STARSTONE SPECIALTY INSURANCE COMPANY

APPLICATION

LAWYERS PROFESSIONAL LIABILITY INSURANCE

Reset

APPLICATION FOR CLAIMS-MADE AND REPORTED PROFESSIONAL LIABILITY INSURANCE POLICY, LIMITED TO ONLY THOSE CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE INSURER DURING THE POLICY PERIOD OR AN EXTENDED REPORTING PERIOD, IF APPLICABLE. THE LIMIT OF INSURANCE WILL BE REDUCED BY PAYMENT OF CLAIMS EXPENSES AND DAMAGES.

It is agreed that in granting coverage under this Policy, the Insurer has relied upon the information and materials described below and any other material submitted by the Applicant Firm in connection with the underwriting of this Policy.

Applicant Firm Name

Street Address | Suite

City | County | State | Zip Code

Website Address | Mailing Address (if different)

Primary Contact Name | Title

Email | Telephone Number | Fax Number

Desired Limit: $_____ Desired Retention: $_____ Effective Date: _____

1. Total number of lawyers this year: _____ If more than 10, attach additional sheets as necessary.
2. List all Owners, Partners, Officers, Directors, Stockholder Employees, and Employed Lawyers of the Applicant Firm.

*Designation Codes:

P	Partner/Owner/Member	**IC**	Independent Contractor
E	Employed Lawyer	**PTL**	Part-Time Lawyer (</= 25 Hours a Week)
OC	Of Counsel	**R**	Retired

Name of Lawyer	Designation*	If OC, IC or PTL, # of hours worked	Admitted to the Bar MM/YY	Joined Applicant Firm MM/DD/YY	Lawyers Specialty
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

3. If you are a sole proprietor, provide the name of the lawyer who handles your cases when you are absent for an extended period of time (i.e., vacation, illness, etc.). (A back-up lawyer is required.)

Back-up Lawyer Name: _____ Telephone Number: _____

Street Address: _____ Suite: _____

City: _____ State: _____ Zip Code: _____

4. Number of lawyers who joined or left the Applicant Firm within the past year: Joined: _____ Left: _____

5. Number of non-lawyer staff currently employed by the Applicant Firm: _____

6. Does the Applicant Firm practice from additional locations? ☐ Yes ☐ No

If "Yes", list locations and number of lawyers at each:

Location	Number of Lawyers	Location	Number of Lawyers

7. Indicate the gross income for the applicable fiscal year (gross income means all sums billed to clients for services rendered, or if your Applicant Firm deals primarily with contingency fee cases, your average annual gross revenue):

a. Actual for immediate past fiscal year: $_____

b. Estimate for current year: $_____

8. Percentage of the Applicant Firm's receivables currently over 90 days? _____% over 180 days? _____%

9. Does any client account for 25% or more of the Applicant Firm's gross billings? ☐ Yes ☐ No

If "Yes", provide the following details:

Name of Client	% of Gross Billings	Work Performed

10. Date the Applicant Firm has been in continuous operation since: _____

11. Does your current policy have retroactive date/prior acts exclusion? ☐ Yes ☐ No

If "Yes", what is your retroactive/prior acts date? _____

12. Provide the Applicant Firm's professional liability insurance purchased for the last three (3) years:

Insurance Carrier	Expiration Date	# of Lawyers	Limit of Liability	Retention	Premium
			$	$	$
			$	$	$
			$	$	$

13. Any exclusion(s) on the current policy that were specifically tailored for the Applicant Firm? ☐ Yes ☐ No

If "Yes", provide details:

_____

14. List all Predecessors of the Applicant Firm:
("Predecessor" means any partnership, professional corporation, professional association, limited liability partnership or limited liability corporation engaged in legal services; and to whose financial assets and liabilities the Applicant Firm is the majority successor in interest.) ☐ None

Name of Predecessor Firm	Date Established	Date of Merger

15. During the last five (5) years, has any insurance carrier canceled, refused to renew, declined, or rescinded any Applicant Firm's, or any Predecessor of the Applicant Firm, professional liability insurance policy? (NOT APPLICABLE IN MISSOURI) ☐ Yes ☐ No

If "Yes", provide the name of the carrier, the date and details:

