

**LAWYERS PROFESSIONAL LIABILITY (LPL)  
PREMIUM INDICATION FORM**



.....AUJ'cf': U'hc.'  
 45 Knollwood Road • Suite 202 • Elmsford, NY 10523  
 }^, à•ā^••@plcsi.com • 914.592.6505

Legal Entity Name: \_\_\_\_\_ Date Firm Established: \_\_\_\_\_  
 Legal Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Firm Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Very Important:** Please provide a current copy of the Firm's LPL Declarations Page (all pages) and Firm Letterhead.

Please list all predecessor firms (If none, state none): \_\_\_\_\_

Does the Firm have any additional office locations?  Yes  No

If "Yes" please explain: \_\_\_\_\_

Please list all attorneys working for the Firm (include yourself if you are a sole practitioner), use a separate sheet if necessary. Please include all Of Counsel and Independent Contractor Attorneys and remember to include average weekly hours worked

ATTORNEY NAME	DESIGNATION* CODE	YEAR ADMITTED	STATE(S) ADMITTED	DATE OF HIRE	AVG. WKLY. HRS.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\* DESIGNATION CODES: **S** - Sole Practitioner • **O** – Owner/Equity Partner • **P** – Partner/Member  
**E** - Employed Attorney/Associate • **OC** - Of Counsel • **IC** – Independent Contractor

Do all Attorneys maintain their required CLE Hours?  Yes  No

Total number of Lawyers who left the Firm in the past year: \_\_\_\_\_ Total Non-Lawyer Staff: \_\_\_\_\_

If you are a sole practitioner, have you designated a lawyer who will be responsible for your affairs if you are absent for an extended period of time (i.e., vacation, illness, etc.)?  Yes  No

Does the Applicant Firm share office space with any other law firm or attorney?  Yes  No

**NOTE:** If "Yes", please identify the attorney and legal firm name: \_\_\_\_\_

What percentage of the Applicant Firm's billings are past due more than 90 days: \_\_\_\_\_%

Does any single client account for more than twenty-five percent (25%) of the Firm's gross annual billings?  Yes  No

**NOTE:** If "Yes", please identify client, nature of client's business, and the percentage of billings, by attachment.

Please sign and date

**Print Name:** \_\_\_\_\_ **Title** \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_ **Date** / / \_\_\_\_\_



**POLICIES AND PROCEDURES**

**• Does the Firm use any of the following conflict avoidance methods?**

- Oral Memory       Yes  No      Computer       Yes  No
- Conflict Committee       Yes  No      Index File       Yes  No

**• Does the Firm:**

- Update its conflict avoidance system at least weekly?       Yes  No
- Cross-check conflicts by predecessor firm or merged/acquired firms?       Yes  No
- Insist on obtaining a written waiver from its clients in order to perform on-going services when an actual/potential conflict exists?       Yes  No
- Allow attorneys to enter into business with clients of the Firm?       Yes  No
- NOTE:** If such relationships are permitted does the Firm require disclosure?       Yes  No

**• Does the Firm maintain a calendar system using any of these methods?**

- Single Calendar       Yes  No      Dual Calendar       Yes  No
- Computer       Yes  No      Master Listing       Yes  No

**• Does the Firm:**

- Use two individuals to maintain its calendar system?       Yes  No
- Update its calendar system at least weekly?       Yes  No
- Place ultimate responsibility for the calendar system with a lawyer of the Firm?       Yes  No

**In the past five (5) years, has any attorney to be insured under a proposed Lawyers Professional Liability (LPL) policy:**

1. Been the subject of a bar complaint, bar grievance, suspended from practice, disbarred, reprimanded, or had other disciplinary action by any court or administrative agency?       Yes       No

**NOTE:** If "Yes", please provide details and all official bar correspondence on the matter.

2. Been the subject of any claim or suit?       Yes       No

3. Been made aware of or have knowledge of any incident, circumstance, act, error or omission that may result in a claim or disciplinary action being brought against any attorney to be insured or against the Firm, and which have not been mentioned in questions 1 or 2 above?       Yes       No

4. Had their Lawyers Professional Liability Insurance canceled or non-renewed? Other than (a) carrier's withdrawal from the market (b) change of program administrator (c) insurance broker no longer working with carrier?       Yes       No

**NOTE:** If "Yes", please provide details, including the name of the carrier, the dates and the reason for this action.

**IMPORTANT NOTE:** If you answered "Yes", to questions 2 or 3 above, please complete the attached Claims, Suits, & Incidents Form. Please complete this form for each matter. **(Page 4)**

**IMPORTANT NOTE: Claims, Suits & Incidents**

It is highly recommended that you report any claim, suit, disciplinary action, bar grievance, incident, act, error or omission to your current insurance carrier. Please note that any claim, suit, disciplinary action, bar grievance, incident, act, error or omission of which you are currently aware of will not be covered by any "new" Lawyer Professional Liability claims made policy due to prior knowledge.

