

- Complete the three-page application
- Complete an Individual Lawyer Supplement for each attorney in the firm
- Complete a claim supplement for each claim or incident that has occurred in the past five years
- If you are a licensed Title Agent or if you individually or with any other member(s) of the firm own 100% of a Title Agency, then complete the Real Estate Title Supplement
- Include a sample of your firm's letterhead
- Include a copy of your firm's current coverage, if applicable



**13. Indicate limits of liability and deductible(s) requested:**

**Limits Of Liability** (You may check more than one)

- |                          |                        |                       |                          |                        |                       |
|--------------------------|------------------------|-----------------------|--------------------------|------------------------|-----------------------|
| <input type="checkbox"/> | \$100,000 each claim   | \$300,000 aggregate   | <input type="checkbox"/> | \$2,000,000 each claim | \$4,000,000 aggregate |
| <input type="checkbox"/> | \$250,000 each claim   | \$750,000 aggregate   | <input type="checkbox"/> | \$3,000,000 each claim | \$4,000,000 aggregate |
| <input type="checkbox"/> | \$300,000 each claim   | \$600,000 aggregate   | <input type="checkbox"/> | \$4,000,000 each claim | \$4,000,000 aggregate |
| <input type="checkbox"/> | \$500,000 each claim   | \$1,500,000 aggregate | <input type="checkbox"/> | \$5,000,000 each claim | \$5,000,000 aggregate |
| <input type="checkbox"/> | \$1,000,000 each claim | \$2,000,000 aggregate | <input type="checkbox"/> | Other                  |                       |

**Deductible** (You may check more than one)

- |                          |         |                          |                          |            |            |
|--------------------------|---------|--------------------------|--------------------------|------------|------------|
| <input type="checkbox"/> | None    | <input type="checkbox"/> | \$5,000                  | each claim |            |
| <input type="checkbox"/> | \$1,000 | Each claim               | <input type="checkbox"/> | \$10,000   | each claim |
| <input type="checkbox"/> | \$2,500 | Each claim               | <input type="checkbox"/> | Other \$   | each claim |

**14. Are you requesting coverage for a Predecessor Firm(s)?**

Yes  No

Predecessor Firm means any legal entity that was engaged in the practice of law, and to whose financial assets and liabilities the entity or individual identified in Question 1 above is the majority successor in interest (51% or more).

<u>Name(s) of Predecessor Firm(s)</u>	<u>Date(s) Established</u>	<u>Date(s) Terminated</u>	<u>Number of Attorneys</u>
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**15. During the past five (5) years has any firm member been the subject of any of the following disciplinary actions or investigations/proceedings?**

Yes \*  No

- |                          |  |                          |  |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Currently pending investigations/proceedings | <input type="checkbox"/> | Dismissed investigations/proceedings   |
| <input type="checkbox"/> | Reprimand or Censure                         | <input type="checkbox"/> | Suspension   |
| <input type="checkbox"/> | Imposition of a fine                         | <input type="checkbox"/> | Been refused admission to the bar or any bar association, court or administrative agency |

\* If "yes," provide copies of the complaint, all correspondence with the disciplinary body, and any final orders.

**16. Is any member of the firm aware of any incident, fact, circumstance, act or omission that could result in a professional liability claim against the firm, any predecessor firm or any member of the firm?**

Yes \*  No

\* If yes, how many? \_\_\_\_\_ Name(s) of claimants: \_\_\_\_\_

- A complete Claim Supplement form must be provided for each.

**17. In the past five (5) years, has any professional liability claim been made or suit brought against the firm, any predecessor firm, or any member of the firm?**

Yes \*  No

\* If yes, how many? \_\_\_\_\_ Name(s) of claimants: \_\_\_\_\_

- A complete Claim Supplement form must be provided for each claim or suit.

**Space Provided for Additional Information.**


**NOTICE TO APPLICANT**

If you are aware of any incident, fact, circumstance, act or omission that could reasonably result in a professional liability claim against you or any lawyer listed in this application, you should immediately file a report with your current carrier.

This application forms a part of your policy, if issued.

**APPLICANT REPRESENTATION**

I/we represent that the statements in, and any attachments to, this application are true and complete to the best knowledge of all persons to be insured and that I/we have not suppressed or misstated any facts.

I/we authorize the Company or its designated representative to make inquiry in connection with this application.

I/we agree that the Company has the right to amend the terms, conditions and limitations of any policy issued as a result of this application if, subsequent to the date of this application but prior to the effective date of such policy, there are any changes to the information I/we supplied in this application. In the event of such change, I/we will immediately notify the Company and my/our prior insurer in writing, and such notice will become part of this application.

I/we agree that the undersigned signs this application on behalf of the applicant and all of its partners, owners, shareholders, officers, directors, members and employees. Signing this application does not bind the applicant or the Company to complete the insurance, but I/we agree that the statements and representations made in connection with this application will be relied upon by the Company should a policy be issued.

