



# AMIS / Alliance Marketing and Insurance Services

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## Employed Lawyers Professional Liability Application

**THIS APPLICATION IS FOR "CLAIMS MADE AND REPORTED" INSURANCE.**

**NOTICE: THE LIMIT OF LIABILITY AVAILABE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCUREED FOR DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED ARE FOR DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.**

1. A.) Name of Company: \_\_\_\_\_  
(Wherever used, Company shall mean the Applicant.)
- B.) Address of principal office of the Company: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- C.) State of Incorporation: \_\_\_\_\_
- D.) Total number of Employed Lawyers: \_\_\_\_\_
- E.) Is any Employed Lawyer a member of the American Corporate Counsel Association (ACCA)? ( ) No, ( ) Yes
- F.) Please attach a separate page providing the following information for each Employed Lawyer to be insured: Lawyer name, title, ACCA membership number (if applicable), year of admission to bar, principal area(s) of practice, and whether the lawyer is a director or officer of the Company.

### COMPANY INFORMATION

2. A.) Please attach a copy of the Company's latest annual report, SEC Form 10K, and most recent SEC Form 10Q, including audited financial statements with all notes and schedules, and any other relevant financial materials. If the Company has made a public offering of debt or equity within the past twenty-four (24) months, please attach prospectuses.
- B.) If no annual report is available, please provide a general description of the business of the Company:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. A.) The Company is: ( ) Publicly Held ( ) Privately Held
- B.) The Company is: ( ) For-profit ( ) Non-profit
- C.) Is the Company considering a public offering of debt or equity within the next eighteen (18) months? ( ) No ( ) Yes

If "Yes," Please provide details and attach available prospectuses.

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

4. Does the Company have an indemnification policy or practice applicable to Employed Lawyers, regardless of whether those Employed Lawyers are directors or officers of the Company? ( ) No ( ) Yes

If "Yes," please provide details and attach indemnification provisions and relevant limitation of liability provisions in the certificate of incorporation or corporate bylaws, as well as any other indemnification policies or agreements.

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**LEGAL DEPARTMENT INFORMATION**

5. A.) Please check all areas which account for more than five percent (5%) of the total work done by all Employed Lawyers and indicate the number of lawyers working in each area:

Contract Drafting/Review/Approval	( ) ___	Other Regulatory Compliance	( ) ___
Copyright/Patent/Trademark	( ) ___	"Moonlighting" (representation of	
Collection/Repossession	( ) ___	clients other than the Company	( ) ___
Corporate Finance	( ) ___	Pro Bono	( ) ___
Corporate Transactional	( ) ___	Real Estate	( ) ___
Environmental Compliance	( ) ___	Securities	( ) ___
ERISA/Employee Benefits	( ) ___	Taxation	( ) ___
International Law	( ) ___	Utility Regulation	( ) ___
Labor Relations	( ) ___	Other	( ) ___
Litigation	( ) ___	Other	( ) ___

- B.) Does any Employed Lawyer issue written legal opinions to or for the use of:  
 The Board of Directors? ( ) No ( ) Yes  
 Entities other than the Company in which the Company  
 has an equity or other interest? ( ) No ( ) Yes  
 Third Parties? ( ) No ( ) Yes  
 Other? ( ) No ( ) Yes

If "Yes," to any part of this question, please describe the types of opinions issued and the recipients thereof:

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- C.) Does any Employed Lawyer prepare, review, comment on, or approve financial statements, proxy statements, prospectuses, registration statements, annual or quarterly reports, or other reports filed with federal or state agencies or released to shareholders or the public regarding the Company?

If "Yes," please describe the role of Employed Lawyer(s) in such preparation, review, comment or approval.

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- D.) Does any Employed Lawyer represent individual employees of the Company in judicial, administrative, or other proceedings? ( ) No ( ) Yes

If "Yes," please provide details.

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E.) Does any Employed Lawyer provide personal legal services to any director, officer, or employee of the Company in such director's, officer's, or employee's individual capacity? ( ) No ( ) Yes

If "Yes," Please indicate:

i) The type of personal legal services provided:

\_\_\_\_\_

\_\_\_\_\_

ii) The percentage of the Employed Lawyer's time devoted to the provision of personal legal services: \_\_\_\_\_

6. Please provide a brief description of the structure and management of the legal department, including the legal department's placement within the general organization of the Company.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Does the Company and/or the legal department have written policies or procedures with regard to the following:

Training of newly hired Employed Lawyers? ( ) No ( ) Yes

Continuing legal education for Employed Lawyers? ( ) No ( ) Yes

Circulation and updating of commonly used form documents within the legal department? ( ) No ( ) Yes

Litigation docket control within the legal department? ( ) No ( ) Yes

Preparation and approval of legal opinions to or for the use of entities other than the Company? ( ) No ( ) Yes

Employee hiring, termination, and promotion, and the investigation and reporting of employee complaints under any federal, state, or local antidiscrimination statutes or regulations?

