



**LAW FIRMS
ERRORS & OMISSIONS APPLICATION**

APPLICANT'S INFORMATION:

LEGAL NAME OF FIRM:					
BUSINESS ADDRESS:					
COUNTY:		WEB ADDRESS:			
DATE FIRM ESTABLISHED:		DATE PRESENT OWNERSHIP ASSUMED CONTROL:			
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> PA/PC <input type="checkbox"/> Franchise					

Insurance History:

1. Please indicate:

Company	Policy Period	Limits	Deductible	Premium	Number of Attorneys

Is Current Carrier willing to Renew? No Yes

Retroactive Date (Prior Acts) _____ **If requesting prior acts coverage you must provide a copy of your current insurance declaration page and complete the Prior Acts Coverage Supplement Application.**

2. Requested Limits: \$100,000/\$300,000 \$300,000/\$600,000 \$500,000/\$500,000
 \$1,000,000/\$1,000,000 Other: \$ _____ / \$ _____

Requested Deductible (Per Claim): \$2,500 \$5,000 \$10,000 Other: _____

3. a. Complete the following for all lawyers in the Firm, independent contractor lawyers and "Of Counsel" lawyers. Please attach additional sheet if necessary.

Lawyer Name	CLE Hours Past Year	D/C**	Date Admitted to Bar (Mo-Yr)	MM/DD/YY Joined Applicant	State(s) Admitted to Practice
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

****Designation Codes:** **O** Officers, Directors or Shareholders of the Corp. who are licensed as Lawyers
E Employed Lawyers **P** Partners of Partnership **S** Sole Proprietor
RP Retired Partner **C** "Of Counsel" Lawyers **I** Independent Contractor Lawyers

b. Are "Of Counsel" carrying their own E&O? No Yes



c. Give the number of employees and/or support staff utilized:

Law Clerks	Investigators	Abstractors	Title Agents	Accountants	Certified Paralegals	Clerical/ Secretarial
_____	_____	_____	_____	_____	_____	_____

d. Please attach the following:

- Copy of firm letterhead
- Copy of five (5) years hard copy loss runs
- Copy of current declaration page (if requesting prior acts coverage)

4. Does any lawyer listed above practice in this firm less than 40 hours per week? No Yes

If "Yes," to which attorney(s) does this apply? _____ No. of Hours _____

5. Total gross billings: a. Latest Fiscal Year: \$ _____
 b. Projected Next Fiscal Year: \$ _____

6. Please indicate types of Docket Control Systems currently used:

- Single Calendar Dual Calendar Computer Master listing Tickler cards Other

7. a. How many individuals in firm are involved in Monitoring Deadlines? _____

b. How frequently are deadlines checked? Daily Weekly Monthly Other

c. Does someone other than the attorney handling the case have primary responsibility for maintaining the docket calendar? No Yes

8. Is it the firm's standard practice to use engagement letters when agreeing to represent a claim? If No, please provide an explanation: No Yes

9. Is it the firm's standard practice to use termination or disengagement letters when completing or terminating representation? If No, please provide an explanation: No Yes

10. Is any lawyer or employee listed above licensed or operating as any of the following: (% of Total Time Spent)

Accountant	_____ %	Escrow Agent	_____ %	Insurance Agent/Broker	_____ %
Mortgage Broker/Lender	_____ %	Real Estate Agent/Broker	_____ %	Title Abstractor/Searcher	_____ %
Title Agent	_____ %				

Do you understand that your insurance coverage does not cover acts related to these operations unless specifically endorsed? No Yes

11. a. How does the firm maintain its conflict of interest avoidance system? (check all applicable)

- Computer Index File Conflict Committee Other -please describe: _____

b. How often is the conflict of interest system updated?

- Daily Weekly Monthly Other (describe) _____

c. Does the conflict of interest system disclose attorney-client relationships established by newly hired lawyers, partners, predecessor, merged or acquired firms? No Yes

d. If any lawyer of the firm becomes aware of a conflict of interest, do they disclose it in writing to all parties involved and all partners? No Yes

