

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**



9655 GRANITE RIDGE DRIVE
 SUITE 500
 SAN DIEGO, CA 92123

TEL: 800.282.9786
 FAX: 858.571.9010
 EMAIL: INFO@AHERNINSURANCE.COM
 LICENSE NO. 0C04825



Claims-Made Application

Instructions:

- a. All questions must be answered. Please indicate if the answer to any question is "NONE" or "NOT APPLICABLE."
- b. If space is insufficient to answer any question fully, attach a separate sheet.
- c. Application must be completed, signed and dated by an authorized representative of the law firm and the insurance agent.
- d. Please attach a sample of the law firm's current letterhead to this application.

LAW FIRM INFORMATION:

List additional locations on the law firm's letterhead

- 1. Law Firm Name: _____
- 2. Contact/Administrator Name: _____ Email Address: _____
Your email address will never be sold. It will be used to send you important notices.
- 3. Contact Telephone No.: _____ Contact Fax No.: _____
- 4. Address: _____
Address City State County Zip
- 5. Billing Address: _____
(If different than practice address)
- 6. Law Firm Web Address: _____

PRIOR AND CURRENT INSURANCE:

- 1. List the professional liability insurance purchased by the law firm in the past 5 years:

Insurer	Limits of Liability	Deductible	Coverage Dates	Claims Expense Inside or Outside	Loss Only Deductible?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Please submit a copy of the current declarations page and any attachments indicating the retroactive dates for the law firm as well as all insured lawyers.

- 2. Does your current policy have any endorsements that exclude or modify coverage? Yes No
If yes, please attach a copy of each endorsement.
- 3. Has any lawyer or predecessor firm previously purchased an Extended Reporting Period Endorsement under a prior policy? Yes No
If yes, please provide a copy of the endorsement.
- 4. Has the law firm or any predecessor firm ever had an insurer decline, cancel, refuse to renew, rescind or accept to write any professional liability insurance only on special terms? Yes No
(MO applicants need not reply) If yes, provide full details on a copy of the law firm's letterhead.
- 5. Indicate the desired effective date: _____
- 6. Indicate the desired retroactive date: _____
- 7. Indicate the desired limit of liability:

<input type="checkbox"/> \$100,000/\$300,000	<input type="checkbox"/> \$1,000,000/\$2,000,000
<input type="checkbox"/> \$200,000/\$600,000	<input type="checkbox"/> \$2,000,000/\$2,000,000
<input type="checkbox"/> \$250,000/\$750,000	<input type="checkbox"/> \$3,000,000/\$3,000,000
<input type="checkbox"/> \$500,000/\$1,000,000	<input type="checkbox"/> \$4,000,000/\$4,000,000
<input type="checkbox"/> \$1,000,000/\$1,000,000	<input type="checkbox"/> \$5,000,000/\$5,000,000
<input type="checkbox"/> Other: \$ _____	

8. Indicate the desired limit type:
 Claims Expense paid inside the limit of liability
 Claims Expense paid outside the limit of liability
9. Indicate the desired deductible (A letter of credit may be required for deductibles in excess of \$10,000):
 \$1,000 \$5,000 \$15,000 \$75,000
 \$2,000 \$7,500 \$25,000 \$100,000
 \$3,000 \$10,000 \$50,000
10. Indicate the desired deductible type: Loss and claims expense First dollar defense (loss only)

LAW FIRM PROFILE:

1. Check the box that best describes the law firm:
 Sole Practitioner Limited Liability Corporation
 Partnership Limited Liability Partnership
 Professional Corporation Professional Association
2. Federal Employer Identification Number (FEIN) or Taxpayer Identification Number: _____
3. Date the current law firm was established: _____
4. List all predecessor firms of whose assets and liabilities the law firm is the majority successor in interest:

Predecessor Firm	Date Established	Date Acquired

5. If you are a Sole Practitioner, provide the name of the lawyer(s) who would be responsible for your law firm in the event of your extended absence (i.e. vacation, illness), and a copy of their current Certificate of Insurance:
Name: _____ N/A
Address: _____
Telephone: _____
6. What was the law firm's gross revenue in the last completed fiscal year? _____
7. Estimate the law firm's gross revenue for the current fiscal year: _____
8. Does any single client make up more than 10% of the law firm's annual billings? Yes No
If yes, complete the Outside Interest Supplement.
9. What was the single highest case value or transaction handled by the law firm in the past 12 months (not in terms of revenue to the law firm, but the case or transaction itself)? _____
10. Does the law firm advertise via TV, radio, direct mail or Yellow Pages other than by alphabetical listing? Yes No
If yes, attach a copy of the advertisement
11. Does the law firm have any wholly owned entities other than a predecessor firm? Yes No
12. Does any lawyer in the law firm:
- Serve as a director, officer, trustee, owner or partner of, exercise any fiduciary control or hold any equity interest in any organization other than the law firm? Yes No
 - Own, manage, or have any financial control or equity interest in any for-profit business of a client of the law firm? Yes No
 - Provide legal services in exchange for any equity interest in a client of the law firm? Yes No
 - Act as an employee of any organization other than the law firm? Yes No
- If you answered yes to any of the above, complete the Outside Interest Supplement.**

AREAS OF PRACTICE: Please round to the nearest whole percent.

1. Please provide the percentage of the law firm's billable hours in past 12 months for the areas of practice below:

Admiralty/Marine	_____ %	General Practice – (provide a written description)	_____ %
Anti-Trust/Trade Regulation	_____ %	Government Contracts/Claims	_____ %
Arbitration/Mediation	_____ %	Immigration	_____ %
Banking/Financial Institutions*	_____ %	Intellectual Property*	_____ %
Bankruptcy – Personal	_____ %	International Law	_____ %
Civil Litigation	_____ %	Investment Counseling/Money Management	_____ %
Civil Rights/Discrimination	_____ %	Municipal - no finance or bonds	_____ %
Corporate/Business	_____ %	- including finance/bonds	_____ %
- Administration/ organization	_____ %	Oil & Gas/Mineral Rights	_____ %
- Formation	_____ %	Plaintiff*	_____ %
- Merger/Acquisition	_____ %	- Class Action	_____ %
Creditor Rights - General	_____ %	- Medical Malpractice	_____ %
- Collections/Consumer Claims	_____ %	- Personal or Bodily Injury	_____ %
Construction/Building contracts	_____ %	- Workers Compensation	_____ %
Defense	_____ %	- Other	_____ %
- Bodily Injury/Personal Injury	_____ %	Public Utilities	_____ %
- Commercial/Corporate General	_____ %	Real Estate*	_____ %
- Criminal Defense	_____ %	- Abstract/Title	_____ %
- Insurance Carrier Representation *	_____ %	- Commercial < \$5 million	_____ %
- Workers Compensation	_____ %	> \$5 million	_____ %
Domestic	_____ %	- Residential < \$2 million	_____ %
- Elder Law	_____ %	> \$2 million	_____ %
- Family/Juvenile/Divorce	_____ %	Schools/education - no finance	_____ %
Employee Benefit Plans/ERISA	_____ %	Securities*	_____ %
Employment Law	_____ %	Social Security	_____ %
- employee/union representation	_____ %	Taxation	_____ %
- management representation	_____ %	- Individual preparation	_____ %
Entertainment Law/Agent Practice*	_____ %	- Estate	_____ %
Environmental/Regulatory	_____ %	- Opinions	_____ %
Estates/Wills/Trusts	_____ %	Other – provide a written description	_____ %
- < \$1 million	_____ %	Total (must equal 100%)	_____ %
- \$1 million - \$5 million	_____ %		
- > \$5 million	_____ %		

* Please complete the applicable Area of Practice supplement for those marked with an asterisk.*

2. In the past 5 years, has the law firm or any lawyer in the law firm (regardless of what firm the lawyer was practicing with at the time):

- Represented issuers, underwriters or affiliates with regard to the issuance, offering or sale of securities or bonds? Yes No
- Handled any class action or mass tort litigation cases? Yes No
- Provided any copyright, trademark or patent services? Yes No
- Acted in the capacity as SEC counsel or general counsel to any Financial Institution? Yes No
- Provided any legal services for entertainment clients or public figures? Yes No

If you answered yes to any of the above, complete the applicable Area of Practice Supplement.