\_\_\_\_\_  
Officer/Principal Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Title

**NEW INDIVIDUAL LAWYER SUPPLEMENT**

1. **Named Insured:** \_\_\_\_\_
2. **Attorney Name:** \_\_\_\_\_
3. **Address of Practice:** \_\_\_\_\_
4. **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_    5. **SSN#:** \_\_\_\_-\_\_\_\_-\_\_\_\_
6. **Date of Hire:** \_\_\_\_/\_\_\_\_/\_\_\_\_    7. **Email Address:** \_\_\_\_\_

8. Bar / Registration Number	State(s)	Date Admitted / Licensed	% Work in each state
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

If you are licensed in other states, please indicate in the additional space provided on page 2.

9. **Status:**     Owner     Employee     Of Counsel\*     Independent Contractor\*  
 \*Coverage limited to work done for the firm.

10. **Do you practice part time?**     No     Yes

If yes, average # of hours per week \_\_\_\_\_ and length of time you have been working these hours \_\_\_\_\_.

11. **Estimate the percentage of hours per year you work in each area of practice. (NOTE: Must total 100%)**

___ % Admiralty & Marine	___ % Intellectual Property
___ % Agent Practice / Entertainment Law	___ % Immigration
___ % Business Formation	___ % Mediation, Arbitration
___ % Business Transactions - General	___ % Mergers & Acquisitions
___ % Civil Litigation - General	___ % Municipal – General (not finance) or other governmental entities
___ % Commercial and Corporate General Lit. - <b>Defense</b>	___ % Municipal Finance or Bonds
___ % Commercial and Corporate General Lit. - <b>Plaintiff</b>	___ % Oil & Gas, Mineral Rights
___ % Corporate Finance	___ % Other: (if more than 5%, explain)
___ % Creditor Rights / Collections	___ % Plaintiff Lit. - Class Actions
___ % Creditor Rights / General	___ % Plaintiff Lit. - Legal Malpractice
___ % Criminal Defense	___ % Plaintiff Lit. - Medical Malpractice
___ % Defense Lit. - Insurance Carrier Representation	___ % Plaintiff Lit. - Personal or Bodily Injury
___ % Elder Law	___ % Plaintiff Lit. - Social Security, Workers Compensation
___ % Employee Benefit Plans, ERISA	___ % Public Utilities (not finance)
___ % Employment Law - Employee Representation	___ % Real Estate Finance
___ % Employment Law - Management Representation	___ % Real Estate Residential & Basic Commercial
___ % Employment Law - Union Representation	___ % Schools & Education (not finance)
___ % Environmental Regulatory	___ % Securities/Private Placements/Public Registrations- # of investors ___
___ % Estate & Probate - General	___ % Tax Preparation - Individual
___ % Estate Planning and Trust Administration	___ % Taxation (excluding estate tax & individual tax preparation)
___ % Family Law / Juvenile Rights	

12. **Are you aware of any incident, fact, circumstance, act or omission that could result in a professional liability claim against you?**     Yes\*     No

If yes, how many? \_\_\_\_ Name(s) of Claimant(s) \_\_\_\_\_

\*A complete Claim Supplement form must be provided for each claim or suit.

13. **In the past five (5) years, has any professional liability claim been made or suit brought against you?**     Yes\*     No

If yes, how many? \_\_\_\_ Name(s) of Claimant(s) \_\_\_\_\_

\*A complete Claim Supplement form must be provided for each claim or suit.

14. Have you been the subject of any of the following disciplinary actions or investigations / proceedings?  Yes\*  No

- Currently pending investigations/proceedings  Dismissed investigations / proceedings
- Reprimand / Censure  Suspension  Imposition of a fine
- Been refused admission to the bar or any bar association, court or administrative agency

\* If "yes," provide copies of the complaint, all correspondence with the disciplinary body, and any final orders

15. Are you a licensed Title Agent?  Yes  No

16. Do you individually or with any other members(s) of the firm own 100% of a Title Agency?  Yes  No

17. Do you want coverage for your title agency under this policy?  Yes  No

If yes, please list the name of your Title Agency \_\_\_\_\_

\*If you answered yes to question 15, 16 or 17, you will need to complete a Real Estate Title Supplement.

\*\* If you have partial ownership in a title agency, you are not eligible for this coverage under the PDIC policy.

I represent that the statements above are true and complete to the best knowledge of all persons to be insured and that I have not suppressed or misstated any facts, and I/we understand that this supplement becomes part of the application.

\_\_\_\_\_  
Signature of Lawyer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Title

Space provided for Additional Information.


**The following questions must be completed by an owner, officer or partner of the firm:**

Regarding the prior acts coverage for this lawyer, check one of the following:

18. Does the Named Insured request coverage for services rendered while this attorney was associated with any prior law firm(s)  Yes\*  No\*\*

19. If yes, retroactive date requested: \_\_\_\_/\_\_\_\_/\_\_\_\_

20. Date lawyer left prior firm: \_\_\_\_/\_\_\_\_/\_\_\_\_

21. Lawyer's prior carrier and expiration date of prior policy: \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_

\* If yes, please provide a copy of the lawyer's most recent policy declarations including retroactive date as evidence of his/her continuous coverage, or complete a Continuous Coverage Form that is available from Professionals Direct® upon request.

