for **each** of the past five years. Indicate periods of no coverage.
 NONE (if no prior insurance)

Inception	Expiration	Insurance Company	Limits	Deductible	Premium
/ /	/ /				\$
/ /	/ /				\$
/ /	/ /				\$
/ /	/ /				\$
/ /	/ /				\$

C. Provide number of attorneys covered at inception of most recent policy: _____

6. Practice Information:

A. Gross Income:
 Last Fiscal Year: _____ This Fiscal Year: _____ Projected Next Year: _____

B. Areas of Practice: **AREAS MUST TOTAL 100%**

- I.**
- ____% Administrative
 - ____% Bankruptcy
 - ____% Commercial & Corporate General Litigation - Defense
 - ____% Corporate Formation/Alteration *
 - ____% Criminal
 - ____% ERISA or Employee Benefits
 - ____% Family Law - **excluding Divorce**
 - ____% Immigration
 - ____% Labor Management Representation
 - ____% Mediation/Arbitration
 - ____% Personal or Bodily Injury - Defense
 - ____% Taxation - Individual
 - ____% Worker's Compensation - Defense
 - ____% Other Defense Work _____
 - ____% **Subtotal (I)**

- II.**
- ____% Admiralty/Maritime
 - ____% Banking or Financial Institutions Services – **other than loan documentation**
 - ____% Commercial & Corporate General Litigation - Plaintiff
 - ____% Environmental
 - ____% Family Law – **Divorce**
 - ____% Labor Union Representation/Employee Relations
 - ____% Real Estate – Commercial
 - ____% Real Estate – Residential
 - ____% Personal or Bodily Injury – Plaintiff ***

- ____% Real Estate - Title**
- ____% Taxation - Commercial
- ____% Wills/Estate/Probate/Trust
- ____% Worker's Compensation - Plaintiff
- ____% Other Plaintiff Work _____
- ____% **Subtotal (II)**

- III.**
- ____% Banking, or Financial Institutions Services – **loan documentation, Bonds, Commercial Paper***
 - ____% Collections
 - ____% Securities, both exempt and non-exempt*
 - ____% Entertainment, Sports or Celebrity
 - ____% Investment Counseling/Money Management*
 - ____% Mergers/Acquisitions *
 - ____% Oil, Gas or Mining
 - ____% Patent, Copyright or Trademark
 - ____% Real Estate Syndication/Limited Partnerships*
 - ____% Civil Rights - Plaintiff
 - ____% Class Action - Defense
 - ____% Class Action – Plaintiff
 - ____% Medical Malpractice
 - ____% Mold

IV.
 ____% Other (please describe below)

100% GRAND TOTAL
 * Complete Supplement #4
 ** Complete Supplement #5
 *** Complete Supplement #6

- C. At any time, has the firm or an attorney of the firm (regardless of what firm they were practicing with at the time) provided professional services in any way related to a security or to securities transactions (whether or not consummated) which are or may be subject to the Securities Act of 1933 or the Securities Exchange Act of 1934, or any amendments thereof, or any state blue sky or securities law, or any law related to any purchase, sale or offer to purchase or sell a security, or any rules or regulations issued pursuant to any of the foregoing?
If "yes", complete **SUPPLEMENT #4**. Yes No

7. Outside Interests:

- A. Has the applicant had any one account or group of related accounts that has produced more than 30% of the total income of the applicant over the past three years? If "yes", complete **SUPPLEMENT #1, Item C**. Yes No
- B. Does any firm member serve as a director, officer, trustee, partner or employee and/or possess any ownership interest in any client of the applicant firm? If "yes", complete **SUPPLEMENT #3**. Yes No
- C. Does any firm member exercise fiduciary control in any client or in any joint venture with a client? If "yes", complete **SUPPLEMENT #3**. Yes No

