

LAWYERS PROFESSIONAL LIABILITY INSURANCE
APPLICATION

This is an application for a Claims Made Policy

1. a. Corporate Name: _____
b. Address: _____
c. Phone Number: _____ Fax Number: _____
d. Years in Business: _____
e. Email address: _____

2. a. Describe the operations of your organization with specific details of services performed for organizations other than those funded by Legal Services Corporation (use separate page if necessary): _____

b. Are you a chartered non-profit organization? Yes _____ No _____
c. Who provides the funding for your organization (please specify what percentage is LSC and describe other outside sources of funding)? _____

3. a. Total Number of: Board Directors _____ Attorneys _____ Clerical _____ Paralegals _____
b. Last Year's # of: Board Directors _____ Attorneys _____ Clerical _____ Paralegals _____

4. Are employees organized in a collective bargaining unit?

If so, what procedures are employed to handle grievances? (Attach separate sheet if necessary.)

5. Are Pro-Bono services outside organization defined by Section 1604.5a and b of Legal Services Corporation regulations allowed? Yes _____ No _____

6. Do you have a Pro-Bono or reduced fee judicare program through outside attorneys?
Yes _____ No _____
If yes, please state: Number of Attorneys: _____ Number of Cases: _____
Attach a separate description of services offered.

14. Claims History:

a. Has any person in your organization been the subject to any past disciplinary or criminal proceedings? Is so, please describe: _____

b. Does any person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against them?

Yes _____ No _____ If yes, provide details on separate sheet.

c. Have any claims or suits been made against any person or organization?

Yes _____ No _____ If yes, provide details on separate sheet.

d. Have any employees been dismissed within the past 12 months? Yes _____ No _____

If so, please describe circumstances and if the dismissal is being challenged. (Attach separate sheet if necessary.)

It is understood that the insurance applied for will be issued on the acceptance of the application by Company. I/We hereby declare based upon my/our knowledge and upon reasonable investigation, the above statements are true and that I/We have not suppressed or misstated any material facts and this application shall be the basis of the contract with Lloyds of London.

Date _____

Name of Person Completing Application
(Print/Type)

Signature

Title

NOTE: Under Federal Communications Commission regulations, we are required to obtain your written permission before faxing you a proposal, renewal information or applications, or any other such information "advertising the commercial availability" of insurance. By including your fax number(s) on this application, and signing the application, you verify that you are authorized to receive, and consent to receive, such faxes.

Notice to California Customers: License #0B01377, #0G99581 and #0I84209, CIMA Companies Insurance Services. License #0G98538 and #0G99581, XS Insurance Services.