



**ALLIED WORLD INSURANCE COMPANY**

1690 New Britain Avenue Suite 101, Farmington, CT 06032 · Tel. (860) 284-1300 · Fax (860) 284-1319

**ALLIED WORLD LPL ASSURE  
LAWYERS PROFESSIONAL LIABILITY INSURANCE POLICY  
RENEWAL INSURANCE APPLICATION**

**NOTICE: THE POLICY BEING APPLIED FOR IS A CLAIMS MADE POLICY WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES WILL BE REDUCED AND MAY BE EXHAUSTED BY CLAIMS EXPENSES AND CLAIMS EXPENSES WILL BE APPLIED AGAINST THE RETENTION AMOUNT. IN NO EVENT WILL THE INSURER BE LIABLE FOR CLAIMS EXPENSES OR DAMAGES IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.**

**1. APPLICANT INFORMATION:**

Firm Name \_\_\_\_\_ Contact \_\_\_\_\_  
 Address\* \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Website \_\_\_\_\_ Email \_\_\_\_\_  
 \*Physical Address required Year Established \_\_\_\_\_

**2. (a) LAWYER INFORMATION: Include all contract attorneys, counsel and of-counsel: (b) NON- ATTORNEY STAFF:**

Attorney Name	Year Admitted	Hire Date	Average Hours Worked Per Week		
			0-5	6-24	25+

Legal Secretaries/Assistants	
Paralegals	
Other	

**(c) GROSS REVENUE:**

Past 12 months	\$
Projected next 12 months	\$

*If additional space is needed, please attach a separate sheet.*

(d) How many attorneys have left the law firm's employment in the past 5 years? \_\_\_\_\_

**3. RISK MANAGEMENT**

**Does the law firm or any attorney:**

- |   | YES  | NO  | IF YES:  |
|---|--|---|--|
| (a) File lawsuits for the collection of its own unpaid fees?  | <input type="checkbox"/>   | <input type="checkbox"/>                      | <i>How many in the past 2 years? _____</i>         |
| (b) Currently have more than 25% of billings more than 120 days past due?   | <input type="checkbox"/>   | <input type="checkbox"/>                      | <i>Provide narrative with percentage on Page 3</i> |
| (c) Derive more than 50% of gross annual billings from any single client?   | <input type="checkbox"/>   | <input type="checkbox"/>                      | <i>Provide narrative with percentage on Page 3</i> |
| (d) Have any office locations outside of your primary state?  | <input type="checkbox"/>   | <input type="checkbox"/>                      | <i>Complete the Office Locations Supplement.</i>   |
| (e) Render services as a CPA, Real Estate Agent, Financial or Investment Advisor?   | <input type="checkbox"/>   | <input type="checkbox"/>                      | <i>Provide Narrative on Page 3</i>                 |
| (f) Share any of the following with any other firm or attorney? Office Space <input type="checkbox"/> Letterhead <input type="checkbox"/> Staff <input type="checkbox"/> Cases <input type="checkbox"/> None <input type="checkbox"/> | <i>If yes to any, provide name of firm(s) or attorneys(s): _____</i> |   |  |
| (g) What percentage of cases does the firm use the following letters: <i>If not 100% for each, please provide a narrative on Page 3.</i>  |  |   |  |
| i. Engagement/Retainer Letters _____%   | ii. Declination Letters _____%                                       | iii. Termination/Disengagement Letters _____% |  |

4. AREAS OF PRACTICE: *Indicate the percentage of gross revenue from each area of practice during the past 12 months.*

**TOTAL OF ALL AREAS OF PRACTICE MUST = 100%**

TRANSACTIONAL AREAS OF PRACTICE (excludes Real Estate and Litigation)			
Administrative Law <i>Narrative Required</i>	%	Government – Federal & State	%
Admiralty / Maritime	%	Government - Municipal (No Bonds)	%
Antitrust / Trade Regulation	%	Immigration	%
Bankruptcy – Creditor	%	Insurance Coverage Opinions	%
Bankruptcy – Debtor	%	Intellectual Property - Domestic Copyright/Trademark <i>AOP Supplement Sec. IV Required</i>	%
Civil Rights/Discrimination	%	Intellectual Property - Foreign Copyright/Trademark	%
Collections <i>Collections Supplement Required</i>	%	Intellectual Property – Patent (including litigation)	%
Commercial Law/Business/Contracts (Excluding Corporate/Construction) <i>Narrative Required</i>	%	International Law <i>Narrative Required</i>	%
Commercial Law/Business/Contracts - Construction (Excluding Litigation)	%	Mediation/Arbitration (No Securities or FINRA)	%
Communications (FCC)	%	Public Utilities	%
Corporate – Formation	%	Securities-Private Placements <i>AOP Supplement Sec. VI Required</i>	%
Corporate – General / Contracts	%	Securities-Public, State, Federal, Bonds <i>AOP Supplement Sec. VI Required</i>	%
Corporate – Mergers & Acquisitions	%	Taxation – Corporate	%
Criminal	%	Taxation – Individual	%
Elder Law / Social Security	%	Taxation – Other <i>Narrative Required</i>	%
Employment – Labor Law – Union	%	Taxation – Tax Shelter Advice / Opinions	%
Employment – Labor Law - Management	%	Trust/Estates/Probate/Wills: asset values less than \$1m	%
Employment - Other	%	Trust/Estates/Probate/Wills: asset values \$1m to \$5m	%
Entertainment /Sports <i>AOP Supplement Sec. I Required</i>	%	Trust /Estates/Probate/Wills: asset values \$5m + <i>AOP Supplement Sec. III Required</i>	%
Environmental/Oil & Gas <i>AOP Supplement Sec. II Required</i>	%	Other Transactional Areas of Practice (excluding Real Estate, Foreclosure and Litigation): <i>Details:</i>	%
ERISA/Pension	%		
Family Law – asset values less than \$1m	%		
Family Law – asset values \$1m to \$5m	%		
Family Law – asset values \$5m+	%		