8. Firm Management and Administration:

- A. Docketing: Does your firm use a (check all that apply): Computer Tickler System Perpetual Calendar Pocket Diary/Daytimer Other: _____
- B. Is the system maintained by at least 2 people? (This may include one person who has day-to-day responsibility for maintaining the docket and a second person who knows how to maintain and oversees or supervises the docket.) Yes No
- C. How often are they cross checked? Daily Weekly Bi-weekly Monthly
Other _____
- D. If a sole practitioner, do you have a back-up attorney? Yes No Name: _____
- E. If a sole practitioner and no support staff, can back-up attorney operate and maintain your docket? Yes No
- F. Indicate which of the following you use:
Engagement letters on all new matters to the firm? Yes No
Written fee agreements? Yes No
Declination letters? Yes No
- G. Does your firm maintain a conflict of interest system? Yes No
If "yes", please indicate what type of system is used. Single Index Files Multiple Index Files
 Computer Oral/Memory Other (explain) _____
- H. What percentage of your firm's billings is past ninety (90) days overdue? _____%

9. Experience – After Inquiry of Each Lawyer Included in Section 4

- A. In the last five years, has any lawyer included in Question 4C ever had any insurance company decline, cancel, or refuse to renew any professional liability insurance? If "yes", complete **SUPPLEMENT #1, Item D1**. Yes No
- B. Has any lawyer included in Question 4C ever been the subject of a reprimand, complaint, disciplinary action, revocation, suspension or refused admissions to the Bar, by any bar association court or administrative agency, etc.? If yes, please provide dates and details on the **SUPPLEMENT #1, Item D2**. Yes No
- C. Does any lawyer included in Question 4C know of an act or omission that may reasonably be expected to be the basis of a claim against them, the firm, any prior or predecessor firm, or against any current or former attorney of the firm, while affiliated with the firm? If "yes", complete **SUPPLEMENT #2** for each circumstance/incident. Yes No
- D. In the last 5 years, has any professional liability claim or suit ever been made against any lawyer included in Question 4C or against the applicant law Yes No

firm, any prior firm, or any lawyer while practicing at the applicant law firm or any prior firm, whether or not the lawyer is still employed. Furthermore, has any incident or circumstance (open or closed) been reported to **any** malpractice carrier or not, in the last 5 years? If “yes”, complete **SUPPLEMENT #2** for each claim, circumstance or incident.

- E. During the past 2 years, how many times has the firm sued any of its clients for the collection of fees. # _____
- F. Do you advertise your professional services other than a White Pages phone book listing? If “yes”, please attach all advertising material (including web-site pages). Yes No

NOTICE TO APPLICANTS - PLEASE READ CAREFULLY

NOTE: In applying for coverage, the applicant agrees that in the event of covered losses, they will be required to be defended by the Company’s appointed lawyers, and that the deductible shall apply to loss and claim expenses, adjusting expenses, investigation costs and legal fees. If the applicant elects to handle a claim without in any way involving the Company, then no coverage for such claim is afforded the applicant under the policy.

I/We understand and accept that the policy applied for provides coverages on a “Claims Made” basis for **ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED TO THE COMPANY IN WRITING WHILE THE POLICY IS IN FORCE** and that coverage ceases with the termination of the policy.

REPRESENTATION: I/We hereby declare that the above statements and information are true and that I/we have not omitted, suppressed or misstated any facts. I/We further agree that in the event there is any material change in the answers to the questions contained in this Application prior to the effective date of any Policy issued in reliance upon this Application, I/we will promptly notify the Company of this change and, in such event, any outstanding quotations may be modified or withdrawn at the sole discretion of the Company. I/We agree that this application shall be the basis of an insurance contract with the Company, should a policy be issued, and this application does not bind the Company to issue nor the applicant to purchase the insurance. I/We hereby authorize the release of any claim information from any prior insurer to the Company.

I/We hereby authorize agents of the Company to make an independent investigation with any and all regulatory agencies of any Bar Association or the other state agency or private source with impunity to any right of privacy under law or otherwise.

This duly completed application, together with any supplementary information, **must be signed in ink** by the applicant or any officer or partner of the firm. Signing this form and tendering premium does not bind the applicant or the Company to complete the insurance. This application must be signed and dated to be considered for quotation.

Minnesota residents have the right to see their personal records and correct personal information collected.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other 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 insurance act, which is a crime and subjects such person to criminal and civil penalties. **Arkansas and Louisiana Fraud Warning:** Any person who knowingly presents a false or fraudulent claim for payment for 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. **Colorado and Virginia Fraud Warning:** 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 benefits, and/or civil damages. In Colorado, 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 or regulatory agencies. **Florida Fraud Warning:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree. **Minnesota Fraud Warning:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime. **New York Fraud Warning:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation. **Ohio Fraud Warning:** Any person who, with the 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. **Oregon Fraud Warning:** Any person who knowingly and with intent to defraud any insurance company or other 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 insurance act, which may be a crime.

