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**ATTORNEYS *MULTIPLE-MARKET* APPLICATION
PROFESSIONAL LIABILITY INSURANCE PROGRAM APPLICATION**

THIS APPLICATION IS FOR A CLAIMS MADE INSURANCE POLICY

1. ALL QUESTIONS MUST BE ANSWERED COMPLETELY; PLEASE TYPE OR PRINT CLEARLY; IF ANY QUESTIONS ARE CONSIDERED "NOT APPLICABLE", PLEASE EXPLAIN WHY.
2. IF YOU NEED MORE SPACE, CONTINUE ON SUPPLEMENT 1 & INDICATE QUESTION NUMBER OR ATTACH A SEPARATE PAGE.
3. PLEASE COMPLETE OTHER SUPPLEMENTS WHERE REQUIRED.
4. THIS APPLICATION, WHICH INCLUDES SUPPLEMENT FORMS, MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM.

1. Name of Applicant: _____ Contact Person: _____
2. Mailing Address: _____
Physical Address (If Different): _____
Branch Offices (& % of Billing): _____
3. Phone: _____ Fax: _____ E-Mail: _____ Date Firm Established: _____
4. Applicant is: Individual Professional Corporation Partnership Limited Liability Partnership
5. List the names of all predecessor firms of applicant. (Name only those firms where the applicant is successor to the former firm's assets and liabilities). Please list any additional firms on Supplement 1.

Name of Firm	Year Established	Number of Partners	Number of Lawyers

6. Please indicate gross billings for last 3 years (Fiscal Year): From: _____ to _____
Current Year: \$ _____ Last Year: \$ _____ Two Years Ago: \$ _____
7. Please list all Owners, Principals, Partners, Officers, and Employed Lawyers to be considered as Insureds. If sole practitioner, please list yourself (add pages if necessary):

Lawyers Name & Title	Years in Practice/Year Admitted to Bar	Membership Bar Associations & #'s	Primary Area of Practice	Year Joined Applicant	Previous Firm

8. Total # of: _____ Partners/Shareholders, _____ Employed Lawyers/Associates, _____ Of Counsel, _____ Other Staff.
9. For any contract Lawyers not listed above and Employed by Applicant in last 12 months, please indicate:
_____ # of Lawyers Employed, _____ Billable hours worked, _____ Amount Billable for their Services Comments: _____
12. Is there any Prior Acts restrictions or Retroactive Date on the Applicant's expiring policy? Yes No If Yes, Retroactive Date: _____
13. Please state coverage Limits and Deductibles Requested: \$ _____ \$ _____
(i.e.- \$100,000/\$300,000, \$500,000/\$500,000, \$500,000/\$1,000,000, \$1,000,000/\$1,000,000)
Limit of Liability
Any One Claim and in the Aggregate, including Costs and Expenses
Deductible (\$1K-\$50K)
Each & Every Claim, including Costs and Expenses

14. Please give details of previous Insurance including predecessor Firms and any extended claims reporting period ("tail") coverage:

Carrier	Retro date	From (m/y)	To (m/y)	Limits	Deductible	Paid Premium	# of Lawyers

15. Has any extended claims reporting period ("tail") coverage been purchased in the last 7 years? Yes No
16. Has Applicant had continuous Professional Liability (E&O) Insurance Coverage for at least 5 years? Yes No
17. Is the Applicant's expiring coverage on a standard policy without any endorsements restricting coverage? Yes No
If no, explain: _____
18. Does the applicant share office space with attorneys other than those listed? Yes No
If yes, please describe the relationship to files, letterhead, support staff, etc.: _____
19. Does the applicant participate in an "association" with other attorneys or firms? Yes No
If yes, please describe the relationship: _____
20. Does your firm present itself as an independent practice to the public? (If not, please provide details in Supplement 1) Yes No
21. Indicate Percentage of these years "Total Gross Billings" derived from (OVERALL TOTAL MUST EQUAL 100%):

