

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**



LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION

This Is An Application For A Claims Made Policy

- All questions must be answered completely. Please type or print clearly.
If you need more space, continue on a separate sheet and indicate question number.
Enclose a copy of your firm's letterhead.
The application and all supplements must be signed and dated by a principal of the firm.

1. Name of Insured (How you want to be insured, per your letterhead, including d/b/a if applicable):

2. Entity Type:

- Individual Partnership Prof. Corp. Prof. Ltd. Liab. Co. Prof. Ltd. Liab. Partnership
Other explain

3. Address:

Street and P.O. Box (f you have a P.O. Box, please include the street address of your office)

City State Zip

4. Do you have other office locations?

- Yes No

If yes, list each location on your letterhead.

5. Firm Phone Number:

6. Firm Fax Number:

- No Fax

7. Firm Email Address:

- No Email

8. Primary Contact Person:

9. Date Business Commenced:

10. Requested Effective Date:

11. Is your firm currently insured for professional liability? Yes* No

If yes, do you request coverage for prior acts? Yes No

Retroactive Date Requested:

Current Carrier / Expiration Date:

* If yes, please provide a copy of your current policy declarations including any endorsement showing your retroactive date as evidence of your firm's continuous coverage, or complete a Continuous Coverage Form that is available from Professionals Direct® at your request.

12. Indicate limits of liability requested: Per Claim/Annual Aggregate

Note: All ProDirect Essentials® policies carry a \$ZERO deductible.

- \$100,000/\$300,000 \$500,000/\$1,000,000
\$300,000/\$600,000 \$1,000,000/ \$1,000,000

13. Number of Lawyers in Firm to be covered under this policy: _____

- For each member of your firm, complete an entry in the Individual Lawyer grid below.

	First Lawyer	Second Lawyer	Third Lawyer	Fourth Lawyer	Fifth Lawyer
Name:					
Status:	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Of Counsel	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Of Counsel	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Of Counsel	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Of Counsel	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Of Counsel
State(s) Licensed:					
Date(s) Admitted:	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Bar/Registration Number (s):					
Date Hired:	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Birth Date:	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Soc. Sec. # :					

14. Eligibility – In order to be eligible for ProDirect Essentials® coverage all of the following must be true about your law firm. Please initial each statement that is true.

- Within the past 12 months, no attorney in the firm has practiced more than 25% of the time in any of the following areas:
 - *Financial Transactions* (including mergers & acquisitions, real estate finance and development, corporate and/or municipal finance transactions)
 - *Plaintiff Personal Injury* (including employment claims, wrongful death, class actions, and medical malpractice, but excluding workers compensation or social security)
 - *General Real Estate* (including purchases / sales of residential and commercial property, title searches/abstracting, real estate closings)
 - *Collections* (including collection of consumer debt on behalf of lenders and which is subject to the Federal Fair Debt Collection Practices Act or similar state laws)
- No lawyer in the firm has been disbarred, reprimanded, suspended from practice or refused admission to practice before any Bar Association, court or administrative agency which regulates the practice of law, and there are no such proceedings pending.
- Within the past 12 months, no lawyer in the firm has had gross billings over \$300,000.
- Within the past five years, no professional negligence claims have been made against the firm or any of its current or past lawyers while part of this firm.
- No lawyer in the firm has any knowledge of any situation which might result in a professional liability claim made against the firm, any current firm member, or any past firm member for acts or omissions while part of the firm.
- No lawyer in the firm:
 - Provides legal services in exchange for stock, partial ownership or investment in a client of the firm.
 - Has any other financial interest in, has served or is serving as a board member of any for-profit client of the firm.
 - Practices in any of the following areas: admiralty, agent practice, entertainment law, intellectual property, oil & gas and mineral rights, or corporate, partnership or municipal securities.
 - Is a title agent.

NOTICE TO APPLICANT

If you are aware of any incident, fact, circumstance, act or omission that could reasonably result in a professional liability claim against you or any lawyer listed in this application, you should immediately file a report with your current carrier.

This application forms a part of your policy, if issued.

APPLICANT REPRESENTATIONS

I have read the eligibility requirements above, and hereby certify that all statements are true about my law firm.

_____ Yes _____ No

I/we represent that the statements in, and any attachments to, this application are true and complete to the best knowledge of all persons to be insured and that I/we have not suppressed or misstated any facts.

I/we authorize Lawyers Direct® or its designated representative to make inquiry in connection with this application.

I/we agree that the insurance providers of Lawyers Direct® have the right to amend the terms, conditions and limitations of any policy issued as a result of this application if, subsequent to the date of this application but prior to the effective date of such policy, there are any changes to the information I/we supplied in this application. In the event of such change, I/we will immediately notify Lawyers Direct® and my/our prior insurer in writing, and such notice will become part of this application.

The undersigned signs this application on behalf of the applicant and all of its partners, owners, shareholders, officers, directors, members and employees. Signing this application does not bind the applicant, Lawyers Direct®, or its insurance providers to complete the insurance, but I/we agree that the statements and representations made in connection with this application will be relied upon by Lawyers Direct® and its insurance providers should a policy be issued.

Officer/Principal Signature

Date

Print or Type Name

Title

Please Fax Or Mail Your Complete Application To:

Agency name:	Professionals Direct® Insurance Services	Phone:	800-558-6688
Mailing Address:	P.O. Box 2679 Grand Rapids, MI 49501-2679	Fax:	800-730-8810
Overnight:	5211 Cascade Rd. SE Grand Rapids, MI 49546-6495		

NOTICE: 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, and 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 appropriate Division of Insurance.

NOTICE TO MICHIGAN AND MINNESOTA RESIDENTS:

Any person who knowingly and with intent to defraud an insurance company or another 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 act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO MISSOURI & ARIZONA RESIDENTS:

Claim Expenses are Inside the Policy Limits. All claim expenses shall first be subtracted from the limit of liability, with the remainder, if any, being the amount available to pay for damages.

NOTICE TO PENNSYLVANIA RESIDENTS:

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.

NOTICE TO NEW MEXICO RESIDENTS:

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 civil fines and criminal penalties.

NOTICE TO OHIO RESIDENTS:

Any person who, with 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.

NOTICE TO MAINE, VIRGINIA, TENNESSEE & WASHINGTON RESIDENTS:

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.

NOTICE TO COLORADO RESIDENTS:

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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 OKLAHOMA RESIDENTS:

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 FLORIDA RESIDENTS:

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 of the third degree.

NOTICE TO NEW JERSEY RESIDENTS:

Any person who knowingly includes any false or misleading information on an application for an insurance policy or files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO DISTRICT OF COLUMBIA RESIDENTS:

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 OREGON RESIDENTS:

Any person who knowingly and with intent to defraud or solicit another to defraud any insurance company: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

NOTICE TO KENTUCKY RESIDENTS:

Any person who knowingly and with intent to defraud an 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.