

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. Applicant: Each lawyer and the firm(s) named in this application is an "Applicant."

Firm Name: _____

Please provide a copy of the firm's CURRENT LETTERHEAD

List all Lawyers in the Firm	FLORIDA BAR #	YEARS IN PRIVATE PRACTICE	BOARD CERTIFIED BY THE FLORIDA BAR	TOTAL % OF PRACTICE IN DADE, BROWARD & PALM BEACH COUNTIES	% OF PRACTICE OUT OF STATE
Name: Email:			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name: Email:			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name: Email:			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name: Email:			Yes <input type="checkbox"/> No <input type="checkbox"/>		

2. Contact person: _____ **Email address:** _____

Street: _____ **City:** _____

County: _____ **State:** _____ **Zip:** _____ **Website address:** _____

Telephone: _____ **Cell:** _____ **Fax:** _____

Preferred method of receiving written communication and documents: Email Fax Mail

3. Effective date desired (12:01a.m.): _____ **(Backdating not permitted)**

4. Is the Applicant currently insured? No Yes **If yes, please provide a copy of your Declarations Page and policy endorsements.**

5. Limits of Liability per claim/total limit

- \$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
 Higher Limits

Deductible \$1,000 (available for \$100,000/\$300,000 policies only) \$2,500 \$5,000 \$10,000 \$15,000 \$25,000
(Underwriting guidelines may require a higher deductible)

6. Does the Applicant:
- a. maintain at least one calendar system with back-up? Yes No
 - b. have established procedures for identifying potential or actual conflicts of interest? Yes No
 - c. use Engagement letters (e.g. retention letters, contract letters, fee letters, etc.)? Yes No
 - d. use Non-Engagement letters (e.g. decline letters, turndown letters, etc.)? Yes No
 - e. use Disengagement letters (e.g. closing letters)? Yes No
- Please attach an explanation for any "No" responses.
7. How many suits for fees have been filed against clients in the past 3 years? _____
Please provide dates and outcome of each suit.
8. If the applicant is a sole practitioner please provide the name of the lawyer who will contact your clients with pending matters in the event of an unplanned extended absence. Name: _____
Florida Bar # _____
9. Are all lawyer Applicants members in good standing with The Florida Bar and in compliance with Articles 5-1.1 and 5-1.2 of the Rules Regulating Trust Accounts? If no, please attach explanation. Yes No
10. Does any Applicant have any other law partner, associate, contract or employed lawyer other than those named in Question 1? If yes, please attach explanation. Yes No
11. Is any lawyer "of counsel" to the firm? Yes No
If yes, please provide names and a copy of the professional liability Declarations page for each.
12. How many lawyers have left the firm in the past 3 years? _____
13. How many non-lawyer employees are in the firm? Law Clerks: ___ Paralegals: ___
(There is no additional charge for non-lawyers) Legal Assistants: ___ Others: ___
14. Has any lawyer Applicant had any professional liability insurance declined, cancelled, nonrenewed, or accepted only on special terms? If yes, please attach explanation and relevant documents. Yes No
15. Has any lawyer Applicant:
- a. been the subject of a grievance complaint in the past five years? Yes No
If yes, please attach explanation and relevant documents.
 - b. ever been the subject of an admonishment, reprimand, or other disciplinary action by any bar association, court, or administrative agency? Yes No
If yes, please attach explanation and relevant documents.
16. Has any professional liability claim or suit been made against the Applicant firm or any predecessor firm or any lawyer Applicant within the past five years? Yes No
If yes, please complete a Supplemental Claim form.
17. Does any lawyer Applicant 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 Applicant? If yes, please complete a Supplemental Claim form. Yes No
18. Does any lawyer Applicant engage in business ventures with clients? If yes, please attach explanation. Yes No
19. Does any lawyer Applicant serve on the board of directors of a client of the Applicant firm? Yes No
If yes, please attach explanation.
20. Has any lawyer Applicant entered into any contract or agreement, oral or written, guaranteeing the result of any professional service rendered by the lawyer Applicant or by any person under their direct control or supervision? If yes, please attach explanation. Yes No
21. Has any lawyer Applicant been charged with a crime? If yes, please attach explanation. Yes No

**22. Indicate below the percentage of gross receipts or billable dollars during the preceding twelve (12) months for each practice area:
(If this is a new practice please estimate.)**

A. ADMINISTRATIVE/ GOVERNMENT _____%	K. CORPORATE _____%	V. PUBLIC UTILITIES _____%
B. ADMIRALTY Plaintiff _____% Defense _____%	L. CRIMINAL _____%	W. REAL ESTATE _____% Does any Applicant own or operate a title company? <input type="checkbox"/> Yes <input type="checkbox"/> No
C. ANTI-TRUST/TRADE _____%	M. ENTERTAINMENT/ SPORTS LAW _____%	X. SECURITIES _____% (Supplemental Application Required)
D. APPELLATE _____%	N. ENVIRONMENTAL _____%	Y. TAXATION _____%
E. BANKING _____%	O. ERISA/EMPLOYEE BENEFITS _____%	Z. WORKERS COMPENSATION Claimant _____% Employer/Carrier _____%
F. BANKRUPTCY _____%	P. ESTATE/PROBATE/ TRUSTS/WILLS _____%	AA. ARBITRATION/ MEDIATION _____%
G. COLLECTIONS/ CONSUMER CLAIMS _____%	Q. FAMILY LAW _____%	ZZ. OTHER _____% (Describe if over 5%)
H. COMMERCIAL/ CIVIL LITIGATION (Other than those practice areas specifically listed elsewhere) Plaintiff _____% Defense _____%	R. IMMIGRATION _____%	TOTAL (Must = 100%) _____%
I. COMMUNICATIONS (FCC/FPSC) _____%	S. INVESTMENT COUNSELING/MONEY MANAGEMENT _____%	If the percentages do not accurately reflect the true nature of your practice please explain.
J. COPYRIGHTS/ PATENTS/ TRADEMARKS _____%	T. LABOR/ EMPLOYMENT _____%	
	U. PERSONAL INJURY/ PROPERTY DAMAGE Plaintiff _____% Defense _____% Does any Applicant handle class actions or mass tort? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**23. Applicant's history of professional liability insurance carried during the past five years:
(Required only if Applicant is currently insured and requests quotations with prior acts protection.)**

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

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.

AUTHORIZATIONS, CERTIFICATIONS, WAIVERS AND CONFIRMATIONS

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 transmission of any information by mail, fax, or any electronic means.

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) Applicant will immediately notify FLMIC, in writing, 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: _____

(Signature of officer, partner, or owner)

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 ALSO SEND A COPY OF YOUR CURRENT LETTERHEAD

How did you hear about Florida Lawyers Mutual Insurance Company?

- The Florida Bar
- Advertisement in The Florida Bar News
- FLMIC Booth at a meeting or conference
- FLMIC Website
- FLMIC Newsletter or Risk Management Email
- Recommended by another individual
- Internet Search
- Advertisement in other publications of The Florida Bar
- Other _____

Agent: Mary F. Jones License # D076865