AREA OF LAW	LAST YEAR	THIS YEAR	<i>For any area of law that represents more than 10% of the Applicants practice, complete any applicable practice split.</i>			
Banking/Savings & Loan (Additional Supplemental App may be needed)	____%	____%	____%	____%	____%	
BI/PD & Personal Injury Litigation	____%	____%	*Plaintiff	Defense	Class Action	
			* ____% Anticipated fees per case \$25,000 or less			
			* ____% Anticipated fees per case \$25,000 or more			
General Corporate Advice/Litigation	____%	____%	____%	____%	____%	
			Plaintiff	Defense	Advice/Lit.	
Corporate/Partnership Formation/ Alteration	____%	____%	____%	____%	____%	
			Corporate	Partnership	Mergers/Acquisitions	
Real Estate	____%	____%	____%	____%	____%	
			Commercial	Residential	Litigation/ Other	
Securities Practice including Syndication's/Bonds/Tax Shelters/ Ltd. Partnerships and Derivatives (Additional Supplement App may be needed)	____%	____%	____%	____%	____%	
			Plaintiff	Defense	All Other	
			____%	____%	____%	____%
			Federal SEC	State	Private Placements	Bonds
Taxation/Preparation/Opinions	____%	____%	____%	____%	____%	
			Personal	Corporate	International	
Environmental	____%	____%	____%	____%	____%	
			Plaintiff	Defense	Compliance/Advice	
Bankruptcy	____%	____%	____%	____%	____%	
			Creditor	Debtor	Court Trustee	
Copyright/Patent/TM	____%	____%	____%	____%	____%	
			Plaintiff	Defense	Advice/Filings	
Estate/Trust/Probate	____%	____%	____%	____%	____%	
			Estate planning	Trust Administration	Probate	
Municipal Law (Except bonds)	____%	____%	____%	____%	____%	
			Defense Litigation	Advice on Finance/Investments	Other	
Domestic Relations	____%	____%	____%	____%	____%	
			Contested Divorce	Un-contested Divorce	Other	
Admiralty law / Maritime (Except Labor Relations)	____%	____%	____%	____%	____%	
			Plaintiff	Defense	Contract Law/ International	
Criminal	____%	____%				
Labor Relations	____%	____%	____%	____%	____%	
			Management	Union/Labor	Other	

Entertainment (Additional Supplemental App may be needed)	_____ %	_____ %	_____ % W/ Money Mgmt.	_____ % W/O Money Mgmt.	_____ % Litigation
Oil & Gas	_____ %	_____ %	_____ % Plaintiff	_____ % Defense	_____ % Contract/Other
Public Utilities	_____ %	_____ %	_____ % Plaintiff	_____ % Defense	_____ % Contract/Other
Anti-Trust/Trade Reg.	_____ %	_____ %	_____ % Plaintiff	_____ % Defense	_____ % Other
Collection/Repossession	_____ %	_____ %	_____ % Plaintiff	_____ % Defense	_____ % Other
Communications	_____ %	_____ %			
International Law	_____ %	_____ %	_____ % Plaintiff	_____ % Defense	_____ % Other
Labor	_____ %	_____ %	_____ % Plaintiff	_____ % Defense	_____ % Other
Other - Please Describe					
_____	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____ %	_____ %	_____ %	_____ %	_____ %
Overall Total	100 %	100 %			