( ) No ( ) Yes

If "No" to any of the above, please describe any relevant unwritten policies and procedures.

\_\_\_\_\_

\_\_\_\_\_

8. Please indicate the types of legal work that are typically referred by the Company to outside counsel and any guidelines governing such referrals.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## COVERAGE AND CLAIMS HISTORY

9. After inquiry, has any Employed Lawyer ever been the subject of a reprimand or disciplined by, or refused admission to, a bar association, court or administrative agency?

( ) No ( ) Yes

If "Yes," please provide the name of the Employed Lawyer and a brief explanation.

\_\_\_\_\_

\_\_\_\_\_

10. After inquiry, have any claims or suits been made against any Employed Lawyer within the past five (5) years arising out of his or her provision of legal services, whether or not such claims or suits arose out of work performed for the Company? ( ) No ( ) Yes

If "Yes," please complete a Claim Summary Supplement for each claim or suit.

NOTE: Information provided in response to Question 10 does not constitute notice of a claim or suit under any insurance policy. All such notices must be submitted in accordance with the policy.

11. After inquiry, is any Employed Lawyer aware of any circumstance, allegation, or contention as to any incident which may result in a claim or suit against any Employed Lawyer? ( ) No ( ) Yes

If "Yes," please complete a Claim Summary Supplement for each such circumstance, allegation, or contention.

NOTE: Information provided in response to Question 11 does not constitute notice of a claim or potential claim under any insurance policy. All such notices must be submitted in accordance with the policy.

12. A.) Does the Company currently carry Employed Lawyers professional liability coverage? ( ) No ( ) Yes

If "Yes," please provide the following information:

Carrier: \_\_\_\_\_  
Limit: \_\_\_\_\_  
Deductible(s): \_\_\_\_\_  
Policy Period: \_\_\_\_\_  
Premium: \_\_\_\_\_

B.) Has any insurer providing Employed Lawyers professional liability coverage or similar insurance to the Company ever canceled or refused to renew such coverage? (Not applicable in Missouri.) ( ) No ( ) Yes

If "Yes," Please provide details.

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

13. Does the Company carry directors and officers liability or other professional liability insurance? ( ) No ( ) Yes

If "Yes," please provide the following information with regard to all directors and officers and other professional liability insurance carried by the Company, and attach a copy of all notices of claims submitted to such insurers within the past three (3) years:

Type of Coverage: _____	Type of Coverage: _____
Carrier _____	Carrier: _____
Limits: _____	Limits: _____
Deductible(s): _____	Deductible(s): _____
Policy Period: _____	Policy Period: _____
Premium: _____	Premium: _____
Retroactive Date: _____	Retroactive Date: _____

Number of Years of Continuously Insured: \_\_\_\_\_

Number of Years Continuously Insured: \_\_\_\_\_

**NOTICE TO APPLICANT – PLEASE READ CAREFULLY**

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FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSONS AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT THE STATEMENTS HERIN ARE TRUE AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY. THE UNDERWRITER IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THE APPLICATION DOES NOT BIND THE UNDERWRITER TO COMPLETE, OR THE APPLICANT TO PURCHASE, THE INSURANCE.

FOR THE PURPOSES OF THIS APPLICATION, THE “UNDERWRITER” IS THE INSURANCE COMPANY WITH ISSUES A POLICY OF INSURANCE TO THE APPLICANT IN RELIANCE ON THIS APPLICATION. THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE UNDERWRITER AND ALONG WITH THE APPLICATION IS CONSIDERED PHYSICALLY ATTACHED TO THE POLICY AND WILL BECOME A PART IT. THE UNDERWRITER WILL HAVE RELIED UPON THE COMPLETE APPLICATION AND ATTACHMENTS IN ISSUING ANY POLICY.

IF THE INFORMATION IN THIS APPLICATION MATERIALLY CHANGES PRIOR TO THE EFFECTIVE DATE OF THE POLCY, THE APPLICANT WILL NOTIFY THE UNDERWRITER, WHO MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION.

