



Application Form

SL AP 1000 (11-2018)

NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS MADE IS A CLAIMS MADE AND REPORTED POLICY SUBJECT TO ITS TERMS. THIS POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD AND REPORTED TO US PURSUANT TO THE TERMS OF THE POLICY ARISING FROM ANY CIRCUMSTANCES WHICH TOOK PLACE ON OR AFTER ANY RETROACTIVE DATE SPECIFIED IN THE SCHEDULE AND BEFORE THE EXPIRY DATE OF THE POLICY PERIOD. AMOUNTS INCURRED AS CLAIMS EXPENSES SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE DEDUCTIBLE. PLEASE READ THE POLICY CAREFULLY.

APPLICATION INSTRUCTIONS: ANSWER ALL QUESTIONS COMPLETELY. THIS APPLICATION MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM.

1. Company Information

Applicant Entity Name:

Address:

Subsidiaries:

Contact Email:

Gross annual revenue (last complete year):

\$

Number of lawyers:

Part time lawyers, who collect \$25,000 or less in annual commission income, may be counted as ½ each.

2. Professional Liability Insurance

Please provide the following information regarding your E&O/Professional Liability Insurance* Policies:

Policy Limit:

Deductible:

Retroactive Date:

**means primary or excess insurance designed to provide coverage for errors or omissions in the delivery or failure to deliver legal services.*

3. Warranty Questions

- i. Have you had any computer, network or information "security incidents" during the past three years?
A "security incident" includes any unauthorized access; unauthorized use; breach; compromise of your computer systems, including embezzlement, fraud, theft of proprietary information, denial of service, electronic vandalism or sabotage; computer virus, unscheduled network outage lasting more over 24 hours, or other similar event. Yes No
- ii. During the past three years, the Applicant or any of its former or current directors, officers, employees, subsidiaries, independent contractors or other proposed Insured given written notice under any prior or current cyber risk, media, E&O or professional liability policy of specific facts or circumstances which may give or have given rise to a Claim being made? Yes No
- iii. Is the Applicant or any of its former or current directors, officers, employees, subsidiaries, independent contractors or other proposed Insured aware of any fact, circumstance, situation, event, complaint or transaction which may give rise to a Claim under the proposed liability coverage for which the Applicant is applying? Yes No

PLEASE READ THE FOLLOWING DECLARATION CAREFULLY AND SIGN:

To the best of my/our knowledge and belief, I/We declare that the information provided in connection with this Application after reasonable inquiry, is true and I/We have not withheld any material facts. I/We understand that non-disclosure or misrepresentation of material fact may entitle Underwriters to void the insurance.

I/We understand that signing this Application does not bind coverage, but agree that, should a contract of insurance be concluded, this Application and statements made therein shall form the basis of the contract and shall be deemed attached to and become part of the policy if issued. Underwriters are authorized to make any investigation and inquiry in connection with this application as it deems necessary.

The undersigned authorized officer of the Applicant hereby acknowledges that they are aware that the Limit of Liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the Limit of Liability of this policy.

Name:

Title:

Signed:

Date:

Please return completed and executed form to Shawn Royle at AHERN Insurance Brokerage:

- via email at sroyle@aherninsurance.com
- or via fax at (858) 571-9010.