22. Does the applicant undertake representation for either Medical Malpractice cases or Class Action cases? Yes No
 If yes, please provide details: Area of Law _____
 # of cases p.a. _____ % settled _____ % at trail _____ % avg. judgement \$ _____ max judgement \$ _____
23. Please describe the type of advertisements used to attract clients: _____
24. Except as listed above, does the firm or any of its members engage in any occupation, business or profession other than the practice of law? Yes No
 If yes, please attach explanation: _____
24. Are custodial accounts (i.e. money, securities and other property held on behalf of clients) audited by an independent, outside auditor? Yes No N/A
25. Are two signatures required for all withdrawals of funds from custodial accounts? Yes No
26. With respect to the total of all custodial accounts other than retainer fees, what is the average dollar amount and the maximum dollar amount held or maintained on behalf of the firm's clients? Average: _____, Maximum: _____
27. Does the firm maintain a fidelity bond covering all employees? Yes No
28. Has the firm filed a lawsuit for fees (in any court or jurisdiction) within the last three years? Yes No
 If yes, how many? _____ What were the amounts that were contested? _____
 Do suits for fees have to be approved by the Applicant's management committee or by at least 2 Partners or Officers? Yes No
 Comments: _____
29. What percentage of the Applicant's billings are more than 90 days overdue from the date the bill was sent out? _____ % Comments: _____
30. Who in the firm is responsible for those collections of late fees? _____
31. Please explain what the Applicant has done to reduce the number of fee related disputes with Clients?
 Monthly billing for all Clients Retainers for all new Clients Other _____
32. Does Applicant report overdue receivables to the management committee when exceeding a set \$ amount due from a client or Lawyer? Yes No
33. Other than on contingent cases, what is the largest amount currently owed by a Client to the Firm for billed or unbilled time? \$ _____
34. Does the Applicant have a Policy not to review any privileged or confidential Client Information prior to an unqualified acceptance of a Client? Yes No
 Comments: _____
35. If the insured is a sole practitioner please advise attorney responsible for case load in event of absence: _____
36. Does the firm have EPLI (Employment Practices Liability Insurance)? Yes No
37. Does the firm have Worker's Compensation Insurance on all employees? Yes No
38. For "Of Counsel" attorneys: Please complete the following for each "Of Counsel" attorney. (Attach additional pages)

Attorneys Name	Does attorney work exclusively for the applicant firm?	How many hours per week worked for the applicant firm?	Does attorney have independent professional liability insurance coverage?
	<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

39. **MANAGEMENT:**
- A. Is the Applicant managed by a management committee? Yes No
 If yes, how many Partners or Officers comprise the management committee: _____ and how often has it met in the past 12 months? _____
- B. Does the Applicant employ a full-time non-Lawyer Administrator? Yes No
- C. Does the Applicant use a peer review system to evaluate the performance of all practicing Lawyers & Partners of the firm? Yes No
 If yes, does this include periodic review of selected case files by a Partner not handling the case? Yes No
- Comments: _____

40. **NEW BUSINESS:**

- A. Are new Clients and new and new matters subject to approval of the Applicants management committee or at least One Independent Partner or Officer other than the Lawyer proposing to handle the case? Yes No
- B. Does the approval Process for new Clients include independent inquiries as to a Client's creditworthiness and reputation for reputation of legal or other bills? Yes No
- C. Is information as to all new Clients made available on at least a weekly basis to all Partners or Officers of the Applicant? Yes No
- D. Is a Lawyer generating new business required to associate with a Partner or Officer with specific expertise in the matter? Yes No
- E. Does the Applicant have a written Policy with regard to accepting or not accepting a Client on a case or transaction for which the Client has already been represented by one or more predecessor Legal Counsel? Yes No
- F. Please describe what procedures are followed before deciding whether to accept a new client or new business: _____

- G. For what percentage of cases does the Applicant::
 - a. When accepting a representation send an engagement letter which clearly shows the scope of Services to be performed and the terms and rates on which the matter will be billed? _____%
 - b.. When declining a representation send a non-engagement letter? _____%
 - c.. When ceasing representation send a disengagement letter? _____%
 - d.. Incorporate a fee mediation/arbitration clause into the retainer/engagement letter? _____%
 - e.. When declining a case in which a critical deadline or statute may apply, does the Applicant always:
 - I. Send a non-engagement letter? Yes No
 - II. By Certified Mail? Yes No
 - III. Which clearly warns of the importance of immediately seeking alternative representation? Yes No
 - IV. And the risk of losing the chance to pursue the case if a time deadline is exceeded? Yes No