_____

16. Within the last five (5) years, has the Applicant Firm, or any Predecessor of the Applicant Firm, ever purchased an Extended Reporting Period (or Discovery Period) under any prior professional liability policy? ☐ Yes ☐ No

If "Yes", provide details including date purchased and duration of Extended Reporting Period:

_____

17. Indicate the percentage of gross income for the past fiscal year derived from the following areas of practice: (*Total must equal 100%*)

AREA OF PRACTICE Round to the nearest whole percent	%	AREA OF PRACTICE Round to the nearest whole percent	%
Administrative Law		Insurance Defense	
Admiralty Defense		International Law	
Admiralty Marine		Investment Money Manger	
Adoptions		Juvenile	
Arbitration/Mediation		Labor Unions	
Banking/Financial Institutions*		Labor/Employee	
Bankruptcy		Labor/Management	
BI/PI Defense		Landlord Tenant/Leases	
Bonds (complete Securities supplement)*		Lobbying	
Business Transactions		Local Government	
Civil Rights		Medical Malpractice Defense	
Civil/General Litigation		**Medical Malpractice Plaintiff***	
Class Action Plaintiff*		Mergers & Acquisitions	
Collection*		Municipal Law	
Commercial Defense		**Oil & Gas Mining***	
Commercial Law		**Oil & Gas Title***	
Consumer Claims		**Patent, Trademark, Copyright – Filing***	
Construction Law		**Patent, Trademark, Copyright Litigation***	
Contracts		**Patent, Trademark, Copyright Prosecution***	
Corporate Formation		**Plaintiff BI/PI (Non Product Liability)***	
Corporate General		**Product Liability Plaintiff***	
Corporate Litigation		**Real Estate Closings/General***	
Criminal Law		**Real Estate Commercial Title***	
Divorce (under 1MM marital assets)		**Real Estate Development***	
Employment Law		**Real Estate Investment Trusts***	
Entertainment*		**Real Estate Limited Partnership***	
Environmental Law*		**Real Estate Residential Title***	
ERISA		**Real Estate Syndication***	
Estate Planning*		**Securities***	
Estate/Trust/Probate*		Taxation Opinions	
Family Law – (Non-Divorce)		Taxation Preparation	
Fiduciary		Taxation Representation	
Foreclosures (Real Estate supplement)*		Traffic	
Foreign Law		**Wills***	
Guardianships		Workers Compensation Plaintiff	
High Profile Divorce (over 1MM marital assets)		Workers Compensation Defense	
Immigration/Naturalization		Other: _____	
		Total	**100%**

***If any, complete applicable Area of Practice supplemental application available from your broker.**

18. Docket and Calendar Procedures:
    a. Does the Applicant Firm maintain a planned docket control system and procedure with at least two (2) independent date controls? ☐ Yes ☐ No
    b. Are the docket control system(s) and the procedure computerized? ☐ Yes ☐ No

19. Internal Business Procedures:
    a. Does the Applicant Firm require the use of engagement letters including fee agreement on all engagements undertaken by firm? ☐ Yes ☐ No
    b. Does the Applicant Firm notify clients or prospective clients in writing when you decline to represent them, and when an existing relationship is terminated? ☐ Yes ☐ No
    c. Does the Applicant Firm maintain a system to avoid conflicts of interest? ☐ Yes ☐ No
    d. Is the conflicts system computerized? ☐ Yes ☐ No
    e. During the last year, how many lawyers in the Applicant Firm have participated in formal continuing legal education programs of at least seven (7) hours? _____
    f. Does the Applicant Firm share office space, expenses, cases, or letterhead with any other individual, of counsel, partnership, firm or organization? ☐ Yes ☐ No
    If "Yes", provide the name of the entity(ies):
    1) _____ 2) _____

20. How many suits for collection of fees have been filed by the Applicant Firm during the past two years? _____
    If more than 2 times:
    a. what is the average fee suit amount? $_____
    b. have steps been taken to avoid a possible counter suit? ☐ Yes ☐ No
    c. briefly explain changes to prevent future fee suits:
    _____

21. Does any lawyer in the Applicant Firm:
    a. serve as a director, officer, trustee or partner of, or exercise any fiduciary control over, any organization other than the Applicant Firm? ☐ Yes ☐ No
    b. hold any ownership or equity interest in any client(s) of the Applicant Firm? ☐ Yes ☐ No
    If "Yes" to either, complete the following (attach additional sheets as necessary):