INFORMATION PROVIDED IN CONNECTION WITH THIS APPLICATION DOES NOT CONSTITUTE NOTICE OF A CLAIM OR NOTICE OF A POTENTIAL CLAIM. ALL SUCH NOTICES MUST BE SUBMITTED IN ACCORDANCE WITH THE POLICY.

THE UNDERSIGNED DECLARES THAT THE INDIVIDUALS AND ENTITY(IES) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT (I) THE POLICY SHALL APPLY ONLY TO “CLAIMS” MADE (OR DEEMED MADE) AND REPORTED TO THE UNDERWRITER DURING THE “POLICY PERIOD”; (II) THE LIMIT OF LIABILITY CONTAINED IN THE POLICY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE COST OF DEFENSE AND, IN SUCH EVENT, THE UNDERWRITER SHALL NOT BE LIABLE FOR THE COSTS OF DEFENSE OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT SUCH COST OR AMOUNT EXCEEDS THE LIMIT OF LIABILITY IN THIS POLICY; AND (III) THE DEFENSE COSTS THAT ARE INCURRED SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

**NOTICE TO ARKANSAS, MINNESOTA, AND OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AND APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME.

**NOTICE TO COLORADO APPLIANTS:** 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 COMPNAY 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 CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THEDEPARTMENT OF REGULATORY AGENCIES.

**NOTICE TO DISTRICT OF COLUMBIA, MAINE AND VIRGINIA APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FLASE, 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 FLORIDA APPLICANTS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED

PROGRAM, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE 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 FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERTO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.**

**NOTICE OT 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 CIMINAL PENALTIES.**

**NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.**

**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 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 FLASE 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 TO OKLAHOMA APPLICANTS: ANY PESON 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 OREGON AND TEXAS 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 FA;SE INFORMATION, OR CONCEALS FOR TE 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: This Application is signed by the undersigned authorized agent of the Applicant on behalf of the Applicant and all Employed Lawyers.

APPLICANT	AUTHORIZED AGENT <i>(Please Print Name)</i>
AUTHORIZED AGENT <i>(Signature)</i>	TITLE/CAPACITY
DATE	

PRODUCED BY *(Insurance Agent)*

INSURANCE AGENCY

INSURANCE AGENCY TAXPAYER ID OR SOCIAL

AGENT LICENSE NO

SECURITY NO

ADDRESS *(No., Street, City, State, ZIP Code)*

SUBMITTED BY *(Insurance Agency)* INSURANCE AGENCY TAXPAYER ID

AGENT LICENSE NO. OR SOCIAL SECURITY NO.

ADDRESS *(No., Street, City, State, ZIP Code)*

**EMPLOYED LAWYERS PROFESSIONAL LIABILITY INSURANCE:  
CLAIM SUMMARY SUPPLEMENT**

Name of Applicant: \_\_\_\_\_

This document is part of the Employed Lawyers Professional Liability Insurance Application

Instructions: This form is to be completed if any Employed Lawyer has been involved in any claim, suit, circumstance, allegation, or contention, as indicated by a "Yes" answer to either Question 10 or 11. Please complete one Claim Summary Supplement for each claim, suit, circumstance, allegation, or contention. Use separate sheets if necessary to provide complete responses.

1. Full name of individual lawyer(s) involved in claim, suit, circumstance, allegation, or contention:  
\_\_\_\_\_  
\_\_\_\_\_
2. Name of claimant(s):  
\_\_\_\_\_  
\_\_\_\_\_
3. Additional defendants:  
\_\_\_\_\_
4. Date of alleged error or misconduct: \_\_\_\_/\_\_\_\_/\_\_\_\_
5. To what insurance company was this claim, suit, circumstance, allegation, or contention reported?  
\_\_\_\_\_
6. Date of report to insurance company: \_\_\_\_/\_\_\_\_/\_\_\_\_
7. Description of claim, suit, circumstance, allegation, or contention and current status. If claim, suit, circumstance, allegation, or contention has been resolved, provide total defense costs, settlement(s), or judgment(s) incurred (including amounts within any self-insured retention). (Please attach additional sheets if necessary.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the information submitted herein becomes part of the Applicant's Application for Employed Lawyers Professional Liability Insurance and is subject to the representations and conditions set forth therein. I also understand that there will be no coverage afforded under the proposed insurance for any matter(s) listed in response to this supplement.

Authorized Agent \_\_\_\_\_ Title/Capacity \_\_\_\_\_

(Please print name) \_\_\_\_\_ Date \_\_\_\_\_, 19 \_\_\_\_\_