



Created by The Florida Bar
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Lawyers Professional Liability Insurance Application
This is an application for a Claims Made and Reported Policy

NOTE: Failure to complete this application in its entirety or failure to attach required documentation may result in declination of your application.

1. Effective Date Desired (12:01 a.m.): _____ (Backdating not permitted)
2. Name of Applicant (If partnership or corporation show complete firm name): **ATTACH A SAMPLE COPY OF THE FIRM'S CURRENT LETTERHEAD**
 - a. _____
 - b. Contact person: _____ Email address: _____
3. Mailing Address (List any other locations on a separate sheet): _____ Website address: _____
Street: _____
City: _____ County: _____ State: _____ Zip: _____
Telephone: _____ FAX: _____
4. Check limits desired (per claim/aggregate):
 \$100,000/300,000 \$250,000/500,000 \$500,000/1,000,000 \$1,000,000/1,000,000 \$2,000,000/\$2,000,000
 \$3,000,000/3,000,000 \$4,000,000/4,000,000 \$5,000,000/5,000,000 \$10,000,000/10,000,000 OTHER : _____

Deductible (**Underwriting guidelines may require a higher deductible**)
 \$1,000 (available for \$100,000/300,000 policies only)
 \$2,500 \$5,000 \$10,000 \$15,000 \$25,000 \$50,000 \$100,000
5. **If the applicant is a sole practitioner**, please provide the following for the lawyer(s) who would be responsible for communications with your clients if you were absent for an extended period of time (i.e. vacation, illness, etc.):
Name: _____ Florida Bar I.D. #: _____
Street: _____
City: _____ State: _____ Zip: _____ Phone: _____
6. Is the applicant currently insured? Yes No If yes, please provide a copy of your current Declarations Page and policy endorsements.
7. a. Does the applicant use at least two independent date controls? Yes No
Check all that apply: desk calendar day timer computer calendar wall calendar Palm Pilot or other PDA device
b. Frequency of crosschecks of the two independent date controls? _____
c. Are all open calendar entries circulated to all responsible lawyers or departments? Yes No
8. Does the applicant have established procedures for identifying potential or actual conflicts of interest? Yes No
9. Does the applicant use: a. Engagement letters (e.g. retention letters, contract letters, fee letters, etc.)? Yes No
b. Non-Engagement letters (e.g. decline letters, turndown letters, etc.)? Yes No
c. Disengagement letters (e.g. closing letters)? Yes No
(Please attach an explanation for any "No" responses.)

10. List of lawyer Applicants: (Attach copy for additional lawyer Applicants)

NAME OF LAWYER	FLORIDA BAR NUMBER	YEARS IN PRIVATE PRACTICE	FLORIDA BAR BOARD CERTIFIED	PERCENTAGE OF PRACTICE IN DADE, BROWARD, AND PALM BEACH COUNTIES	PERCENTAGE OF PRACTICE OUT OF STATE
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
			Yes <input type="checkbox"/> No <input type="checkbox"/>		

11. Are all lawyers in the firm members in good standing with The Florida Bar? Yes No
If no, please attach explanation.
12. Does any lawyer in the firm have any other law partner, associate, or employed lawyer other than those named in Question 10?
 Yes No – If yes, please attach explanation.
13. Does any lawyer in the firm share space with lawyers other than those named in Question 10? Yes No
If yes, does your firm keep separate files, employ separate support staff, and present itself as an independent practice to the public? Yes No
14. Are any lawyers serving “of counsel” to the applicant firm? Yes No
If yes, please provide names and a copy of the professional liability declarations page for each.
15. How many lawyers have left the firm in the past 3 years? _____
16. How many non-lawyer employees are in the firm? (There is no additional charge for non-lawyers):
Law Clerks: _____ Paralegals: _____ Clerical: _____
17. a. Has any lawyer in the firm had any professional liability insurance declined, cancelled, refused to renew, or accepted only on special terms?
 Yes No - If yes, please attach explanation and relevant documents.
- b. Has any lawyer in the firm:
 1. Been the subject of a grievance complaint in the past 5 years? Yes No – If yes, please provide copies of all complaints, responses, and findings.
 2. Ever been the subject of an admonishment, reprimand, or other disciplinary action by any bar association, court, or administrative agency? Yes No
- c. Has any professional liability claim or suit been made against the applicant firm or any predecessor firm or any lawyer in the applicant firm within the past 5 years? Yes No – If yes, please complete the Supplemental Claim Form.
- d. Does any lawyer in the applicant firm know of any circumstance, act, error or omission that could result in a professional liability claim against the applicant firm or any predecessor firm or any lawyer in the applicant firm? Yes No – If yes, please complete the Supplemental Claim Form.
- e. Does any lawyer in the firm engage in business ventures with clients? Yes No – If yes, please attach explanation.
- f. Has any lawyer in the firm entered into any contract or agreement, oral or written, guaranteeing the result of any professional service rendered by the lawyer or by any person under their direct control or supervision? Yes No – If yes, please attach explanation.
- g. Has any lawyer in the firm been charged with a crime? Yes No – If yes, please attach explanation.
18. How many suits for fees have been filed against clients in the past 3 years? _____ If any, please provide dates and outcome of each suit.