LITIGATION AREAS OF PRACTICE (excludes Real Estate and Foreclosure)					
Practice Area	Plaintiff	Defense	Practice Area	Plaintiff	Defense
Auto, Slip & Fall, Dog Bite	%	%	Legal Malpractice Litigation	%	%
Commercial Litigation <i>Narrative Required</i>	%	%	Medical Malpractice Litigation	%	%
Construction Litigation (excluding Defect)	%	%	Workers Compensation Litigation	%	%
Construction Defect Litigation	%	%	Other Litigation Areas of Practice (excluding Real Estate): <i>Details:</i>	%	%
General Civil Litigation <i>Narrative Required</i>	%	%			
Insurance Bad Faith Litigation	%	%			
Insurance Litigation (excluding Bad Faith)	%	%			

REAL ESTATE (including Litigation and Foreclosure)				
Practice	Percentage	Total # of Transactions	Average Value	Maximum Value
a. Purchase & Sale – Commercial	%		\$	\$
Residential	%		\$	\$
b. Development (Syndications/Limited or General Partnerships/Condo or Co-ops/Property Valuation)	%		\$	\$
c. Mortgages, Refinancing and Loan Workouts	%		\$	\$
d. Foreclosures	%		\$	\$
e. Title Searches / Document Preparation	%		<b>NOTE: All transaction amounts and values must be completed where requested.</b>	
f. Landlord/Tenant	%			
g. Litigation (non-foreclosure)	%			
h. Municipal Zoning and Tax Appeals	%			
i. Other Real Estate Areas of Practice:	%	<i>Details:</i>		

5. Over the past 12 months what percentage of gross revenue was derived from:  
 \_\_\_\_\_% Plaintiff Class Action/Mass Tort    \_\_\_\_\_% Defense Class Action/Mass Tort     N/A – No Litigation  
 \_\_\_\_\_% Foreclosure (Defense)    \_\_\_\_\_% Foreclosure (Lender Representation)     N/A – No Foreclosure

6. With respect to litigation cases over the past 12 months, what was:  
 The average case value? \$ \_\_\_\_\_    The maximum case value? \$ \_\_\_\_\_     N/A – No litigation

7. Has the law firm provided any legal services outside of the United States in the past 12 months?  Yes  No  
*If yes, provide narrative details below.*

8. Has the law firm provided legal services related to any of the following areas of practice in the past 12 months?  
*If yes, provide narrative details below.*

- Entertainment (advice, contracts, appearances, litigation, etc.)  Yes  No
- Environmental (oil& gas, regulatory, opinions, pollution, cleanup, litigation, etc.)  Yes  No
- Investment Advice or Opinions  Yes  No
- Patent (prosecution, filings, opinions, litigation, etc.)  Yes  No
- Tax Shelter Advice or Opinions  Yes  No
- 1031 Tax Exchanges  Yes  No
- Prepaid Legal Services  Yes  No

9. Narrative: If narrative details requested in any prior question provide details here. Attach separate sheet if needed:

**10. CLAIMS, CIRCUMSTANCES, DISCIPLINARY AND CRIMINAL PROCEEDINGS:**

Since the submission date of the last Application submitted to the Insurer:

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| (a) Have there been any new bar complaints, investigations or disciplinary proceedings against any attorney?<br><i>If yes, how many? _____ Attach completed Allied World Claims/Discipline/Criminal Supplement</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Has there been any change in the status of any claim, suit, circumstance, allegation or contention previously reported under any Lawyers Professional Liability policy issued by a carrier other than the Insurer?<br><i>If yes, attach updated carrier loss runs for the matter, and a narrative outlining the changes in the status.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Has there been any criminal conviction or pending criminal indictment, proceeding or investigation against any attorney?<br><i>If yes, Attach completed Allied World Claims/Discipline/Criminal Supplement.</i>  | <input type="checkbox"/> | <input type="checkbox"/> |

**11. NOTICES AND REPRESENTATIONS**

The undersigned authorized representative of the Applicant declares that the statements set forth herein are true, and reasonable effort has been made to obtain sufficient information from all persons proposed for this insurance to facilitate the accurate completion of the Application.

The undersigned authorized representative agrees that if the information supplied on this Application changes between the date of this Application and the effective date of the insurance, he/she will, in order for the information to be accurate on the effective date of the insurance, immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations or agreement to bind insurance.

The submission of this Application by the Applicant to the Insurer or signing of this Application by or on behalf of the Applicant does not obligate the Insurer to issue the insurance requested. It is agreed that this Application shall be the basis of the contract if a policy is issued and shall be deemed to be attached to, incorporated into and become a part of, the policy.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE.

*<INSERT APPLICABLE STATE FRAUD NOTICE>*

**This application must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.**

**The undersigned authorized representative of the Applicant declares that the statements set forth herein are true, and reasonable effort has been made to obtain sufficient information from all persons proposed for this insurance to facilitate the accurate completion of the Application.**

\_\_\_\_\_  
Signature of Owner, Partner or Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Licensed Agent

\_\_\_\_\_  
License Number