

1. Firm Name \_\_\_\_\_ 2. Attorney Name \_\_\_\_\_
3. Bar or Supreme Court # \_\_\_\_\_ 4. Year admitted to Bar(s) \_\_\_\_\_ 5. Number of years of full time practice \_\_\_\_\_
6. Exact date you joined this firm \_\_\_\_\_ 7. E-mail address \_\_\_\_\_
8. # of hours worked on a weekly basis practicing law for this firm \_\_\_\_\_ 9. List Retro-Date with last carrier \_\_\_\_\_
10. List all State(s) you are admitted to practice: \_\_\_\_\_
11. List the percentage of time you practice in each State(s) listed in question 10: \_\_\_\_\_
12. Designation: Member Officer Director Employee Associate Of Counsel Independent Contractor Other \_\_\_\_\_
13. Have you attended a Risk Management OR Ethics Seminar within the past 12 months? (Please Circle) YES NO
14. Indicate the percentage of HOURS (in whole numbers) of practice devoted to the following areas: **Total Hours Must Equal 100%**

Administrative Law _____ %	Estate Planning _____ %	Securities Law:** _____ %
Admiralty/Maritime _____ %	Estate/Probate/Trust _____ %	Bonds _____ %
Arbitrator/Mediator _____ %	General Business/Corporate: _____ %	Federal SEC _____ %
Banking/Financial Institutions _____ %	Business Transactions/Advice _____ %	State _____ %
Bankruptcy _____ %	Contracts _____ %	Private Placements _____ %
BI/PI Defense _____ %	Entity Formations _____ %	School Law _____ %
BI/PI Plaintiffs * (includes cases you refer out and retain an interest) _____ %	Mergers/Acqns _____ %	Social Security _____ %
Civil Rights _____ %	Secured Transactions _____ %	Taxation (Corporate) _____ %
Class Action/Mass Torts/ Defense _____ %	Corporate Administration _____ %	Taxation (Individual) _____ %
Class Action/Mass Torts/ Plaintiff* _____ %	General Corporate _____ %	Tax Opinions _____ %
Collection: _____ %	Immigration Law _____ %	Tax Preparations _____ %
Collection Defense _____ %	IP - Copyright/Trademark _____ %	Traffic _____ %
Commercial _____ %	IP - Patent _____ %	Worker Comp Defense _____ %
Consumer _____ %	International Law _____ %	Worker Comp Plaintiff _____ %
Commercial Litigation Defense _____ %	Labor Relations _____ %	Other (over 5% specify) _____ %
Commercial Litigation Plaintiff _____ %	Medical Malpractice Defense _____ %	_____ %
Communication _____ %	Medical Malpractice Plaintiff * _____ %	_____ %
Construction Law _____ %	Municipal/Local Government _____ %	_____ %
Criminal _____ %	Oil, Gas and Mining _____ %	
Domestic Relations _____ %	Product Liability Defense _____ %	
Entertainment _____ %	Product Liability Plaintiff * _____ %	
Environmental _____ %	Public Utilities _____ %	
ERISA/Pension Plans _____ %	Real Estate - Commercial _____ %	
	Real Estate - Residential _____ %	

Of the following supplemental forms, complete only **one** per firm:  
\* Plaintiff Supplement  
\*\* Securities Supplement

15. List Lawyers' professional liability insurance carried for each of the past 5 years. **Include Month, Date and Year.**  
*If no prior coverage, please state, "no coverage"*

(a) Effective From \_\_\_/\_\_\_/\_\_\_ From \_\_\_/\_\_\_/\_\_\_ From \_\_\_/\_\_\_/\_\_\_ From \_\_\_/\_\_\_/\_\_\_ From \_\_\_/\_\_\_/\_\_\_

(b) Expiration To \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

(c) Law Firm Insured \_\_\_\_\_

(d) Insurance Company \_\_\_\_\_

(e) Limits of Liability \_\_\_\_\_

(f) Deductible \_\_\_\_\_

For Bar Plan Use Only

ARB     BPP     CLE     JUD     LEG     EXP     MIS     NTP \_\_\_\_\_

OCC \_\_\_\_\_     PRT \_\_\_\_\_     SEC \_\_\_\_\_     TIA(N/C)     OTH \_\_\_\_\_

16. Have you been the subject of a reprimand or disciplinary action or refused admission to the bar by any bar association, court or administrative agency? ( ) YES ( ) NO

*If Yes, explain on separate attachment.*

17. Have you been the subject of an investigation, bar complaint, formal grievance or formal fee dispute filed with a state or local bar association in the last 7 years? ( ) YES ( ) NO

*If Yes, complete the Claim Supplement Form for each.*

List claimant's(s) name: \_\_\_\_\_

18. During the past 7 years, have you been the subject of a professional liability claim, suit or incident? ( ) YES ( ) NO

*If Yes, complete the Claim Supplement Form for each.*

List claimant's(s) name: \_\_\_\_\_

19. Do you have knowledge of any incident, circumstance, act, error or omission which may give rise to a claim? ( ) YES ( ) NO

*If Yes, complete the Claim Supplement Form for each.*

(Coverage for such will be provided under the policy in force in the year you reported it to your insurance company and will be excluded from this Policy now being applied for).

List claimant's(s) name: \_\_\_\_\_

20. Are you engaged in any of the business listed in a-g below: ( ) YES ( ) NO

*If Yes, complete the following:*

<u>Business</u>	<u>% of Time</u>	<u>D&amp;O, E&amp;O or Professional</u>	<u>% of Total Income</u>
(a) Title Insurance Agent	_____	_____	_____
(b) Life Insurance Agent	_____	_____	_____
(c) P & C Insurance Agent	_____	_____	_____
(d) Accountant	_____	_____	_____
(e) Real Estate Agent	_____	_____	_____
(f) Employee of Governmental Body, Subdivision or Agency	_____	_____	_____
(g) Legislator	_____	_____	_____

It is represented by the undersigned, as acknowledged by the signature below, that undersigned has read the completed application including the insured supplement, the application for Lawyers' Professional Liability Insurance, the securities supplement as well as all other documents presented to The Bar Plan Mutual Insurance Company as part of this application, and the information submitted therein is true to undersigned's best knowledge and belief. It is further understood that all application forms, as well as all other documents presented to The Bar Plan Mutual Insurance Company as part of this application, become part of this Policy.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

**Anti Fraud Warning:- New Mexico:** "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties".  
**Anti Fraud Warning – Indiana** "Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing false, incomplete or misleading information commits a felony".  
**Anti Fraud Warning: - Tennessee** "It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment fine and denial of insurance benefits."