



**LAW FIRMS  
ERRORS & OMISSIONS APPLICATION**

**APPLICANT'S INFORMATION:**

LEGAL NAME OF FIRM:					
BUSINESS ADDRESS:					
COUNTY:		WEB ADDRESS:			
DATE FIRM ESTABLISHED:		DATE PRESENT OWNERSHIP ASSUMED CONTROL:			
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> PA/PC <input type="checkbox"/> Franchise					

**Insurance History:**

1. Current Insurer \_\_\_\_\_ Deductible \$ \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ Expiring Premium \$ \_\_\_\_\_  
 Is Current Carrier willing to Renew?  No  Yes  
 Retroactive Date (Prior Acts) \_\_\_\_\_ **If requesting prior acts coverage you must provide a copy of your current insurance declaration page and complete the Prior Acts Coverage Supplement Application.**

2. Requested Limits:                     \$100,000/\$300,000     \$500,000/\$500,000  
     \$300,000/\$600,000     \$1,000,000/\$1,000,000  
     Other \$ \_\_\_\_\_ / \$ \_\_\_\_\_  
 Requested Deductible (Per Claim):  \$2,500     \$5,000     \$10,000     Other \_\_\_\_\_

3. A. Complete the following for all lawyers in the Firm, independent contractor lawyers and "Of Counsel" lawyers:

Lawyer Name	CLE Hours Past Year	D/C*	Date Admitted to Bar (Mo-Yr)	Years in Private Practice	Lawyer's Primary Area of Practice
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

\* Designation Code

**O** Officers, Directors or Shareholders of the Corp. who are licensed as Lawyers    **E** Employed Lawyers  
**S** Sole Proprietor    **C** "Of Counsel" Lawyers    **P** Partners of Partnership    **I** Indep. Contractor Lawyers

B. Are "Of Counsel" carrying their own E&O?

No     Yes

C. Give the number of employees and/or support staff utilized:

Law Clerks	Investigators	Abstractors	Title Agents	Accountants	Certified Paralegals	Clerical/ Secretarial
_____	_____	_____	_____	_____	_____	_____

D. Please attach the following:

- Copy of firm letterhead
- Copy of five (5) years hard copy loss runs
- Copy of current declaration page (if requesting prior acts coverage)

4. Does any lawyer listed above practice in this Firm less than 40 hours per week?  No  Yes  
**If "Yes," to which attorney(s) does this apply?** \_\_\_\_\_ No. of Hours \_\_\_\_\_

5. Total gross billings: a. Latest Fiscal Year: \$ \_\_\_\_\_  
b. Projected Next Fiscal Year: \$ \_\_\_\_\_

6. Please indicate types of Docket Control Systems currently used:  
 Single Calendar  Dual Calendar  Computer  Master listing  Tickler cards  Other

7. a. How many individuals in firm are involved in Monitoring Deadlines? \_\_\_\_\_

b. How frequently are deadlines checked?  Daily  Weekly  Monthly  Other

c. Does someone other than the attorney handling the case have primary responsibility for maintaining the docket calendar?  No  Yes

8. Is it the firm's standard practice to use engagement letters when agreeing to represent a claim? If "No," please provide an explanation: \_\_\_\_\_  
\_\_\_\_\_

9. Is it the firm's standard practice to use non-engagement letters when refusing to represent a client? If "No," please provide an explanation: \_\_\_\_\_  
\_\_\_\_\_

10. Is any lawyer or employee listed above licensed or operating as any of the following: (% of Total Time Spent)  
Accountant \_\_\_\_\_% Escrow Agent \_\_\_\_\_% Insurance Agent/Broker \_\_\_\_\_%  
Mortgage Broker/Lender \_\_\_\_\_% Real Estate Agent/Broker \_\_\_\_\_% Title Abstractor/Searcher \_\_\_\_\_%  
Title Agent \_\_\_\_\_%  
Do you understand that your insurance coverage does not cover acts related to these operations unless specifically endorsed?  No  Yes

11. a. How does the firm maintain its conflict of interest avoidance system? (check all applicable)  
\_\_\_\_\_Computer \_\_\_\_\_Index File \_\_\_\_\_Conflict Committee \_\_\_\_\_Other -please describe: \_\_\_\_\_  
\_\_\_\_\_

b. How often is the conflict of interest system updated?  
\_\_\_\_\_Daily \_\_\_\_\_Weekly \_\_\_\_\_Monthly \_\_\_\_\_Other (describe) \_\_\_\_\_

c. Does the conflict of interest system disclose attorney-client relationships established by newly hired lawyers, partners, predecessor, merged or acquired firms?  No  Yes

d. If any lawyer of the firm becomes aware of a conflict of interest, do they disclose it in writing to all parties involved and all partners?  No  Yes  
If "No," please explain: \_\_\_\_\_





LAW FIRMS

ERRORS & OMISSIONS SUPPLEMENTAL CLAIM APPLICATION

INSTRUCTIONS:
1. This form is to be completed when the Applicant has been involved in any claim or is aware of an incident which may give rise to a claim. COMPLETE ONE FORM FOR EACH CLAIM OR INCIDENT.
2. If space is insufficient to answer any questions fully, attach a separate sheet.
3. In lieu of attaching suit papers, please provide a complete narrative description of the litigations and facts involved.

