

Welcome to the Ahern Insurance Brokerage eForms.

After completing this application please follow these simple instructions:

- 1) Click "Save Application," navigate to your desktop and save a copy of the completed application
- 2) Print & sign the application
- 3) To expedite the application process, email or fax a copy of the completed application to AIB

Fax: (858) 571-9010

Email: Info@AhernInsurance.com

- 4) Please mail the original to:

Ahern Insurance Brokerage
9655 Granite Ridge Drive
Suite 500
San Diego, CA 92123

For additional support you can email techsupport@aherninsurance.com or consult the help file at: <http://www.aherninsurance.com/applications/help.htm>

IMPORTANT!

Once you have filled out your application completely, you must **PRINT, SIGN AND MAIL THE ORIGINAL**



Notice: This is an application for a "Claims-made" policy. Coverage for prior acts and claims made after termination of this policy may be restricted. Please read the policy carefully.

PROFESSIONAL LIABILITY INSURANCE APPLICATION FOR LAW FIRMS

Firm Name: _____ Contact Name: _____
Street Address: _____ City: _____ State: _____
Zip Code: _____ County: _____ Phone: _____ Fax: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Website: _____
Limits Requested: _____ Deductible Requested: _____ Effective Date: _____

Complete the Schedule of Lawyers section on Page 4 of 6 of this application and supply a current sample of firm letterhead.

Number of: ____ Attorneys ____ Of Counsel ____ Independent Contractors (lawyers) ____ Clerks
____ Paralegals ____ Legal Secretaries ____ Law Clerks ____ Office Administrator ____ Other

- On what date was the firm established (include all predecessor firms if the firm has assumed the majority of assets/liabilities of such predecessor firms)? _____/_____/_____
- Has the firm's name changed?..... Yes No
If yes, complete Predecessor Firms section on Page 5 of 6.
- Has the firm assumed, by merger or acquisition, the liabilities of another lawyer or law firm?... Yes No
If yes, provide a detailed narrative and complete Predecessor Firms section on Page 5 of 6.
- Does the firm share with another firm:

a. Office Space?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Support Staff?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Letterhead?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	d. Cases?..... <input type="checkbox"/> Yes <input type="checkbox"/> No

If yes to any of the foregoing, please provide a detailed narrative.
- Does the firm act as:

a. Co-Counsel?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Pro Hac Vice Counsel?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Local Counsel?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	d. Referring attorney?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
- Does the firm practice from additional locations? Yes No
If yes, please provide addresses, date opened and staff breakdown for each.
- In the last 12 months, how many attorneys have joined the firm? _____ Departed from the firm? _____
- What was the firm's revenue for the last 12 months? \$_____ In the 12 months before that? _____
- List the earliest date from which the firm (including predecessor firms) has had uninterrupted "claims made" coverage. _____/_____/_____
- Has the firm or predecessor firm ever had a gap in coverage? Yes No
If yes, please provide a detailed narrative.

11. Does the current policy include a prior acts exclusion or retroactive date for the firm?Yes No
If yes, provide the firm's Retroactive Date: _____/_____/_____ and a copy of the endorsement or the Declarations page that documents this date.

12. Please provide the following information about the firm's professional liability insurance for the previous five years.

Insurance Company	Policy Period	Limits/Deductible	Premium	No. of Attorneys

13. During the past five years, has any insurance carrier canceled or refused to renew the professional liability insurance policy covering the firm or any of the firm's attorney(s) (regardless of what firm he or she was practicing with at the time) for any reason other than the carrier's withdrawal from the market (**not applicable in Missouri**)?Yes No **If yes, please provide details, including the name of the carrier, the dates and the reason for this action.**

14. Does the firm have a written Risk Management Program?Yes No

15. Does the firm employ a full time legal administrator or office manager?Yes No

16. Does the firm have procedures in place for identifying potential or actual conflicts of interest?...Yes No

a. Are conflict checks performed before accepting any new cases?.....Yes No

b. How does the firm maintain its conflict of interest avoidance system? (Please check all applicable categories) Computer Index File Conflict Committee Oral/Memory Other _____

c. How often is the conflict of interest system updated?

Daily Weekly Other _____

d. If a conflict or potential conflict exists does the firm require written disclosure to all parties?.....Yes No

17. Which of the following are incorporated in the firm's docket control system? (Please check all applicable systems): Single Calendar Dual Calendar Master Listings Tickler Computer

a. How frequently are deadlines crossed-checked? Daily Weekly Other _____

b. Are at least two individuals involved in maintaining the calendar control system?.....Yes No

18. Client Communications (Indicate percentage of use; if not used by firm, indicate 0%; all blanks should be answered):

a. Engagement letters on new matters presented to the firm..... _____%

If used:

Do they clearly define who is being represented?Yes No

Do they define the specific services to be performed?Yes No

Do they describe billing rate and procedures?Yes No

Are files audited to make sure they are used by all attorneys?Yes No

b. Written fee agreement outlining the firm's billing procedures..... _____%

c. Declination or non-engagement letters on new matters that will not be undertaken..... _____%

d. Scope of service letters or engagement letters for new matters of existing clients..... _____%

e. Settlement Authority letters (when applicable)..... _____%

f. Termination or disengagement letters when completing or terminating representation..... _____%

19. Does any one client account for 10% or more of the firm's annual billings?.....Yes No

If yes, please complete table below.