If No, please explain: _____



12. What percentage of time—not billings—do you spend in the following areas of practice?

Total must equal 100%

Group A	Group D
_____ % Administrative	_____ % Copyright/Trademark
_____ % Admiralty Defense	_____ % Family Law - Divorce-Monied/High Profile
_____ % BI/PI Defense	_____ % Entertainment/Sports
_____ % Criminal Law	_____ % Estate/Probate/Trust > \$5M
_____ % Immigration	_____ % Mergers/Acquisitions
_____ % Insurance Defense - Excl Med Mal	_____ % Oil & Gas/Natural Resources
_____ % Labor - Management	_____ % Plaintiff Lit - Class Action
_____ % Mediation/Arbitration	_____ % Plaintiff - Commercial Litigation
_____ % Work Comp Defense	_____ % Plaintiff - Med Mal/Legal Mal
Group B	Group E
_____ % Appellate	_____ % Plaintiff Lit - Admiralty
_____ % Civil Rights/Discrimination	_____ % Securities - Private Placements
_____ % Commercial Law	_____ % Taxation Prep/Opinions
_____ % Corporate Formation/Alteration	_____ % Banking/FI
_____ % ERISA or Employee Benefits	_____ % Bonds
_____ % Family Law - Other	_____ % Collections
_____ % General Corporate	_____ % Investment Counseling
_____ % Government - Non-Bonds	_____ % Patent
_____ % Labor - Employee	_____ % RE Development/Syndication
_____ % Plaintiff - WC	_____ % Real Estate - Commercial
Group C	_____ % Real Estate - Residential
_____ % Bankruptcy	_____ % Real Estate - Title
_____ % Construction/Building Contractors	_____ % Securities - All Other
_____ % Environmental	_____ % Other (Describe in detail via attachment)
_____ % Estate/Probate/Trust <\$5M	_____ %
_____ % Family Law - Divorce	_____ %
_____ % International Law	_____ %
_____ % Health Care	_____ %
_____ % Plaintiff - Personal Injury	_____ %
_____ % Plaintiff - Products Liability	_____ %

13. Approximately, please indicate:

- a. Total number of cases the firm handled in the last twelve (12) months: _____
- b. Average value of cases the firm handled in the last twelve (12) months: _____
- c. Highest value case the firm handled in the last twelve (12) months: _____

14. a. After inquiry with each person as appropriate, in the last seven (7) years, has any professional liability claim or suit ever been made against the Firm or any predecessor firm or any current or former member of the Firm or predecessor firm? No Yes

If Yes, how many? _____ **Please attach copies of currently valued Loss Runs from prior carriers. If "Yes," complete a separate Supplemental Claim Form for each claim or suit.**



- b. After inquiry with each person as appropriate, do you know of any circumstances, acts, errors or omissions that could result in a Professional Liability claim? No Yes

If Yes, please provide full details: _____

- c. After inquiry with each person as appropriate, has an attorney for who coverage is sought ever been refused admission to practice, been disbarred, suspended, reprimanded, sanctioned, or held in contempt by any court, administrative agency or regulatory body or been subject of a disciplinary complaint made to any of the aforementioned entities? No Yes

If Yes, please provide full details: _____

If Yes, please provide a copy of the complaint made to the bar and a copy of their decision.

* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

* not applicable in all states

Applicant Signature

Date

Producer

Title

COLLECTIONS ERRORS & OMISSIONS SUPPLEMENTAL APPLICATION

Please provide complete answers to all questions or indicate "Not Applicable". If additional space is required for any answer, please attach a separate sheet.

1. Does any member of the firm have an equity interest in an organization operating as a collection agency? Yes No
2. What is the average amount collected by the firm? \$ _____
3. a. Does the firm have **written** procedures that all attorneys and staff are required to follow to assure compliance with the State and Federal Fair Debt Collection Practices Act? Yes No
 b. If No, please explain: _____
4. a. Does the firm require use of a script which has been reviewed for compliance with the Federal Fair Debt Collection Practices Act and applicable state law when collecting debts via phone? Yes No
 b. If No, please explain: _____
5. Have all form letters and other correspondence been reviewed for compliance with all federal and state statutes? Yes No
6. a. Do the form letters properly and accurately inform the debtors of all of their rights under state and federal statutes? Yes No
 b. If No, please explain: _____
7. a. Does the firm call debtor's cellular telephone numbers? Yes No
 b. If Yes, how does the firm document the debtor has granted written permission to call the cellular telephone in compliance with the Telephone Consumer Protection Act (TPCA)? _____

8. Describe all steps taken to comply with the Telephone Consumer Protection Act (TPCA): _____

9. a. Does the firm have a procedure in place to insure that the firm is seeking collection of a debt from the appropriate debtor (especially in cases where more than one individual has a common name)? Yes No
 b. If No, please explain: _____
10. a. Does the firm have a procedure in place to insure that a debtor who is represented by counsel will not be contacted directly by the firm? Yes No
 b. If No, please explain: _____
11. a. Is one of the firm's lawyers a member of an organization such as The Commercial Law League of America, the American Collectors Association or the National Association of Retail Collection Attorneys to insure access to the latest information relative to its collection practice? Yes No
 b. If No, please explain how the firm stays current on state and federal statutes relative to its collection practice: _____

I/We agree and understand this supplement becomes part of the application which forms a part of the policy. This information is true and correct to the best of my/our knowledge.

Applicant's Signature
(Must be signed by a Principal, Partner or Officer of the Firm)

Title

Date