Comments: _____

41. **DOCKET & CALENDAR:**

- A. Does the Applicant maintain a central system for control of statute dates and other deadlines? Yes No
- B. Are calendar dates cross-checked by at least two individuals? Yes No
- C. Is this central system used by all Lawyers in the Firm to control the critical statutory dates or deadlines applicable to their area of practice? If no, describe: _____ Yes No
- D. How many independent date controls are kept on each matter? 1 2 3 or more
- E. Does the Applicant use a: Perpetual Calendar Tickler Type Computer Other (describe) : _____
- F. Please indicate how frequently time deadlines are cross-checked: Daily Weekly Monthly Other: _____
- G. Is all incoming mail checked centrally for critical dates by the person(s) responsible for docket control before being distributed to the Lawyer(s) handling the matter? Yes No
- H. Please describe how the Applicant ensures that statues of limitation periods entered are correct and currently applicable for a case and take into account differences according to jurisdiction, category of defendant, cause of action, etc.: _____
- I. Is a list of the pending dates and deadlines on the docket control system circulated to all Lawyers or, if the Applicant is divided into formal departments, to all Lawyers in the appropriate department? Yes No
- J. Who has ultimate responsibility for docket control in the firm? _____

42. **CONFLICTS:**

- A. Does the applicant use engagement letters in all cases? Yes No If no, please explain how fee schedules and the scope of services are outlined: _____
- B. Does the applicant delegate or refer legal work, retaining a portion of the fees? Details if yes: _____ Yes No
- C. Does the applicant use non-engagement letters in all cases that are declined, delegated or referred? Yes No If not, how does the applicant ensure the client fully understands they are not being represented? _____
- D. How does the applicant check for conflicts of interest? Oral/Memory Index File Computer Conflict Committee Other _____
- E. Are conflicts of interest checked before a client is accepted? Yes No If not, are Clients accepted subject to that search and is this documented in an engagement letter? Yes No
- F. Are potential conflicts always referred to an independent conflict Partner or committee? Yes No
- G. Does the system contain the following information? (Please tick as appropriate): Client Name Opposing Party Client Subsidiaries Client Principals Opposing counsel Previous Firms of lateral hires employed by the Applicant Names of Parties whose representations was declined Names of any Entity in which the Applicant or any Lawyer practicing with the applicant holds and outside interest (including but not limited to an equity interest or option to purchase Equity and/or a position as a Director/Officer/Partner/Employee) Comments: _____
- H. If the Applicant becomes aware of a conflict of interest, is it disclosed in writing to all parties? Yes No
- I. Are all Lawyers in the Firm, regardless of practice area/location, able to access conflict data held in Applicant's conflict system? Yes No Are they required to access all conflict data held by the applicant in their conflict search? Yes No
- J. Where representation is continued subject to conflict waivers, does the Applicant have a written Policy requiring the waiver to clearly show the conflicting Parties the nature of the conflict, show how it could affect the representation and show how the Client was advised to consider consulting another Law firm either about the conflict and/or the original matter prior to signing the waiver? Yes No
- Comments: _____
- K. With the exception of positions held with Charitable Institutions in relation to pro-bono work, does the Applicant or any Lawyer practicing with the Applicant hold an outside interest in a Client (including but not limited to and Equity interest or option to purchase Equity or a position as a Director/Officer/Partner/Employee)? Yes No

L. Who has ultimate responsibility for resolution of potential conflicts? _____

43. **TRAINING & SUPERVISION:**

- A. Does the Applicant maintain a formal training program for new Lawyers with regard to office and court procedures? Yes No
- B. Are all attorneys listed in Question 7 in compliance with their Continuing Legal Education requirement? Yes No
- C. How many Lawyers participated in formal continuing Legal Education programs of at least seven hours during the last year? _____
- D. Are all Associates under the direct supervision of a Partner or Officer? Yes No