\*\*If no, the date of hire (or admit date if later than the date of hire) will be the limiting prior acts date for this lawyer.

\_\_\_\_\_  
Officer/Principal Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Title

**Claim Information Supplement**

1. Name of Insured: \_\_\_\_\_

2. Full name of individual lawyer(s) and firm involved in claim, suit or incident:  
\_\_\_\_\_

3. Additional defendants: \_\_\_\_\_

4. Name of claimant(s): \_\_\_\_\_

5. Date of alleged error: \_\_\_ / \_\_\_ / \_\_\_\_\_ 6. Date Reported: \_\_\_ / \_\_\_ / \_\_\_\_\_

7. To what insurance company was this claim reported? \_\_\_\_\_  
If not reported, please explain why. \_\_\_\_\_

8. Status of claim:

<u>Open:</u>		<u>Closed:</u>	
<input type="checkbox"/> Presuit	<input type="checkbox"/> In Suit	<input type="checkbox"/> Judgment	<input type="checkbox"/> Settlement
			<input type="checkbox"/> Inactivity

Date Closed \_\_\_ / \_\_\_ / \_\_\_\_\_

9. Total actual/potential damages:

<input type="checkbox"/> Paid \$ _____	<input type="checkbox"/> Reserved \$ _____	<input type="checkbox"/> Exposure \$ _____
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10. Total actual/potential expenses:

<input type="checkbox"/> Paid \$ _____	<input type="checkbox"/> Reserved \$ _____	<input type="checkbox"/> Exposure \$ _____
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11. Description of claim/potential claim. Include allegations, facts of underlying representation, case number, and jurisdiction where filed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. What procedures have been implemented to prevent a recurrence of this type of claim?

\_\_\_\_\_

\_\_\_\_\_

13. Do we have your authorization to contact your defense counsel regarding this claim?  Yes  No  
If yes, provide the name and telephone number of your defense counsel:

Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_ - \_\_\_\_\_

I/we represent that the statements above are true and complete to the best knowledge of all persons to be insured and that I/we have not suppressed or misstated any facts and I/we understand that this supplement becomes part of the application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

PDIC's Title Agent and Agency Endorsement limits coverage to \$250,000 per occurrence / \$250,000 aggregate. If you require higher limits, you must purchase separate coverage. Contact your agent for additional information.

<b>1. Named Insured:</b>						
<b>2. Are the abstractor or title agent services rendered through an agency that is a separate title agency?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "yes," please complete questions 3, 4, & 5; if "no," continue with question 6.						
<b>3. Legal Name of Title Agency:</b>						
<b>4. "Trade Name" or "DBA" name:</b>						
<b>5. Does the law firm, or one or more of its member attorneys, own 100% of the title agency?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "no," your title agency is not eligible for coverage under the PDIC policy.						
<b>6. List all states where applicant operates:</b>						
<b>7. List all members/employees and indicate all services performed by each member/employee:</b>						
Name	Status <small>Owner, Employee or Independent Contractor</small>	Attorney	Title Agent	Escrow Agent	Abstractor	Title Opinions
<b>8. Does your firm process and issue title insurance policies?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," list the title underwriter(s) or companies with whom the firm has agency contracts:						
<b>9. Do any of the above contracts establish a dollar limit on the responsibility of the applicant to the title underwriter?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please include complete copies of all contracts with such dollar limits.</b>						



**NOTICE TO COLORADO RESIDENTS:**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA RESIDENTS:**

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA RESIDENTS:**

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.

**NOTICE TO KENTUCKY RESIDENTS:**

Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**NOTICE TO LOUISIANA, MARYLAND & WEST VIRGINIA RESIDENTS:**

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 fines and confinement in prison.

**NOTICE TO MAINE, VIRGINIA, TENNESSEE & WASHINGTON RESIDENTS:**

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, fines and denial of insurance benefits.

**NOTICE TO MICHIGAN AND MINNESOTA RESIDENTS:**

Any person who knowingly and with intent to defraud an insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime and subjects the person to criminal and civil penalties.

**NOTICE TO MISSOURI & ARIZONA RESIDENTS:**

Claim Expenses are Inside the Policy Limits. All claim expenses shall first be subtracted from the limit of liability, with the remainder, if any, being the amount available to pay for damages.

**NOTICE TO PENNSYLVANIA RESIDENTS:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO NEW MEXICO RESIDENTS:**

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.

**NOTICE TO OHIO RESIDENTS:**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA & IDAHO RESIDENTS:**

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO NEW JERSEY RESIDENTS:**

Any person who knowingly includes any false or misleading information on an application for an insurance policy or files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NOTICE TO OREGON RESIDENTS:**

Any person who knowingly and with intent to defraud or solicit another to defraud any insurance company: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.