Name of Client	% of annual	Services Provided

20. Are all client invoices maintained current within 90 days (if no, % over 90 days: _____) Yes No

21. In the past three years, how many times has the firm sued, entered into arbitration, or sent outstanding client bills to a collection agency in order to collect fees? _____ **If two or more fee suits, fee arbitrations or bills sent to a collection agency, please complete table and questions a and b.**

	Suit #1	Suit #2	Suit #3
Name of Client			
Legal Services			
Date Suit Filed			
Amount of Dispute			
Status			
Date Suit Closed			
Outcome			

a. Have steps been taken to avoid a possible counter suit? Yes No

b. Have steps been taken to prevent fee suits in the future? Yes No

Explain steps below.

22. Please provide the percentage of each area of practice in which the firm has engaged during the past 12 months. Note the combined total areas of practice must equal 100%. **For each area of practice the firm engages in that is referenced by an *, please complete the appropriate supplement available from your broker.**

- | | |
|---|---|
| ____ % Administrative Law | ____ % Government Contracts and Claims |
| ____ % Admiralty Law | ____ % Guardianship/Juvenile |
| ____ % Adoption Law | ____ % Immigration and Naturalization |
| ____ % Antitrust/Trade Regulation | ____ % Insurance Defense |
| ____ % Arbitration/Mediation | ____ % Intellectual Prop (Patents, Copyrights & Trademarks)* |
| ____ % Bankruptcy | ____ % International Law |
| ____ % Business Transactions & Contracts | ____ % Labor-Management |
| ____ % Civil Rights and Discrimination | ____ % Labor-Union/Employee |
| ____ % Class Actions/Mass Tort* | ____ % Land Use & Zoning |
| ____ % Collection/Repossession- Commercial Debt* | ____ % Local Government (not bonds) |
| ____ % Collection/Repossession- Consumer Debt* | ____ % Natural Resources (Oil & Gas) |
| ____ % Commercial Litigation-Defense | ____ % Personal Injury-Defense |
| ____ % Commercial Litigation-Plaintiff | ____ % Personal Injury-Plaintiff* |
| ____ % Construction/Building Contracts | ____ % Real Estate – Commercial* |
| ____ % Consumer Claims | ____ % Real Estate – Residential* |
| ____ % Corporate Administrative | ____ % Real Estate – Title/Abstracting* |
| ____ % Corporate & Business Organization | ____ % Securities or Bonds* |
| ____ % Corporate Mergers and Acquisitions | ____ % Social Security |
| ____ % Criminal | ____ % Taxation |
| ____ % Divorce-Marital Estate <\$1M | ____ % Wills, Trusts & Estates <\$1M* |
| ____ % Divorce-Marital Estate \$1M-\$5M | ____ % Wills, Trusts & Estates \$1M-\$5M* |
| ____ % Divorce-Marital Estate >\$5M | ____ % Wills, Trusts & Estates > \$5M* |
| ____ % Entertainment* | ____ % Workers Compensation – Defense |
| ____ % Environmental Law | ____ % Workers Compensation – Plaintiff |
| ____ % ERISA/Employee Benefits | ____ % Other: _____ |
| ____ % Financial Institutions/Banking | ____ % Other: _____ |

23. In the past five years, has any attorney in the firm handled any class action or mass tort litigation (regardless of what firm he or she was practicing with at the time)?..... Yes No.
If yes, please complete the Class Action/Mass Tort supplement.

24. In the past five years has any attorney in the firm:
 a. Served as a Director, Officer, Trustee, Partner, or Employee or had an ownership interest in any entity?..... Yes No
 b. Had or have financial interests or any outside interest in any entity? Yes No
If yes to any of the above, please complete the Outside Interest supplement.

25. Does any member of the firm currently suffer from an impairment that might hinder their professional ability to provide competent, courteous, timely legal services? Yes No. **If yes, provide a detailed narrative.**
26. If you are a sole practitioner, please give name and contact information for the attorney who will handle your cases in the event of your incapacitation or vacation? _____
Does the above referenced attorney carry professional liability insurance?Yes No
27. In the past five years, has any attorney associated with the firm been the subject of a bar complaint, bar grievance or disciplinary action?..... Yes No. **If yes, please complete a Claims supplement.**
28. In the past five years, how many claims or incidents have been alleged or otherwise active against attorneys in the firm (past and present)? _____ **For each please complete a Claims supplement.**
29. Are you or any member of the firm aware of any incident, act, error, or omission that may result in a claim or disciplinary action being brought against the firm, which you have not mentioned in questions 27 or 28?..... Yes No. **If yes, please complete a Claims supplement.**

It is recommended that you report any incidents, acts, errors or omissions to your current carrier. Please note that any incident, error, or omission about which you are currently aware will not be covered by a subsequently issued claims made policy.

