

## PT PRO PROFESSIONAL LIABILITY APPLICATION NON-LAWYER LEGAL SERVICES

(This is an Application for a Claims Made and Reported Policy)

### 1. APPLICANT INFORMATION

Name (First/Middle Initial/Last): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Does the Applicant render professional services through a legal entity?.....  Yes  No

If "Yes," complete the following:

Legal Name of Entity: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Entity Type: \_\_\_\_\_ Website: \_\_\_\_\_ FEIN: \_\_\_\_\_

Total employees (including the Applicant):..... \_\_\_\_\_

Is the entity one hundred percent (100%) owned by the Applicant?.....  Yes  No

### 2. PRACTICE PROFILE

Provide the following gross revenue figures and average weekly billable hours:

	Last Fiscal Year	Current/Next Fiscal Year (estimate)
<b>Fiscal Year Ending (MM/DD/YYYY)</b>		
<b>Gross Revenue</b>	\$	\$
<b>Average Weekly Billable Hours</b>	Hours:	Hours:

Provide the percentage of gross annual revenue derived from the Applicant's professional services. Percentages entered in AREAS OF PRACTICE that contain an asterisk will require completion of additional questions pertaining to that specific area of practice.

NON-LAWYER LEGAL SERVICES/AREAS OF PRACTICE	PERCENTAGE
Administrative Law	%
Civil Law	%
Criminal Law	%
Family Law:	%
Divorce (under \$1 million in marital assets)	%
Divorce (\$1 million or more in marital assets)	%
Adoption	%
Guardianship/Juvenile	%
Other:	%

NON-LEGAL/OTHER SERVICES	PERCENTAGE
Non-Legal Services:	%
Paralegal Services:	%
Legal Services:	%
<b>TOTAL</b>	<b>100%</b>

Does any client account for fifty percent (50%) or more of the Applicant's gross annual revenue? .....  Yes  No  
If "Yes," complete the following:

NAME OF CLIENT	PERCENTAGE OF GROSS REVENUE	SERVICES PERFORMED
	%	

**3. PROFESSIONAL PROFILE**

List the Applicant's active bar association memberships:

STATE BAR	ADMITTED (YEAR)

List the Applicant's professional qualifications:

INSTITUTION	DEGREE	YEAR QUALIFIED

**4. RISK MANAGEMENT**

Does the Applicant regularly confirm representation in writing using formal engagement letters? .....  Yes  No

Does the Applicant utilize a diary or docket control system which tracks court dates, deadlines, statute of limitation dates or other time sensitive dates (i.e., closing dates, tax filings)? .....  Yes  No

How many suits for collection of fees have been filed by the Applicant during the past two years? ..... \_\_\_\_\_

**5. INSURANCE**

Does the Applicant currently carry Professional Liability (Errors & Omissions) insurance? .....  Yes  No

If "Yes," complete the following:

Expiring Policy Expiration Date: \_\_\_\_\_

Expiring Policy Prior Acts Date: \_\_\_\_\_

If "No," complete the following:

Desired Effective Date of Coverage: \_\_\_\_\_

**6. CLAIMS**

In the past five years, has the Applicant been refused admission to practice law, disbarred, suspended or formally reprimanded, sanctioned or disciplined by any court or administrative agency? .....  Yes  No

If "Yes," provide details: \_\_\_\_\_

In the past five years, have any professional liability claims or suits been made against the Applicant?.....  Yes  No

If "Yes" is selected, please complete additional questions in the CLAIM/SUIT/CIRCUMSTANCE section.

Is the Applicant aware of any fact, circumstance or situation which may reasonably be expected to give rise to a professional liability claim or suit against the Applicant?.....  Yes  No

If "Yes" is selected, please complete additional questions in the CLAIM/SUIT/CIRCUMSTANCE section.

**CLAIM/SUIT/CIRCUMSTANCE**

1. Name of Claimant or Potential Claimant: \_\_\_\_\_
2. Claim Status: .....  Open  Closed
3. Date Reported: \_\_\_\_\_
4. Describe the claim, suit and/or circumstances: \_\_\_\_\_  
\_\_\_\_\_
5. Provide the reserved and/or payment amounts made for this claim, suit or circumstance:

RESERVE AMOUNT BY INSURER	PAYMENT BY INSURER	DEDUCTIBLE PAYMENTS BY APPLICANT
\$	\$	\$

**THE APPLICANT AND FIRM ACCEPT NOTICE THAT ANY POLICY WHICH MAY BE ISSUED WILL APPLY ON A “CLAIMS MADE AND REPORTED” BASIS.**

The undersigned authorized person, on behalf of the applicant, attests that to the best of the his/her knowledge and belief the statements set forth herein are true. Although the signing of this Application Form does not bind the undersigned to effect insurance, the undersigned agrees that this application and the said statements shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy.

The undersigned authorized person on behalf of the applicant declares that the above statements are true, that neither the undersigned person nor the applicant has suppressed or misstated facts and that at the present time the applicant has no reason to anticipate any claims being brought against the applicant or any representative of the applicant or knowledge of any negligent act, error, omission or offense on the applicant’s part or any representative of the applicant except as stated herein, and agrees that this Application Form shall be the basis of the contract between the applicant and the Company and shall be deemed a part hereof.

Signing this form does not bind you to complete the insurance. Coverage will become effective upon approval of the application and issuance of the policy. It is agreed that this form will be the basis of the contract. Should a policy be issued, this form will be attached to and become a part of the policy.

The answers given to all questions in this application are complete and correct to the best of my knowledge.

**FRAUD WARNING:** 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.

APPLICANT’S NAME AND TITLE: \_\_\_\_\_

APPLICANT’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_