Arch | Insurance

CALIFORNIA APPLICATION FOR A CLAIMS-MADE AND REPORTED LAWYERS PROFESSIONAL LIABILITY POLICY

PLEASE TYPE OR PRINT IN INK AND RETURN WITH A SAMPLE OF YOUR LETTERHEAD

Legal Name of Firm	Business Phone with Area Code	Effective Date Requested
Principal Business Address	Business Fax with Area Code	E-mail Address
City County State Zip		Firm Website

1. Please list all attorneys practicing on behalf of your firm. Add an attachment if necessary.

   (Social Security Number is required for any firm with one or two attorneys opting in for a potential premium discount based upon insurance score, Authorization for this can be found on Page 4 of this application)

Attorney Name	Social Security Number/ State Bar Number	Designation Code (See choices below)	Part Time or Full Time (See Below)	Years Since Admitted to Bar	Current Legal Malpractice Insurance Carrier	Current Retroactive Date

Designation Code: **E** = Member/Employee of the Firm, **OC** = Of Counsel/Independent Contractor, **PLL** = Provisionally Licensed Lawyer and **F** = Full Time, **PT** = Part Time attorney working 20 hours or fewer per week.

*If an attorney is requesting part time rates please provide the date that this attorney last practiced law full time.

_____ /_____/_____

Also, please be advised that this designation should include all hours worked as an attorney, including but not limited to billable hours, non-billable hours and time spent operating a part time law practice.

2. Do any members of your firm have an ownership interest, in whole or in part, in any business entity other than the applicant law practice?

   ☐ NO ☐ YES - If YES, provide the names of each firm member and the business entity or entities that he/she owns in whole or in part and indicate if any professional services are performed for the entity or entities.

   _____ _____

3. Have any members of your firm been the subject of investigation and/or disciplinary action, including but not limited to reprimand, censure, suspension or disbarment within the past five (5) years?

   ☐ NO ☐ YES - If YES, provide full details on your letterhead.

4. Have any professional liability claim(s) and/or suit(s) been made against the applicant firm or any attorney(s) in the applicant firm or former attorney(s) of the applicant firm within the past five years?

☐ NO ☐ YES - If YES, complete the Claim Supplemental Application.

5. After inquiry, are you or any attorney in your firm aware of any fee disputes, circumstances, incidents, acts or omissions that have led to any professional liability claim that has not yet settled or which could lead to a professional liability claim being made against your firm and/or any attorney in your firm?

☐ NO ☐ YES - If YES, complete the Claim Supplemental Application.

6. Please provide gross annual revenue for the firm:

Prior Fiscal Year	Last Fiscal Year	Estimate for Current Fiscal Year	Projected Next Fiscal Year
FYE	FYE	FYE	FYE
$	$	$	$

7. Please list the limit of liability and deductible currently carried and circle the appropriate type of limit and deductible. Select limit and deductible requested.

CURRENT	DESIRED
Limit: $_____ Defense Costs Part of the Limit * Defense Costs Outside the Limit * Don't Know Deductible: $_____ Per Claim Aggregate Loss Only Premium: $_____	Limit: $_____ Defense Costs Part of the Limit * Defense Costs Outside the Limit * Don't Know Deductible: $_____ Per Claim Aggregate Loss Only

8. Please provide the percentage of gross billable dollars allocated to each Area of Practice. Please round to the nearest whole number. Total must equal 100%.

ADMIRALTY/MARITIME		GOVERNMENT-FEDERAL AND STATE	
ANTITRUST		GOVERNMENT-LOCAL (NOT BOND WORK)	
ARBITRATION/MEDIATION		IMMIGRATION/NATURALIZATION	
BANKRUPTCY		INTERNATIONAL LAW	
**COLLECTIONS*		LABOR LAW	
BUSINESSTRANSACTIONS-CORPORATE AND COMMERCIAL		**PI/PD-PLAINTIFF**	
BUSINESS TRANSACTIONS-ENTERTAINMENT		INSURANCE DEFENSE	
CIVIL RIGHTS/DISCRIMINATION		WORKERS COMPENSATION-DEFENSE	
CONSTRUCTION LAW (BUILDING CONTRACTS)		WORKERS COMPENSATION-PLAINTIFF	
CONSUMER CLAIMS		NATURAL RESOURCES/OIL & GAS	
BUSINESS ORGANIZATION:		COPYRIGHT/TRADEMARK	
Formation/Alteration and Mergers/Acquisitions		PATENT	

Secured Transactions		REAL ESTATE	
Administrative Law/Record Keeping		**SECURITIES LAW:**	
CRIMINAL		State or Federal (both exempt and registered)	
ENVIRONMENTAL LAW		Municipal Bonds	
ESTATE/TRUST/PROBATE		TAXATION/TAX OPINIONS	
FAMILY LAW			

BOLD INDICATES THAT A SEPARATE SUPPLEMENTAL APPLICATION IS REQUIRED.

If handling Collections:* **FDCPA compliant? ☐ NO ☐ YES. Staff # _____ Attorney # _____

9. In the past five years, has any member of your firm handled a mass tort/class action/multiple plaintiff case?

   ☐ NO ☐ YES - If YES, please provide a narrative describing the mass tort/class action/multiple plaintiff case[s] *on your letterhead.* Description should include the capacity in which any attorney in the firm was involved in the case, the size of the class, the amount of money involved and whether or not it involves bodily injury.

10. In the past five years, has any member of your firm done work for a client involved in the cannabis industry?

    ☐ NO ☐ YES - If YES, please provide a narrative describing the work. Description should include type of clients and the percentage of the firm's revenues attributable to this work.

The applicant represents that the above statements are true and correct to the best of his or her knowledge and that no material or relevant facts have been suppressed or misstated and agree that the policy, if issued, will be issued on the reliance of such representations.

Applicant acknowledges a continuing obligation to report to us as soon as practicable any material changes in the facts or statements above, and in each supplementary application, which applicant becomes aware after signing the application.

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

Signature of Owner/Partner _____ Date: _____

Print name: _____ Title: _____

PLEASE NOTE THAT THE FOLLOWING SECTION ONLY APPLIES TO FIRMS WITH ONE OR TWO ATTORNEYS

There are many factors used by the company to evaluate an application for Lawyers Professional Liability Insurance. Such factors may include a law firm's areas of practice, loss history, risk management and an insurance score.

An insurance score is developed from a mathematical model that weighs and measures credit information obtained from a number of sources, including a consumer credit report. Credit information may include payment history, the number of collections, bankruptcies, outstanding debt, length of credit history, types of credit in use and the number of new applications for credit. These factors have been shown to correlate with insurance loss history.

You may be eligible for a premium discount based upon your insurance score. An insurance score will not result in a premium increase. The insurance score is also never the basis on which this company will accept or reject an application for an insurance policy.

If this is acceptable all members of the applicant firm must provide authorization. If you do not wish to have your insurance score computed, only check the box below.

(1) Signature _____ Date: _____

Print name: _____ Title: _____

(2) Signature _____ Date: _____

Print name: _____ Title: _____

Do not compute my insurance score ☐