Name of Lawyer	Name of Organization	Organization For Profit (FP) or Nonprofit (NP)?	Is the Organization a Firm Client? (Y/N)	Position Held by Lawyer	Percent of Equity Held	Percent of Total Firm Billings	Separate D&O Insurance? (Y/N)
		☐ FP ☐ NP	☐ Y ☐ N		%	%	☐ Y ☐ N
		☐ FP ☐ NP	☐ Y ☐ N		%	%	☐ Y ☐ N
		☐ FP ☐ NP	☐ Y ☐ N		%	%	☐ Y ☐ N
		☐ FP ☐ NP	☐ Y ☐ N		%	%	☐ Y ☐ N

22. Have any of the Applicant Firm's lawyers ever been refused admission to practice, disbarred, suspended or formally reprimanded, sanctioned, or disciplined by any court or administrative agency? ☐ Yes ☐ No
    If "Yes", provide details:
    _____

23. In the past five (5) years, has any current or former lawyer of the Applicant Firm:
    a. provided professional services other than legal services? ☐ Yes ☐ No
    b. suffered from an impairment that might hinder their ability to provide competent, courteous and timely legal services? ☐ Yes ☐ No
    If "Yes" to either, provide details:
    _____

24. In the past five (5) years, has any current or former lawyer of the Applicant Firm:
    a. handled any plaintiff class action or mass tort litigation? ☐ Yes ☐ No
    b. provided legal services in any way related to a security or securities transactions? ☐ Yes ☐ No
    c. served as a fiduciary, committee member, director, officer, partner or employee of any financial institution? ☐ Yes ☐ No

    If "Yes" to any part of Question 24, complete the Plaintiff Class Action Supplement and/or Securities Supplement and/or Banking/Financial Institutions Supplement, as applicable.

25. In the past five (5) years, how many professional liability claims or suits have been made against the Applicant Firm, any Predecessor of the Applicant Firm, or any past or present lawyer in the Applicant Firm? _____

    Complete a separate Claim / Circumstance Supplement with full details for each.

26. Is the Applicant Firm or any lawyer in the Applicant Firm 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 Firm, any Predecessor of the Applicant Firm, or any past or present lawyer in the Applicant Firm? ☐ Yes ☐ No

    If "Yes", complete a separate Claim / Circumstance Supplement with full details for each.

IT IS AGREED THAT ANY CLAIM BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM, IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY PROFESSIONAL LIABILITY CLAIM, SUIT, FACT, CIRCUMSTANCE OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN RESPONSE TO QUESTIONS 25. OR 26. ABOVE WILL BE EXCLUDED FROM THE PROPOSED COVERAGE.

READ CAREFULLY

The undersigned, acting on behalf of the Applicant Firm and all proposed insureds, declares that the statements set forth herein are true and accurate and that thorough efforts have been made to obtain sufficient information from each proposed insured in order to facilitate proper and accurate completion of this Application.

The undersigned agrees that the Application and all other materials submitted to the insurer are their statements, are incorporated in and constitute a part of the Policy, and shall be deemed attached to the Policy as if physically attached. The undersigned represents that the statements and representations in the Application and all other materials submitted to the insurer shall be deemed material to the acceptance of the risk and that the Policy is issued in reliance upon the truth and accuracy of such statements and representations. It is agreed by the undersigned, this Application, together with any other materials submitted to the insurer, have been completed as respects the entire Applicant Firm and all proposed insureds.

The undersigned further declares that if any significant change in the condition of the Applicant Firm or proposed insureds is discovered, between the date this Application was signed and the effective date of the policy, which would render the information in this Application inaccurate or incomplete, any such information will immediately be reported in writing to the insurer and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The undersigned and insurer agree that the signing of this Application does not bind the undersigned to purchase the insurance.

_____ _____
Signature of Partner, Owner, Officer or Principal Date

_____ _____
Print or Type Name Title

ALL STATES (UNLESS A STATE-SPECIFIC FRAUD WARNING APPLIES)

NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

STATE-SPECIFIC

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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 INSURANCE 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 AUTHORITIES.

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 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 INSURANCE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY 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 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 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 PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS MATERIALLY FALSE INFORMATION IN AN APPLICATION FORINSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE INSURANCE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL 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, OR 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.