



DARWIN NATIONAL ASSURANCE COMPANY

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LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION

NOTICE: THE POLICY BEING APPLIED FOR IS A CLAIMS MADE POLICY WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES WILL BE REDUCED AND MAY BE EXHAUSTED BY CLAIMS EXPENSES AND CLAIMS EXPENSES WILL BE APPLIED AGAINST THE RETENTION AMOUNT. IN NO EVENT WILL THE INSURER BE LIABLE FOR CLAIMS EXPENSES OR DAMAGES IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

1. APPLICANT INFORMATION

Firm Name: _____ Contact Person: _____
Address*: _____ City/State/Zip: _____
Website: _____ Year Established: _____
Email: _____ Phone: _____ Annual Gross Revenues: \$ _____

*Physical Address required

2. LAWYER INFORMATION (including contract attorneys, counsel and of counsel)

Table with 4 columns: Attorney Name, Admitted, Hire Date, Average Hours Worked per Week

3. CURRENT INSURANCE

Carrier: _____
Policy Term: _____
Policy Limit: _____
Retention: _____
Premium: _____
Retroactive Date: _____

If additional space is needed, please attach a separate sheet.

Non-attorney staff: Legal Secretaries/Assistants _____ Paralegals _____ Other (describe): _____

4. CLAIMS/CIRCUMSTANCES/DISCIPLINARY PROCEEDINGS

- (a) Has any attorney been the subject of any bar complaint...
(b) Has any attorney been disbarred or refused admission...
(c) Is any attorney or non-attorney staff aware of any claims...
(d) Does any attorney or non-attorney staff know of any acts, circumstances, acts, errors or omissions...

All such claims or incidents which may give rise to a claim must be disclosed in response to this Question regardless of whether the attorney or non-attorney staff believes that such a professional liability claim is likely to be made or would have any merit.

Without limiting the rights of the Insurer, any claim arising from a matter disclosed or which should have been disclosed in response to Question 4(c) or Question 4 (d) is excluded from any proposed insurance.

5. RISK MANAGEMENT

Does the law firm or any attorney:

- (a) File lawsuits for the collection of its own unpaid legal fees? Yes No
If "Yes", how many within the past two (2) years? _____
- (b) Currently have more than 25% of billings more than 120 days past due? Yes No
If "Yes", what percentage? _____%
- (c) Derive more than 50% of gross annual billings from any one client? Yes No
If "Yes", what percent from a single client? _____%
- (d) Have any office locations outside of your primary state? Yes No
If "Yes", please complete Office Location Supplement.
- (e) Share any of the following with any other firm or attorney: Office Space Letterhead Staff Cases None
If "Yes" to any, provide name of firm(s) or attorney(s): _____
- (f) Render services as a CPA, Real Estate Agent, Financial or Investment Advisor? Yes No
- (g) What percentage of cases does the firm use the following letters (*if not 100% for all, please provide an explanation*):
 Engagement/Retainer Letters _____%
 Declination Letters _____%
 Termination/Disengagement Letters _____%

6. AREAS OF PRACTICE

Indicate below the percentage of gross revenue from each area of practice; *must equal 100%*.

NOTE: For the areas in **BOLD CAPS**, please complete the applicable supplemental application and/or Section 7 for Real Estate.

ENTERTAINMENT	%	SECURITIES	
ENVIRONMENTAL	%	NON-EXEMPT	%
INTELLECTUAL PROPERTY	%	EXEMPT (i.e., Private Placements) only	%
CORPORATE and GOVERNMENTAL			
Administrative Law	%	Immigration	%
Banking	%	International Law	%
Bankruptcy	%	Mergers & Acquisitions	%
Commercial Law / Business Transactions	%	Public Utilities	%
Communications (FCC)	%	Taxation – Corporate	%
Corporate – General	%	Taxation – Individual	%
Corporate – Formation	%	Taxation – Opinions (please provide details)	%
Government – Federal & State	%	Taxation – Other (please provide details)	%
Government – Municipal (no bonds)	%	<i>Other (please provide details on separate sheet)</i>	%
GENERAL PRACTICE		LITIGATION	
Admiralty / Maritime	%	Arbitration/Mediation	Plaintiff % Defense %
Antitrust / Trade Regulation	%	Bodily Injury & Property Damage	% %
Collections	%	Class Action & Mass Torts	% %
Criminal	%	Commercial	% %
Elder Law / Social Security	%	Construction	% %
Employment	%	Civil Rights/Discrimination	% %
ERISA	%	General Civil	% %
Family Law – asset values less than \$1m	%	Insurance (excluding bad faith)	% %
Family Law – asset values \$1m to \$5m	%	Insurance Bad Faith	% %
Family Law – asset values greater than \$5m	%	Legal Malpractice	% %
Insurance Coverage Opinions	%	Medical Malpractice	% %
Labor Law – Management	%	Workers Compensation	% %
Labor Law – Union	%		
Real Estate (including Foreclosure)*	%		
Trust & Estates/Probate/Wills – asset value less than \$1m	%		
Trust & Estates/Probate/Wills – asset value \$1m to \$5m	%		
Trust & Estates/Probate/Wills – asset values greater than \$5m	%		
<i>Other (please provide details on separate sheet):</i>	%		

***If any Real Estate, complete Section 7.**

7. REAL ESTATE:

Of the percentage indicated in Section 6, please break down according to the following areas based on the firm’s work over the past 12 months:

Practice	Percentage	Total Transactions	Average Value	Maximum Value
a. Purchase & Sale – Commercial	%		\$	\$
Residential	%		\$	\$
b. Development (Syndications/Limited or General Partnerships/Condo or Co-ops/Property Valuation)	%		\$	\$
c. Mortgages, Refinancing and Loan Workouts	%		\$	\$
d. Foreclosures	%		\$	\$
e. Title Searches / Document Preparation	%			
f. Landlord/Tenant	%			
g. Litigation (non-foreclosure)	%			
h. Municipal Zoning and Tax Appeals	%			
i. Other (Please describe in space provided)	%			
TOTAL (Must equal 100%)	%			

8. NOTICES AND REPRESENTATIONS

The undersigned authorized representative of the Applicant declares that the statements set forth herein are true, and reasonable effort has been made to obtain sufficient information from all persons proposed for this insurance to facilitate the accurate completion of the Application.

The undersigned authorized representative agrees that if the information supplied on this Application changes between the date of this Application and the effective date of the insurance, he/she will, in order for the information to be accurate on the effective date of the insurance, immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations or agreement to bind insurance.

The submission of this Application by the Applicant to the Insurer or signing of this Application by or on behalf of the Applicant does not obligate the Insurer to issue the insurance requested. It is agreed that this Application shall be the basis of the contract if a policy is issued and shall be deemed to be attached to, incorporated into and become a part of, the policy.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE.

NOTICE TO ARKANSAS 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 OF 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 KENTUCKY APPLICANTS: "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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME."

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 NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO NEW MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO NEW YORK 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, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

NOTICE TO OHIO APPLICANTS: "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 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" (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (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 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."

NOTICE TO TENNESSEE 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 TEXAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

NOTICE TO VERMONT APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW."

NOTICE TO VIRGINIA 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

NOTICE TO WASHINGTON 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 WEST VIRGINIA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR THE 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 ALL OTHER 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."

This application must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

The undersigned authorized representative of the Applicant declares that the statements set forth herein are true, and reasonable effort has been made to obtain sufficient information from all persons proposed for this insurance to facilitate the accurate completion of the Application.

Signature of Owner, Partner or Principal

Date

Print Name

Title

Licensed Agent

License Number