INTERNAL PROCEDURES:

1. Does the law firm have at least two independent calendars that are maintained and cross-referenced by at least two different individuals? Yes No
 - Indicate the type of independent calendars used: Pocket Diary Single Calendar
 - Dual Calendars Tickler Computer
 - How often are calendar systems cross-referenced? Daily Weekly Monthly
2. Does the law firm have a system for detecting and avoiding conflicts of interest? Yes No
 - Index Computer Conflict Committee Oral/Memory Other _____
3. Does the law firm use any of the following client communication materials? Yes No
 - Engagement Letters/Fee Agreements Non-Engagement/Declination Letters
 - Disengagement/Termination of Services Letters Settlement Authority Letters
4. Are the letters noted above provided for: New clients only New matters for existing clients
5. What percentage of the law firm's billings are over 90 days past due? _____
 - In the past 2 years, how many suits for fees has the law firm filed? _____
 - What steps have been implemented to avoid filing future fee suits against clients? _____
6. Does the law firm practice exclusively via the Internet? Yes No
If no, what percent, if any, does the law firm practice via the Internet? _____%
7. Does the law firm share office space, letterhead, staff or cases with another lawyer or law firm? Yes No
 - If yes, does the law firm maintain separate files, and present itself as an independent practice? Yes No
 - Does the law firm ever outsource, subcontract or refer legal work to other law firms?..... Yes No
 - If yes, does the law firm keep a portion of the fees upon referral to another law firm?..... Yes No***If you answered yes to any of the above, provide a detailed narrative on your law firm's letterhead.***

DISCIPLINE AND CLAIMS INFORMATION:

1. Has any lawyer in the law firm ever been treated for alcohol addiction in the past 5 years; or ever been treated for a narcotics or gambling addiction? Yes No
If yes, provide the treatment and release dates, or a copy of the recovery plan if still in treatment.
2. Has any lawyer in the law firm been charged with or convicted of a criminal offense other than a traffic violation in the past 5 years; or ever been convicted of a felony or a crime involving moral turpitude? Yes No
If yes, provide a detailed explanation on the law firm's letterhead.
3. Has any lawyer in the law firm ever been refused admission to practice, disbarred or suspended from practice; or been reprimanded, sanctioned or disciplined by any court or administrative agency, or are any such proceedings currently in progress?..... Yes No
If yes, provide a written explanation on the law firm's letterhead and include documentation from the court/agency.

DISCIPLINE AND CLAIMS INFORMATION (continued):

4. After inquiry of all lawyers and employees of the law firm, including independent contractors, Of Counsel and any other affiliated lawyers, is any such person aware of:
- A professional liability claim made in the past 5 years (either still open or closed)? Yes No
 - An act or omission that might reasonably be expected to be the basis of a claim? Yes No
- If yes, please complete an Incident/Claim Supplement for each claim, suit, or incident.***

Signature/Title of Law Firm Representative

Date

Signature of Agent

Date

For residents of CA: 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 or knowingly helps with intent to defraud, commits a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Professional liability insurance offered through Attorney Shield is underwritten by Professional Solutions Insurance Company, doing business as PSIC Insurance Company in CA.



Individual Lawyer and Office Staff Supplement

The policy limits of liability are shared by all Insured's under this policy.

1. List all lawyers practicing on behalf of the law firm. Attach a separate sheet for additional lawyers.

Lawyer's Name	<u>Position</u> O – Owner P – Partner E - Employee	Primary State Bar #	States Admitted	Date First Admitted	Date of Hire	Retroactive Date	Total CE hours in the past 12 months	CE hours specific to Ethics

2 Provide the name of the owner or partner authorized to make changes to the policy: _____

3. List Of Counsel Lawyers and Independent Contractors:

Name	Bar #	Average billable hours (annual)	Does this lawyer have separate insurance?
			<input type="checkbox"/> Yes (submit a copy) <input type="checkbox"/> No <input type="checkbox"/> Yes (submit a copy) <input type="checkbox"/> No
			<input type="checkbox"/> Yes (submit a copy) <input type="checkbox"/> No <input type="checkbox"/> Yes (submit a copy) <input type="checkbox"/> No

4. Enter the total number of non-lawyer staff in each category:

Paralegals/Law Clerks	Clerical/Administration	Investigators/Abstractors	Other – Provide a list

5. In the last 12 months, how many lawyers have left the law firm? _____
 Approximately how many lawyers will be added in the next 12 months? _____

6. Does the law firm perform a background check on all lawyers and office staff prior to employment? Yes No

Signature and Title of Law Firm Representative

Date

Signature of Agent

Date

For residents of CA: 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 or knowingly helps with intent to defraud, commits a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Professional liability insurance offered through Attorney Shield is underwritten by Professional Solutions Insurance Company, doing business as PSIC Insurance Company in CA.