



# Lawyers Professional Liability Insurance Application

Darwin National Assurance Company

Main Administrative Office:  
9 Farm Springs Road  
Farmington, CT 06032

Corporate Office:  
1807 North Market Street  
Wilmington, DE 19802

**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**

Applicant: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Year Established: \_\_\_\_\_ Annual Gross Revenues: \$ \_\_\_\_\_

**2. LAWYER INFORMATION (including independent contractors and of counsel)**

Attorney Name	Years in Practice	Hire Date	Hours Worked Per Week

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

Number of non- attorney staff: \_\_\_\_\_

**3. CURRENT INSURANCE**

Carrier: \_\_\_\_\_  
 Policy Term: \_\_\_\_\_  
 Policy Limit: \_\_\_\_\_  
 Retention: \_\_\_\_\_  
 Premium: \_\_\_\_\_  
 Retroactive Date: \_\_\_\_\_

**4. CLAIMS/CIRCUMSTANCES/DISCIPLINARY PROCEEDINGS**

- a. Has any attorney been the subject of any bar complaint, investigation or disciplinary proceeding within the past 10 years? *If "Yes", please attach details on a separate sheet of paper, including the nature and date of the complaint, the status of the complaint, and any action taken.*  YES  NO
- b. Has any attorney been disbarred or refused admission to the bar by any bar association, court or administrative agency? *If "Yes", please attach details on a separate sheet of paper, including the nature and date of the disbarment.*  YES  NO
- c. Is any attorney aware of any claims against the law firm or its attorneys, or any incidents that could result in a claim against the law firm or its attorneys within the past 5 years? *If "Yes", how many? \_\_\_\_\_*  YES  NO  
*If any, please complete Claims Supplement(s).*

**5. RISK MANAGEMENT**

- Does the law firm:
- a. File suits for the collection of 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 (1) client?  YES  NO
  - d. Have any additional office locations?  YES  NO  
*If "Yes", please complete Office Location Supplement*
  - e. Does the law firm share office space with any other law firm or attorney? *If "Yes", please list:*  YES  NO

\_\_\_\_\_  
 \_\_\_\_\_

**6. OUTSIDE INTERESTS**

Response required only if law firm has six (6) or more lawyers; if five (5) or fewer lawyers check here N/A

Does any current or past lawyer of the law firm have any equity interest in or serve as a director, officer, partner or employee of any past or present client?

YES  NO

If "Yes", please complete *Outside Interests Supplement*.

7. AREAS OF PRACTICE Indicate below the percentage of gross billable dollars from each area of practice. Note: Applicant must complete supplement for indicated areas of practice in bold.			
Administrative Law	%	<b>Intellectual Property: (complete Intellectual Property Supplement)</b>	
Admiralty / Maritime	%	- Domestic Patent Prosecution	%
Antitrust/ Trade Regulation	%	- Foreign Patent Prosecution	%
<b>Banking/Saving and Loan (complete Financial Institutions Supplement)</b>	%	- Patentability Searches	%
Bankruptcy	%	- Patent Infringement Searches/Opinions	%
Civil Rights/ Discrimination	%	- IP Litigation	%
Collections/ Repossession	%	- TM/C Prosecution & Licensing – Domestic	%
Commercial Law/ Business Trans./ Contracts	%	- TM/C Prosecution & Licensing - Foreign	%
Communications (FCC)	%	Litigation:	
Corporate:		- Commercial	%
- General	%	- Construction	%
- Corporate Formation	%	- Other	%
- Mergers/ Acquisition	%	Mediation/ Arbitration	%
Criminal	%	<b>Plaintiff Litigation - Bodily Injury/ Property Damage: (complete Plaintiff Supplement)</b>	
Defense Litigation – Bodily Injury/ Property Damage:		- Individual Plaintiffs with est. value per case of:	
- Class Actions – Mass Torts	%	Less than \$50,000	%
- Insurance	%	\$50,000 or more	%
- Legal Malpractice	%	- Class Action/ Mass Torts	%
- Medical Malpractice	%	- Legal Malpractice	%
- Workers' Compensation	%	- Medical Malpractice	%
Elder Law/Social Security	%	- Workers' Compensation	%
Employment	%	Public Utilities	%
<b>Entertainment (complete Entertainment Supplement)</b>	%	<b>Real Estate: (complete Real Estate Practice Supplement)</b>	
<b>Environmental/ Nat. Resources/ Oil and Gas – (other than Litigation) (complete Environmental Supplement)</b>	%	- Residential	%
ERISA/Employee Benefit Plans	%	- Commercial	%
Estate Planning/ Probate/ Trust	%	<b>Securities: (complete Securities Supplement)</b>	
Family Law	%	Federal Securities	%
Government:		State Securities	%
- Federal and State	%	Private Placements	%
- Municipal (other than bonds)	%	Bonds	%
Immigration	%	Taxation:	
Insurance/ Coverage Opinions	%	- Opinions	%
International Law	%	- General Corporate	%
Labor Law:			
- Union	%	<b>MUST TOTAL 100%</b>	%
- Management	%		

**THE UNDERSIGNED AUTHORIZED REPRESENTATIVE, PARTNER, DIRECTOR OR OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE THE APPLICATION IS EXECUTED AND THE TIME THE PROPOSED INSURANCE POLICY IS BOUND OR COVERAGE COMMENCES, THE APPLICANT WILL IMMEDIATELY NOTIFY THE INSURER IN WRITING OF SUCH CHANGES. THE INSURER RESERVES ITS RIGHTS TO MODIFY OR WITHDRAW ITS PROPOSAL.**

**THE UNDERSIGNED AUTHORIZED REPRESENTATIVE, REPRESENTS ON BEHALF OF THE APPLICANT AND ALL PERSONS OR ENTITIES FOR WHOM INSURANCE IS BEING SOUGHT THAT TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF AND AFTER DILIGENT INQUIRY, THE STATEMENTS SET FORTH IN THIS APPLICATION AND ANY ATTACHMENTS HERETO ARE TRUE AND ACCURATE. IT IS UNDERSTOOD THAT THE STATEMENTS IN THIS APPLICATION, INCLUDING MATERIALS SUBMITTED TO OR OBTAINED BY THE INSURER, ARE MATERIAL TO THE ACCEPTANCE OF THE RISK, AND RELIED UPON BY THE INSURER.**

**NOTICE TO APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY, 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 ANY MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**NOTICE TO ARKANSAS 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 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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMING 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 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 AND 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 MAINE, 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 COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.**

**NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND 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.**

**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 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.**

**NOTICE:**

**Applicant understands the information submitted herein becomes part of the Applicant's Lawyers Professional Liability Insurance Application or Renewal Application and is subject to the same representations and conditions.**

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

\_\_\_\_\_  
Signature of Owner, Partner or Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Licensed Agent

\_\_\_\_\_  
License Number