



CorePointe Insurance Company  
800 Superior Ave East, 21st Floor  
Cleveland, OH 44114

**RENEWAL APPLICATION FOR  
LAWYERS PROFESSIONAL LIABILITY –  
SHORT FORM  
(Claims Made and Reported Policy)**

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

<b>1.</b>	<b>Full Name of Applicant Firm</b>		<b>Current Policy #:</b>	
	<b>Address:</b>		<b>Expiration Date:</b>	

**Please explain any "Yes" responses to the following questions on your letterhead.**

<b>2.</b>	In the last 12 months, has any firm member become aware of any incident, fact, circumstance, act or omission that could result in a professional liability claim against the firm? <b>NOTE: You should report any incidents, facts, circumstances, acts or omissions that could reasonably be expected to result in a claim to the Company within the policy period in order to preserve coverage under your policy.</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>3.</b>	In the last 12 months has there been any change in status of a claim or incident that was reported to a previous carrier? <b>If "yes", please complete a Claim Supplement for each claim or incident.</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>4.</b>	In the last 12 months has any firm member been the subject of any reprimand or disciplinary action or been refused admission to the bar or any bar association, court or administrative agency? <b>If "yes", please complete a Claim Supplement.</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>5.</b>	In the last year, has any member of the firm: <b>a)</b> Provided legal services to or sat on the board of a financial institution? <b>b)</b> Been involved in class action or mass tort litigation? <b>c)</b> Provided legal services involving the offering or sale of securities? <b>d)</b> Provided legal services involving federal, state or municipal bonds? <b>If "yes" to any of the above, please complete the appropriate supplement.</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>6.</b>	Does any firm member practice part time? <b>If "yes", please confirm names and # of hours per week on firm letterhead.</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>7.</b>	Does any member of the firm share <input type="checkbox"/> cases or <input type="checkbox"/> letterhead with other attorneys or law firms or <input type="checkbox"/> refer clients to other attorneys or law firms? <b>If "yes", please provide their names and include proof of their professional liability insurance.</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>8.</b>	<b>a)</b> Please estimate the firm's gross revenues for the current fiscal year::	\$
	<b>b)</b> Please indicate the firm's gross revenues for the past fiscal year:	\$
	<b>c)</b> Please indicate the number of new clients to the firm in the last year:	
<b>9.</b>	<b>a)</b> In the last 12 months, how many attorneys have left the firm:	
	<b>b)</b> In the last 12 months, how many attorneys have joined the firm: <b>NOTE: If you have not already done so, please complete the Mid Term New Lawyer Notification supplement for each new member.</b>	
	<b>c)</b> In the last 12 months how many non lawyer staff members have left the firm:	
	<b>d)</b> In the last 12 months, how many non lawyer staff members have joined the firm:	

**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	
<b>Print Name</b>					
<b>Agency:</b>				<b>Phone:</b>	
<b>Address:</b>				<b>Fax:</b>	