Please sign and date

**Print Name:** \_\_\_\_\_ **Title** \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**AREA OF PRACTICE (Please Use Whole Numbers) Total Must Equal 100%**

Administrative Law	____%	• Labor Law Non-Union	____%	• Certified Collective Action -	____%
Admiralty/Maritime Law	____%	and Management	____%	Fair Labor Standards Act	____%
Adoption Law	____%	• Other	____%	• Other	____%
Anti-Trust/Trade Regulation	____%	Employee Benefits/ERISA/Pension	____%	<b>Real Estate (enter % here and</b>	____%
Arbitration/Mediation	____%	Entertainment/Sports	____%	<b>complete below chart)*</b>	____%
Banking/Financial Institutions	____%	Environmental	____%	<b>Securities</b>	
<b>Bankruptcy</b>		Family Law	____%	• Bonds	____%
• Creditor	____%	<b>Government</b>		• Private Placements	____%
• Debtor	____%	• Federal & State	____%	• Other	____%
Civil Rights/Discrimination	____%	• Municipal (other than	____%	Social Security/Disability	____%
<b>Civil Litigation</b>		bonds/securities)	____%	<b>Taxation</b>	
• Plaintiff	____%	Guardianship/Juvenile	____%	• Individual	____%
• Defense	____%	Immigration/Naturalization	____%	• Corporate	____%
Collection/Repossession	____%	<b>Insurance Company</b>		• Tax Shelter Advice	____%
<b>Commercial Litigation</b>		• Defense	____%	• Tax Opinions	____%
• Plaintiff	____%	• Non-Defense	____%	• Other	____%
• Defense	____%	<b>Intellectual Property</b>		<b>Trusts/Estates/Probate/Wills</b>	
Communications (FCC)	____%	• Copyright/Trademark - Domestic	____%	• Asset values - Less than \$1MM	____%
Construction/Building Contracts	____%	• Copyright/Trademark - Foreign	____%	• Asset values - \$1MM to \$5MM	____%
<b>Corporate</b>		• Patent Searches	____%	• Asset values - \$5MM plus	____%
• General/Contracts	____%	• Domestic Patent Prosecution	____%	Top two (2) Estate Values	
• Business Formation	____%	• Foreign Patent Prosecution	____%	Last 12 Months	
• Mergers & Acquisitions	____%	International Trade/Law	____%	\$ _____ \$ _____	
Criminal	____%	Investment Counseling	____%	<b>Workers Compensation</b>	
<b>Divorce</b>		Natural Resources/Oil & Gas	____%	• Plaintiff	____%
• Asset values - Less than \$1MM	____%	<b>Personal Injury Defense</b>		• Defense	____%
• Asset values - \$1MM to \$5MM	____%	<b>Personal Injury Plaintiff</b>		Other (Please Describe)	____%
• Asset values - \$5MM Plus	____%	• Auto - Slip & Fall	____%	_____	
Education Law	____%	• Class Action - Mass Torts	____%	_____	
Elder Law	____%	• Medical Malpractice	____%	_____	
<b>Employment</b>		• Products Liability	____%	_____	
• Labor Law Union	____%	• Wage & Hour	____%	<b>TOTAL (Must equal 100%)</b>	____%

\* BASED ON THE REAL ESTATE % INDICATED ABOVE. PLEASE COMPLETE AS AN "AVERAGE" FOR THE PAST THREE (3) YEARS. (MUST EQUAL 100%)

Real Estate Practice	Percentage	Total # of Transactions	Average Value	Maximum Value
<b>Purchase &amp; Sale</b>				
• Commercial	____%	_____	\$ _____	\$ _____
• Residential	____%	_____	\$ _____	\$ _____
<b>Development &amp; Offerings</b>				
• Syndications (Limited or General Partnership)	____%	_____	\$ _____	\$ _____
• Condo or Co-op	____%	_____	\$ _____	\$ _____
<b>Foreclosures</b>	____%	_____	\$ _____	\$ _____
<b>Title Searches &amp; Document Preparation</b>	____%	_____		
<b>Landlord/Tenant (Contracts &amp; Disputes)</b>	____%	_____		
<b>Litigation (Other than Foreclosure)</b>	____%	_____		
<b>Land Use &amp; Zoning, Eminent Domain, etc.</b>	____%	_____		
<b>Mortgages, Refinancing, Loan Workouts</b>	____%	_____		
<b>Property Valuation</b>	____%	_____		
<b>Tax Assessment Appeals</b>	____%	_____		
<b>Other (Describe)</b>	____%	_____		
<b>TOTAL (Must equal 100%)</b>	____%	_____		

Please sign and date

**Print Name:** \_\_\_\_\_ **Title** \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_ **Date** / / \_\_\_\_\_



### Claims, Suits, & Incidents Form

**Please complete for each Claim, Suit, or Incident.**

Name of firm involved: \_\_\_\_\_

Name of each individual of the firm involved: \_\_\_\_\_

Additional defendant(s) or potential defendant(s): \_\_\_\_\_

This is now a  Claim  Suit  Incident only

Name of claimant(s) or potential claimant(s): \_\_\_\_\_

Date of alleged Claim, Suit or Incident: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of insurance carrier(s) responding and date reported: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Current status of Claim, Suit or Incident:  Open  Closed

**NOTE: Currently Valued Insurance Carrier Loss Runs for the Past Five (5) Years Will Be Required.**

**Feel free to call us if you need assistance in obtaining Insurance Carrier Loss Runs at 914.592.6505**

Description of alleged act, error or omission upon which claim is or may be based: \_\_\_\_\_

Description of the type and extent of injury or damage which is or may be alleged to have been sustained: \_\_\_\_\_

Describe what internal controls or procedures have been taken to prevent the recurrence of the same or similar type of Claim, Suit or Incident in the future: \_\_\_\_\_

**NOTE: APPLICANT UNDERSTANDS THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF THE APPLICANT’S LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.**

**NOTICE: 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. In addition, any policy issued may be declared null and void.**

Please sign and date

**Print Name:** \_\_\_\_\_ **Title** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_