19. **Indicate the percentage of gross receipts or billable dollars during the preceding twelve (12) months devoted to the following areas:**
(If this is a new practice, please estimate)

A. ADMINISTRATIVE/ GOVERNMENT	_____%	M. ENTERTAINMENT/ SPORTS LAW	_____%	X. SECURITIES	_____%
B. ADMIRALTY Plaintiff	_____%	N. ENVIRONMENTAL	_____%	* Supplemental Application Required	
Defense	_____%	O. ERISA/EMPLOYEE BENEFITS	_____%	Y. TAXATION	_____%
C. ANTI-TRUST/TRADE	_____%	P. ESTATE/PROBATE TRUSTS/WILLS	_____%	Z. WORKERS COMPENSATION	
D. APPELLATE	_____%	Q. FAMILY LAW	_____%	Claimant	_____%
E. BANKING	_____%	R. IMMIGRATION	_____%	Employer/Carrier	_____%
F. BANKRUPTCY	_____%	S. INVESTMENT COUNSELING/ MONEY MANAGEMENT	_____%	AA. ARBITRATION/MEDIATION	_____%
G. COLLECTIONS/ CONSUMER CLAIMS (Must attach a sample of all debt collection letters)	_____%	T. LABOR RELATIONS	_____%	ZZ. OTHER (describe if over 5%)	_____%
H. COMMERCIAL- CIVIL LITIGATION (Other than those practice areas specifically listed elsewhere)		U. PERSONAL INJURY/ PROPERTY DAMAGE		TOTAL (Must = 100%)	_____%
Plaintiff	_____%	Plaintiff	_____%		
Defense	_____%	Defense	_____%		
I. COMMUNICATIONS (FCC/FPSC)	_____%	Does the firm do any class action work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
J. COPYRIGHTS/ PATENTS/ TRADEMARKS	_____%	V. PUBLIC UTILITIES	_____%		
K. CORPORATE	_____%	W. REAL ESTATE	_____%		
L. CRIMINAL	_____%	Do you own or operate a title company? <input type="checkbox"/> Yes <input type="checkbox"/> No			

If the percentages do not accurately reflect the true nature of your practice, please explain:

20. List Applicant's professional liability insurance carried during the past five years.

Insurance Company	Limits of Liability	Policy Period
_____	_____	____ / ____ / ____ to ____ / ____ / ____
_____	_____	____ / ____ / ____ to ____ / ____ / ____
_____	_____	____ / ____ / ____ to ____ / ____ / ____
_____	_____	____ / ____ / ____ to ____ / ____ / ____
_____	_____	____ / ____ / ____ to ____ / ____ / ____

Has any Applicant ever purchased an extended reporting endorsement (tail coverage)? Yes No
 If yes, please attach a copy of the endorsement.

AUTHORIZATIONS, CERTIFICATIONS, WAIVERS AND CONFIRMATIONS

NOTICE TO APPLICANT - PLEASE READ CAREFULLY

To avoid loss of coverage it is imperative that all known circumstances, acts, errors or omissions that have resulted in or could be the basis of a professional liability claim against you, your firm, or a predecessor firm, be reported to your present insurer within the time period specified in your present policy.

Each lawyer and the firm(s) named in this application is an "Applicant." Applicant requests and authorizes any voluntary or mandatory bar association, present or prior professional liability insurance carrier, or other information providers to release and deliver to Florida Lawyers Mutual Insurance Company ("FLMIC") any claims, underwriting, or other information having a bearing upon acceptability as a professional liability insurance risk and consents to FLMIC conducting whatever underwriting investigation it deems necessary in order to determine insurability. Each Applicant authorizes the facsimile transmission of any such information.

Applicant waives confidentiality of any disciplinary complaints filed against him or her for the sole purpose of allowing any voluntary or mandatory bar association to advise FLMIC of such disciplinary matters and the status thereof.

Applicant understands that FLMIC has the absolute discretion to accept or reject this application. Rejection of this application does not represent any reflection upon any Applicant personally nor upon the qualifications or abilities of any Applicant. Applicant further agrees that if this application is rejected, the reason(s) for its rejection will not be disclosed. Applicant waives any right to obtain any information or material(s) from FLMIC pertaining to the rejection of this application.

Each Applicant certifies to FLMIC that:

- (a) this application and all supplements and replies to underwriter inquiries are true, accurate and complete;
- (b) Applicant does not know of any circumstance, act, error or omission that has resulted in or could be the basis of a professional liability claim against any Applicant, Applicant's firm or any predecessor firm, that has not been disclosed in writing to FLMIC (*If this representation cannot be made please complete a Supplemental Claim Form*);
- (c) no material fact has been suppressed or misstated in this application, supplements, and replies to underwriter inquiries;
- (d) notification will be provided to FLMIC of any material changes in the information contained in this application, supplements, and replies to underwriter inquiries that occur prior to the policy effective date, and that any changes may result in withdrawal of an offer to insure, or an adjustment to the premium and/or terms and conditions of the policy; and
- (e) this application shall be the basis of the contract between Applicant and FLMIC and shall be deemed a part thereof.

The undersigned Applicant is authorized to sign on behalf of and bind each Applicant. Delivery of this signed application does not constitute an insuring agreement between Florida Lawyers Mutual Insurance Company and Applicant.

By: _____

Date: _____

Please print name of officer, partner, or owner signing the application: _____

IN ACCORDANCE WITH FLORIDA STATUTE 817.234 YOU ARE ADVISED THAT ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE AN 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.

PLEASE REMEMBER TO ATTACH A COPY OF YOUR CURRENT LETTERHEAD

Agent: Mary F. Jones
License # D076865

Please let us know how you heard about Florida Lawyers Mutual Insurance Company:

- The Florida Bar Advertisement in The Florida Bar News Advertisement in The Florida Bar Journal
FLMIC Newsletter Recommended by another individual FLMIC Booth at a meeting or conference
FLMIC Website Internet Search Other _____