



CorePointe Insurance
Company
800 Superior Ave, E.
21st Floor

**SMALL FIRM NEW BUSINESS
APPLICATION FOR LAWYERS PROFESSIONAL
LIABILITY INSURANCE (1 – 5 Lawyers)
(Claims Made and Reported Policy)**

**Administered by:
GIG INSURANCE GROUP, INC.**

THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED INSURANCE POLICY. IT IS IMPORTANT THAT YOU REPORT ANY KNOWN FACTS OR CIRCUMSTANCES THAT COULD REASONABLY BE EXPECTED TO RESULT IN A CLAIM TO YOUR CURRENT INSURER OR PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT IN ORDER TO PRESERVE COVERAGE FOR SUCH INCIDENTS.

Firm: _____ Date Firm Established: _____

Contact: _____

Address : _____

County: _____ Phone: _____ Fax: _____ Email: _____

No. Lawyers in Firm: _____ No. Support Staff: _____

Do you have other office locations? Yes No If yes, how many? _____ **Please provide a list showing each location and the number of attorneys at each location**

1.	Requested Effective Date: _____	Retroactive Date Requested: _____
2.	Is the firm currently insured for professional liability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Company: _____
	a. Current Limits: _____	b. Limits desired this year: _____
	c. Current Deductible: _____	d. Deductibles desired this year: _____
	e. Current Premium: _____	f. Optional coverages you are requesting: _____
	First Dollar Defense: <input type="checkbox"/>	Aggregate Deductible: <input type="checkbox"/> Claim Expense Outside Limits: <input type="checkbox"/>
3.	Has any professional liability insurance for the applicant, or any member of the applicant firm, ever been declined, cancelled, refused to be renewed, or accepted only on special terms? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	a. In the last five years, has any member of the firm been an officer, director, shareholder, member or exercised fiduciary control over an entity other than the applicant firm? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete an Outside Interest Supplement.	
	b. Does any firm member have an equity interest in an outside entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete an Outside Interest Supplement.	
	c. Is any firm member an employee of an outside entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain on firm letterhead.	
	d. Does any client or group of related clients make up more than 10% of firm billings? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list all such clients and the percentage of the firm's gross receipts in the space provided below.	
5.	Has any member of the firm provided legal services involving publicly traded securities or securities that are not exempt from registration? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6.	Has any member of the firm been involved in class action or mass tort litigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7.	Does any firm member provide services to, or sit on the board of directors of, a financial institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete Financial Institution Supplement.	
8.	Is any member of the firm aware of any incident, facts, circumstances, acts or omissions that could result in a professional liability claim against the firm or predecessor firm? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a complete Supplemental Claim form must be provided for each incident. # attached:	
9.	Has any member of the firm been the subject of any reprimand or disciplinary action or refused admission to the bar or any bar association, court or administrative agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10.	a. In the last 5 years, has any professional liability claim been made or suit brought against any member of the firm or predecessor firm? If yes, how many? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Has any firm member ever had a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No A complete Claim Supplement form must be provided for each claim or suit within the past ten (10) years.	
11.	Please complete the Firm Profile below for each attorney associated with your firm.	

Attorney Name	Position P, A, OC, I	Hire Date	Date First Admitted	States Admitted	Ave. Hours/ Week	Areas of Practice

P = Partner/Owner/Member A = Associate/Employee OC = Of Counsel I = Independent Contractor

12.	Total firm revenues last fiscal year: _____ Current fiscal year revenues: _____
13.	a. In the last 12 months, how many attorneys have left your firm?
	b. In the last 12 months, how many attorneys joined your firm? NOTE: If you have not already done so, please complete a Mid Term New Lawyer Supplement for each new attorney.
	c. Are all cases brought in by new attorneys from prior firms reviewed for potential conflicts of interest? <input type="checkbox"/> Yes <input type="checkbox"/> No
	d. How many attorneys does the firm plan to add during the next 12 months?
	e. In the last 12 months, how many non-lawyer employees have left your firm?
	f. In the last 12 months, how many non-lawyer employees have joined your firm?
14.	Have any suits for fees have been filed against clients in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the Fee Suits Supplement.
15.	a. Does the firm maintain a docket control system with at least two independent date controls? <input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Is the docket control system maintained by two individuals? <input type="checkbox"/> Yes <input type="checkbox"/> No
	c. If docket system is computerized, name of software used: _____
16.	Does the firm have a system for detecting and avoiding conflicts of interest? <input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Does the firm routinely use engagement and non-engagement letters? <input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Do you share office space with other attorneys? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the Office Sharing supplement.
19.	Do you share any of the following with other attorneys? Office space* <input type="checkbox"/> Letterhead <input type="checkbox"/> Cases <input type="checkbox"/> If yes, please list all such lawyers on firm letterhead and describe their relationship to the firm.
20.	If you are a sole practitioner, who handles your cases in the event of your incapacitation or vacation? (Please Note: If a policy is issued in reliance upon this application, it shall not apply to the attorney noted below): Name of backup attorney: _____