Signature of Owner, Officer or Partner of the Firm

Title

Date

**A COPY OF YOUR CURRENT LETTERHEAD MUST BE ATTACHED
TO YOUR APPLICATION**

Applicant:

SUPPLEMENT 1

ADDITIONAL INFORMATION SUPPLEMENTAL APPLICATION

Use this addendum to capture the detailed information requested in the application for lawyers professional liability coverage (attach a separate sheet if necessary).

A. Other Office Location(s): List the other office location(s), number of attorneys at each location and purpose of each additional location:

Location	Number of Attorneys	Purpose

B. Predecessor Firm(s):

Name of Firm	No. of Lawyers in Prior Firm	Date Formed MM/DD/YY	Date of Merger or Dissolution	% Of Assets and Liabilities Assumed	No. of Principals/ Employed Lawyers From Prior Firm

C. Clients Producing More than 30% of Applicant's Income:

Name of Client	% of Billings	Industry

D. Experience

1. Insurance Declination/Cancellation/NonRenewal: _____

2. Reprimand/Disciplinary/Suspension/Disbarment/Revocation: _____

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known.

Signature of Owner, Officer or Partner of the Firm

Title

Date

Applicant:

SUPPLEMENT 2

CLAIM SUPPLEMENTAL APPLICATION

Applicant's Instructions:

1. This form is to be completed by Applicant who has been involved in any claim or suit during the past five years. **COMPLETE ONE FORM FOR EACH CLAIM.**
2. If space is insufficient to answer any questions fully, use reverse side of this page or attach separate sheet.
3. **Leave no answer blank.**

Please type or print.

1. Full Name of Applicant: _____

2. Full Name of individual(s) of firm involved in the claim:

3. Full Name of Claimant: _____

4. Date of Alleged Error: _____ 5. Date of Claim: _____

6. Additional Defendants:

7. Present Status of Claims: _____ Open _____ In Suit ___ Closed

8. Total Loss Paid: \$ _____ Name of Insurer: _____

Court Judgment: _____ Out of Court Settlement: _____

9. If pending: Amount asked in summons: \$ _____

Claimant's settlement demand: \$ _____

Defendant's offer for settlement: \$ _____

Insurer's loss reserve: \$ _____

Name of insurer: _____

10. Description of claim - including likelihood of liability if pending: (Please provide enough information to allow an evaluation and use reverse side if additional space is required.)

A. Allegation upon which Claimant bases claim: _____

B. Description of case and events:

I understand information submitted becomes a part of my Professional Liability Application and is subject to the same representations and conditions.

_____ Signature of Owner, Officer or Partner of the Firm	_____ Title	_____ Date
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Applicant:

SUPPLEMENT 3

DIRECTORS & OFFICERS/OUTSIDE INTERESTS SUPPLEMENTAL APPLICATION

Name of Lawyer	Position Held	Name of Business	Nature of Business	% Equity Interest	Profit/Non Profit
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or should be known.

Signature of Owner, Officer or Partner of the Firm _____ Title _____ Date

Applicant:

SUPPLEMENT 4

**SECURITIES, SYNDICATION/DEVELOPMENT, CORPORATE
FORMATION/ALTERATION AND MERGERS/ACQUISITIONS
SUPPLEMENTAL APPLICATION**

1. List the names of all lawyers engaged in securities and/or related practice:

Name	Years in this Specialty	Former SEC Staff Member	
		Yes	No

2. Gross income derived from securities and/or securities related practice:
Last twelve months \$ _____ Anticipated next twelve months \$ _____
Does the applicant accept securities in lieu of fees as payment of services rendered involving securities related transactions? _____ Yes _____ No. If yes, provide details:

3. List all securities offerings, private placements, limited partnerships, syndications and bonds handled in the past three years:

Year	Client	Industry	Size of Offering	Primary (P) or Secondary (S)	Taken Up or Not	Type of Transaction

4. Other than primary and secondary offerings, describe in detail any other work involving securities practice: _____

5. Describe in detail what steps are taken to satisfy the “due diligence” requirements under Section 11 of the Securities Act of 1933 by attachment.

6. Does the applicant provide investment counselor services or render tax opinions in connection with the transactions handled? _____ Yes _____ No. If yes, provide details:

7. Please list all syndication/development transactions the firm has handled in the last five years.

Client	Type of Business	Type of Syndication/ Development	Dollar Amount	% Equity Interest		D&O Insurance Y or N
				Indiv.	Firm	

8. Does any service described above involve rendering of advice on securities? Yes No

9. Does the Firm's syndication/development activities include the rendering of Taxation advice?
 Yes No If yes, please explain.

10. Corporate Formation/Alteration (describe):

11. Mergers/Acquisitions (describe):

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or should be known.

 Signature of Owner, Officer or Partner of the Firm

 Title

 Date

Applicant:

SUPPLEMENT 5

OPTIONAL TITLE INSURANCE AGENTS/AGENCY SUPPLEMENTAL APPLICATION

THIS SUPPLEMENT MUST BE COMPLETED BY APPLICANTS THAT ARE TITLE AGENTS AND/OR OWN A TITLE AGENCY.

1.

Name of the Title Firm: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Does the applicant own this firm? Yes No

2. List the names of the persons acting as Title Insurance Agents:

3. Provide the total number of title policies, for all persons, issued in the past 12 months? _____

4. Gross Income:

	Last 12 Months	Estimate for Next 12 Months
Title Insurance Commissions	\$ _____	\$ _____
Abstracting/Search Fees	\$ _____	\$ _____
Escrow Fees	\$ _____	\$ _____
Closing Fees	\$ _____	\$ _____
Other(describe	\$ _____	\$ _____

5. In the last 5 years, has any claims or suits been made during the past 5 years against any applicants, their predecessor firm or any of the present agents, or to the knowledge of the agency, against any past agent? Yes No

6. Is any applicant aware of any circumstances that may result in any claim being made against the applicant, their predecessor firm or any of the present or past agents? Yes No

Please complete Supplement 2 if answer is yes to question

7. Has any similar insurance for any applicant, present agents, associates or predecessor firm ever been declined or canceled? Yes No If yes, please provide details: _____

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or should be known.

Signature of Owner, Officer or Partner of the Firm

Title

Date

Applicant:

SUPPLEMENT 6

BI/PI PLAINTIFF SUPPLEMENT

APPLICANTS THAT INDICATE ANY PERCENTAGE OF BI/PI PLAINTIFFS WORK MUST COMPLETE THIS SUPPLEMENT. PLEASE ANSWER ALL QUESTIONS IN RELATION TO YOUR BI/PI PLAINTIFF PRACTICE ONLY.

1. Provide the percent of BI/PI Plaintiff cases and total number of Bi/PI Plaintiff cases:

BI/PI Plaintiff Category (Attach any website pages in which the following are referenced)	% Of BI/PI Plaintiff Cases (This % must match the % of BI/PI Plaintiff work listed in your application)	Number of BI/PI Plaintiff Cases
Class Action/Mass Tort	%	
Automobile	%	
Product Liability	%	
Medical Malpractice (answer questions 4-6)	%	
Slip and Fall	%	
Aviation	%	
Legal Malpractice	%	
Other (describe)	%	
Total (Must match % in application)	%	

2. Average dollar value of cases:

BI/PI Plaintiff Category	Average Dollar Value of Case
Class Action/Mass Tort	\$
Automobile	\$
Product Liability	\$
Medical Malpractice (answer questions 4-6)	\$
Slip and Fall	\$
Aviation	\$
Legal Malpractice	\$
Other (describe)	\$

Answer the following if Medical Malpractice indicated in Questions 1 and 2:

3. Describe the nature of the firm's Medical Malpractice Plaintiff work:

4. Does the firm only take cases where the damages are already established? Yes No

5. Percentage of cases (must equal 100%): settled before trial: _____% tried to conclusion: _____%

6. Describe the firm's procedure for tracking the Statute of Limitation on each Medical Malpractice Plaintiff case:

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or should be known.

Signature of Owner, Officer or Partner of the Firm

Title

Date