SUPPLEMENTAL APPLICATIONS ARE AVAILABLE FROM YOUR BROKER

SCHEDULE OF LAWYERS

	Name	Designation	OC/IC/R Annual Hours Worked for Applicant Firm	Date of Hire (mm/dd/yy)	Date Admitted to Bar (mm/dd/yy)	CLE Hrs.*
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Attach additional sheet if necessary.

Designation: O – Officer OC – Of Counsel P – Partner IC – Independent Contractor
S – Shareholder R – Retired Partner A – Associate

*Provide number of CLE hours devoted to ethics, professionalism, or law firm risk management in the last 12 months.

Predecessor Firms:

List all firm name changes and the date of change.

List all Predecessor Firms and their dates of existence.

Predecessor Firms mean any firm no longer in existence for which the applicant firm obtained a majority interest in such Predecessor Firm's assets and liabilities.

Name of Firm	Date Established (mm/dd/yy)	Confirm the following: 1. Dissolved 2. Name Change 3. Continue to Exist	Date Dissolved (mm/dd/yy)	Percentage (%) of Assets / Liabilities Applicant Firm Assumed

Attach additional sheet if necessary.

FRAUD PREVENTION - GENERAL WARNING

Notice to Arkansas and West Virginia Applicants: Any person who knowingly presents a false or fraudulent claim for payment of 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. **Notice to Colorado Applicants:** 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. **Notice to District of Columbia Applicants:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. **Notice to Florida Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree. **Notice to Hawaii Applicants:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both. **Notice to Louisiana Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of 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. **Notice to Maine Applicants:** 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 or a denial of insurance benefits. **Notice to Maryland Applicants:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Notice to Oklahoma Applicants:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. **Notice to Pennsylvania Applicants:** 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. **Applicable in Tennessee, Virginia and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. **WARNING – Kentucky, New Jersey, New Mexico, New York, Ohio residents only:** 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.

Important Reminder

The coverage for which you are applying is written on a CLAIMS-MADE basis. Only claims first made against you and reported to the Company during the policy period are covered, subject to the policy provisions. The limits of liability stated in the policy are reduced by defense expenses. Defense expenses may also be applied to the deductible, if any. If you have any questions about the coverage, please discuss them with your agent.

Representation and Acknowledgement of Firm's Continuing Duty to Inform

The undersigned is authorized by the firm to sign this application and represents and acknowledges that all information provided by the firm including the application, its supplements, attachments, and answers to any questions our underwriter asks:

- will be relied upon the Company in determining whether to insure the firm and at what rate to insure it;
- are true, correct, accurate, and complete;
- and will be considered a part of any ensuing insurance contract.

Furthermore, the undersigned understands and agrees that the firm has a continuing duty through policy inception and throughout the life of any ensuing insurance contract to update this application, its supplements, attachments, and answers to any questions our underwriter asks.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

Applicant Firm: _____ Title: _____

Applicant's Signature: _____  Date: _____

Agent/Broker Name: _____

Agent/Broker License Number: _____

INCOMPLETE, UNSIGNED AND UNDATED APPLICATIONS WILL BE RETURNED FOR COMPLETION.

FIRM NAME:
Check the bar program(s) your firm is a member of: <input type="checkbox"/> San Francisco Bar <input type="checkbox"/> San Diego Bar <input type="checkbox"/> Arizona Bar

AZ or CA BAR MEMBERS QUESTIONNAIRE

This questionnaire is INTENDED FOR LAW FIRMS WHO ARE MEMBERS OF THE Arizona Bar, San Francisco Bar or San Diego Bar. It applies to firms within the State of Arizona and counties surrounding San Diego, CA and San Francisco, CA.

In conjunction with your application for Lawyers Professional Liability Insurance please answer the following questions as they apply to your firm. All questions must be completed to the best of your knowledge.

1. Docket Control
 - Computerized only
 - Computerized **and** two (2) independent calendars
 - Two (2) independent calendars
 - No Back-up Calendar

2. Client Intake
 - 100% Engagement Letters
 - 90% Engagement Letters
 - <90% engagement Letters

3. Internal Management
 - Managing Attorney & Firm Administrator
 - Managing Attorney **or** Firm Administrator
 - Neither

4. Formal Risk Management
 - Written Procedures
 - No Written Procedures

5. Does your firm employ a Full Time Legal Administrator certified by the Association of Legal Administrators (CLM)?
 Yes No

6. How many of the firm's attorneys, as listed on the Schedule of Lawyers, are Certified Legal Specialist? _____

7. How many of the firm's attorneys, as listed on the Schedule of Lawyers, have attended at least three (3) credit hours of Bar sponsored Continuing Legal Education seminars on Ethics, Risk Management or Loss Avoidance in the last twelve (12) months? _____

APPLICANT	DATE
APPLICANT'S SIGNATURE:	TITLE:
AGENT/BROKER NAME:	