FIRM AREAS OF PRACTICE (% of Revenues)

AREA OF PRACTICE	%	AREA OF PRACTICE	%	AREA OF PRACTICE	%
Admiralty (AM)		Entertainment/Agency*(EN)		Natural Resources/Oil & Gas (NR)	
Antitrust (AT)		Environmental* (ER)		Plaintiff Personal Injury* (PI)	
Appellate (AP)		Estate / Planning* (ES)		Plaintiff Medical Malpractice* (PI)	
Arbitration/Mediation (ADR)		Estate / Trust Admin* (ES)		Plaintiff Legal Malpractice* (PI)	
Bankruptcy* (BC)		Family Law / Divorce (FL)		Plaintiff Products Liability* (PI)	
Business Formation/M&A *(CF)		Family Law / Adoption (FL)		Plaintiff Class Action* (PI)	
Business Transactions *(CF)		General Civil Litigation(GL)		Real Estate* (RE)	
Civil Rights/Discrimination (CR)		Immigration (IM)		Securities* (SE)	
Collections* (CB)		Health Care (HC)		Tax, Tax Opinions (TX)	
Commercial Litigation (GL)		Insurance Defense (ID)		Workers Comp / Soc Sec ((WC/SS)	
Construction Law (CL)		Intellectual Property* (IP)		Other/ Describe:	
Criminal Defense (CD)		Labor / Employment (LE)		Other/ Describe:	
Employee Benefits (EB)		Municipal Law (ML)		TOTAL MUST EQUAL:	100%

* Completion of corresponding supplement is required

(1) Estate/Trust/Probate. In the last 24 months, please indicate the following:	
Average asset value of estates handled: _____	Highest asset value of estates handled: _____
Is any firm member a trustee of any client estate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete an Outside Interest Supplement	
(2) Family Law. In the last 24 months, please indicate the following:	
Average value of property settlement handled: _____	Highest value of property settlement handled: _____
Does any firm member provide any of the following services? <input type="checkbox"/> Surrogacy contracts <input type="checkbox"/> Ovum or sperm donation contracts <input type="checkbox"/> Embryo donation agreements	

FRAUD WARNING

ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

APPLICANT'S AUTHORIZATION AND CERTIFICATION

The undersigned is an authorized representative of the prospective Named Insured, and acknowledges that the information provided with the application, including all supplements, attachments and replies to underwriter inquiries, and applications from other insurance companies which have been submitted to the Company and made a part of this application:

1. Will be relied upon by the Company in determining the acceptability of the Applicant and the premium amount to be charged;
2. Are true, accurate and complete; and
3. Will be incorporated into the policy, if issued.

The applicant firm and all members of the firm understand that this is an application for insurance, and shall not bind the Company to the issuance of insurance, nor shall it bind the firm to the acceptance of a policy.

THE UNDERSIGNED ON BEHALF OF THE APPLICANT FIRM AND ALL MEMBERS OF THE FIRM CERTIFIES THAT THE ABOVE APPLICATION HAS BEEN READ AND THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, MATERIAL AND COMPLETE. THE UNDERSIGNED UNDERSTANDS THAT: (1) IF THE POLICY IS ISSUED, THIS IS DONE BY THE COMPANY IN RELIANCE UPON THESE REPRESENTATIONS; AND (2) ANY COVERAGE OBTAINED BY FRAUD, MATERIAL MISREPRESENTATION OR OMISSION IS VOID.

Signature of Officer or Partner of Firm	Title	Date
Print Name		
Agency:		Phone:
Address:		Fax: