



**LAWYERS'
MUTUAL**
INSURANCE COMPANY

Lawyers Professional Liability Insurance - Increased Limits Application
For Increasing Limits of an Existing Claims Made & Reported Policy

PLEASE COMPLETE FORM WITH FIRM INFORMATION AND RETURN WITH A **SAMPLE OF YOUR LETTERHEAD**

GENERAL INFORMATION

Policyholder Firm Name: _____ Confirm Total Number of Lawyers: _____

Policy Number (if known): _____ Confirm Total Number of Staff: _____

Confirm Primary Address: _____

Does the Firm have a Satellite office(s): _____ (Y/N) If Yes, Confirm Address(es): _____

Confirm Top 3 Areas of Practice:

AOP No. 1: _____ - _____% AOP No. 2: _____ - _____% AOP No. 3: _____ - _____%

COVERAGE REQUESTED

Briefly describe the reason/need to Increase Limits. Attach any potential client or contract requirement.

Check the REQUESTED Limits and Deductible:

LIMITS	- N/A -	<input type="checkbox"/> \$250K/750K	<input type="checkbox"/> \$500K/1.5M	<input type="checkbox"/> \$1M/3M	<input type="checkbox"/> \$2M/4M	<input type="checkbox"/> \$3M/5M	<input type="checkbox"/> \$5M/7M
DEDUCTIBLE	<input type="radio"/> \$1,000	<input type="radio"/> \$2,500	<input type="radio"/> \$5,000	<input type="radio"/> \$10,000	<input type="radio"/> \$25,000	<input type="radio"/> \$50,000	<input type="radio"/> \$100,000

Maximum Deductible for a Solo Lawyer is \$5,000
The Deductible Applies to Costs of Investigation & Defense as well as Settlements & Judgments

CLAIMS/DISCIPLINE EXPERIENCE

1. After inquiry of all lawyers in the firm, does the Applicant have knowledge of any act, error, omission or disagreement which might reasonably give rise to a claim or suit? If yes, explain. ___ Yes ___ No
2. Has the Firm or any lawyer at the Firm sued for fees during the past 5 years? If yes, explain. ___ Yes ___ No
3. Has any lawyer at the Firm been charged/convicted of any State or Federal offense? If yes, explain. ___ Yes ___ No

NOTE THAT THE POLICY WILL NOT PROVIDE HIGHER LIMITS FOR ANY ACTUAL OR POTENTIAL CLAIMS KNOWN TO ANY APPLICANT/INSURED PRIOR TO THE INCREASE IN LIMITS ON THE POLICY, INCLUDING MATTERS DISCLOSED ON THIS APPLICATION.

FIRM MANAGEMENT

- 1. Does the Firm use written letters on all matters for all clients for the following?
 - a. Engagement letter on new matters, outlining scope of representation & billing procedures ___ Yes ___ No
 - b. Declination or non-engagement letter on new matter not undertaken ___ Yes ___ No
 - c. Scope of service letter for new matters handled for existing clients ___ Yes ___ No
 - d. Termination or disengagement letters at completion/termination of representation ___ Yes ___ No
- 2. Does the Firm use a procedure to protect valuable and irreplaceable documents? ___ Yes ___ No
- 3. Does the Firm use a system to cross reference clients to prevent potential conflicts of interest? ___ Yes ___ No
 - a. Manual conflict check
 - b. Computerized conflict check
 - c. Other: _____
- 4. Does the Firm have a back-up attorney in the event of leave of absence? ___ Yes ___ No
- 5. Does the Firm employ dual calendaring systems? *Select applicable two.* If no, explain. ___ Yes ___ No
 - a. Lawyer calendar
 - b. Matching staff calendar
 - c. Computerized
 - d. Other: _____
- 6. Is the calendar control system assigned to one staff person who has ultimate responsibility? ___ Yes ___ No
- 7. How often are the calendars cross checked? *Select one.*
 - a. Daily
 - b. Bi-Weekly
 - c. Weekly
 - d. Monthly
 - e. Other: _____
- 8. Does any lawyer at the Firm serve as a director, officer or trustee of a business other than the applicant law Firm? If yes, provide position held, length of service, nature of business and whether D&O coverage carried. ___ Yes ___ No
- 9. Has any lawyer at the Firm represented or served as director, officer, executive or committee member of any financial institution in any manner in last 5 years? If yes, explain. ___ Yes ___ No
- 10. Does any lawyer at the Firm act in the capacity of accountant, insurance broker, real estate agent or entertainment agent? If yes, explain and provide information on any other E&O coverage. ___ Yes ___ No

IMPORTANT NOTE

The forgoing responses are true and complete. We understand that the Company will rely upon the accuracy of this application and that the Company retains the right to rescind any policy which is issued based upon an application containing false or incomplete information. We hereby authorize the release and exchange of information involving underwriting and claims matters between the Company and our past and present carriers and we appoint the Company our attorney-in-fact for obtaining such information. We hereby authorize the State Bar of California to release information to the Company concerning membership, certifications and disciplinary proceedings. We agree any person or organization furnishing information to the Company pursuant to this authorization will not be liable for furnishing such information, even if the information is inaccurate or untrue.

THIS APPLICATION WILL BE CONSIDERED ONLY IF ALL QUESTIONS ARE ANSWERED, LETTERHEAD IS ATTACHED, AND THE APPLICATION IS SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT FIRM. APPLICANT MUST REPORT ANY CHANGES IN THESE ANSWERS OF WHICH IT BECOMES AWARE AFTER SIGNING THIS APPLICATION BUT BEFORE THE EFFECTIVE DATE OF THE POLICY. IF APPLICANT BECOMES AWARE OF ANY ACTUAL OR POTENTIAL CLAIM AFTER SIGNING THIS APPLICATION AND BEFORE THE EFFECTIVE DATE OF THE POLICY, SUCH ACTUAL OR POTENTIAL CLAIM WILL NOT BE COVERED UNDER THIS POLICY.

Signature (Owner, Partner, or Officer): _____ Tax ID Number: _____

Print Name & Title: _____ Date: _____

For clarification, please contact our Underwriters at - 1 (800) 252-2045