44. **CLAIMS:**

- A. During the past five (5) years, has any insurance carrier declined, cancelled or refused to renew your malpractice insurance for any reason other than the carrier's withdrawal from the market? Yes No
If "yes", please provide the name of the carrier, date and reason for cancellation/non-renewal, and any comments: _____
- B. Has the Applicant, or any attorney providing professional services on behalf of the Applicant, been disciplined, censured, suspended, had sanctions awarded against them of over \$20,000 or been put on probation by any State Bar, Judicial Body or Regulatory Agency? Yes No
If yes, please attach full details: _____
- C. After Enquiry, have any claims or suits been made in the last 10 years against the Applicant or any past or present Owners, Partners, Shareholders, Corporate Officers, Associates, Employed Lawyers, Contract Lawyers, Employees or its predecessors in business? Yes No
If yes, explain how many: _____ (If yes, please complete the Claim Supplemental 2 for each instance)
- D. After enquiry, are any persons listed aware of any circumstances, allegations, tolling agreements, or contentions as to any incident which may result in a claim being made against the Applicant or any of its past or present Owners, Partners, Shareholders, Corporate Officers, Associates, Employed Lawyers, Contract Lawyers or Employees or its predecessors in business? Yes No
If yes, how many and please explain: _____
- E. Have all claims and circumstances requiring a response in the above questions regarding claims already been reported to and accepted by a current or past Insurer? If no, please attach details: _____ Yes No
- F. Does the Applicant have a written Policy requiring complaints (by either a Client or their Counsel) to be reviewed by a Partner other than the Lawyer about whom the complaint is made? Yes No
- G. Has the Applicant in the last 10 years:
 - a. Changed the name of the Applicant? Yes No
 - b. Merged with, acquired or been acquired by any other Firm or Organization? Yes No
 - c. Increased or decreased in size (by total Lawyer count) by more than 20% in a single year? Yes No
 - d. Are any of the above currently pending or contemplated? Yes No

Details: _____

45. **CLIENT/ATTORNEY RELATIONSHIPS:**

- A. Does any attorney in Question 7 serve as a director/officer/employee or have any equity interest in any CLIENT of your firm? Yes No
If yes, please provide details: _____
What % of the firms' annual billings do the above clients represent? _____%
- B. Does any CLIENT represent 5% or more of your firm's total gross billings? Yes No
Please provide a list by separate attachment of all clients that represent 5% or more of the firm's total billable dollars or contribute \$1,000,000 or more to the firm's income annually. Attached N/A
What % of the firms annual billings do the above clients represent? _____%
- C. Is any lawyer in question 7 a director/officer/partner of or exercising fiduciary control over any entity other than the firm? Yes No
Comments: _____
- D. Other than in the prior question, does the firm or any lawyer or employee of the firm ever invest in the business of a client? Yes No
If yes, please provide details: _____

The Applicant declares that, after enquiry, to the best knowledge of all persons to be insured the statements set forth herein and in any attachments made hereto are true and no material facts have been suppressed, omitted or misstated. Underwriters reserve the right to deny or rescind coverage on any Policy that is issued as a result of this Application if, in the statements set forth herein and in any attachments made hereto it is found that material information has been omitted, suppressed or misstated.

Underwriters reserve the right to amend the terms, conditions and limitations of any insurance issued as a result of this application, if subsequent to the date of this application, but prior to the inception date of such insurance, there are any material alterations to the information contained herein. In the event of such material alteration, as aforesaid, the Applicant agrees to give immediate written notice to Underwriters and such notice shall attach to and form part of this application.

Signing this application does not bind the Applicant or Underwriters to complete the insurance, but it is agreed that the statements and particulars contained herein will be relied upon by Underwriters should insurance be issued.

This application is signed on behalf of all owners, partners, shareholders, corporate officers and employees.

AUTHORIZED SIGNATURE OF APPLICANT & TITLE

DATE

PLEASE MAKE CERTAIN ALL QUESTIONS ARE ANSWERED AND THAT ALL APPLICABLE SUPPLEMENTS ARE COMPLETED.

FOR PROMPT RESPONSE, PLEASE FAX or E-MAIL TO:

(800) 807-0-FREE / Alex@BeyerInsurance.biz

Call Alex Beyer (Cell Phone: (916) 412-5430 or Office: (800) 407-0-FREE) with any questions.