1. Full name of Applicant: \_\_\_\_\_

2. Full name of Individual(s) or firm involved in the claim: \_\_\_\_\_

3. Full name of Claimant: \_\_\_\_\_

4. Indicate whether: [ ] CLAIM [ ] SUIT [ ] ACT, ERROR OR OMISSION ONLY (No Claim or Suit)
(If suit was filed please provide copy of suit papers)

5. Date and location of alleged act, error or omission: \_\_\_\_\_

6. Date of claim: \_\_\_\_\_ Date reported to Insurance Company: \_\_\_\_\_

7. Additional defendants \_\_\_\_\_

8. If closed: A. Total loss paid including deductible(s)? \$ \_\_\_\_\_ Date closed: \_\_\_\_\_
B. Indicate whether: [ ] COURT JUDGEMENT (or) [ ] OUT OF COURT SETTLEMENT

9. If pending: A. Claimant's settlement demand? \$ \_\_\_\_\_
B. Defendant's offer for settlement? \$ \_\_\_\_\_
C. Insurer's loss reserve? \$ \_\_\_\_\_

10. Name(s) of Insurer(s) responding to this claim or incident. \_\_\_\_\_
a. Policy Number: \_\_\_\_\_
b. Limits of Liability: \_\_\_\_\_ Deductible: \_\_\_\_\_

11. Provide complete narrative description of suit claim or incident: \_\_\_\_\_

A. Description of alleged act, error or omission upon which claim is based: \_\_\_\_\_

B. Description of the type and extent of injury or damage allegedly sustained: \_\_\_\_\_

C. Explain what action(s) have been taken to prevent reoccurrence of a similar claim: \_\_\_\_\_

D. Was Engagement Letter used? [ ] No [ ] Yes

I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability Application. I understand that an incorrect or incomplete statement could void my protection.

Signature of Applicant/Title/Date (Must be signed by a Principal, Partner or Officer of the Firm.)



**PLAINTIFF LITIGATION  
ERRORS & OMISSIONS SUPPLEMENTAL APPLICATION**

**PLEASE COMPLETE THE FOLLOWING ONLY IF ACTING AS PLAINTIFF'S REPRESENTATIVE AS NOTED ON THE SUPPLEMENTAL APPLICATION.**

1. Describe the types of cases handled with percentages for each, to total 100%:
 

Auto Related _____%	Medical Malpractice _____%
Admiralty _____%	Products Related Injury _____%
Aviation _____%	Toxic Tort _____%
Asbestos _____%	Sexual Harassment _____%
Bodily Injury _____%	Tobacco _____%
(non-medical malpractice)	Veterans Issues _____%
Breast Implant _____%	Workers Compensation _____%
Discrimination _____%	Wrongful Death _____%
General Liability _____%	Other (describe): _____
  
2. What is the Firm's average litigation case load per year? \_\_\_\_\_
  
3. What percentage of the Firm's litigation cases are settled before trial? \_\_\_\_\_%
  
4. What percentage of the Firm's litigation cases are tried to a verdict? \_\_\_\_\_%
  
5. What percentage of the Firm's litigation cases are handled on a contingency fee basis? \_\_\_\_\_%
  
6. What is the estimated average dollar size of judgments, awards and settlements \$ \_\_\_\_\_ in the litigation cases handled by the Firm?
  
7. What is the largest judgment, award or settlement in a litigation case achieved \$ \_\_\_\_\_ by the Firm in the past five years?
  
8. Does the firm take litigation case referrals from other law firms?  No  Yes  
**If "YES," please indicate the approximate number of cases and the types involved:**  
 \_\_\_\_\_  
 \_\_\_\_\_
  
9. Does the firm refer cases to other law firms?  No  Yes  
**If "YES," please indicate the approximate number of cases and the type involved:**  
 \_\_\_\_\_  
 \_\_\_\_\_
  
10. Has the firm been involved in any class action plaintiff cases within the past five years?  No  Yes  
**If "Yes," please complete a Colony Class Action/Mass Tort supplemental application.**  
 \_\_\_\_\_  
 \_\_\_\_\_

I/We agree and understand this supplement becomes part of the application which forms a part of the policy. This information is true and correct to the best of my/our knowledge.

\_\_\_\_\_  
 Signature of Applicant/Title/Date (Must be signed by a Principal, Partner or Officer of the Firm.)



PRIOR ACTS COVERAGE SUPPLEMENTAL APPLICATION

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

1. Are procedures in place that require the documentation of alleged wrongful acts/incidents with a contemporaneous written report? [ ] No [ ] Yes

2. Are such incident reports maintained in a central location? [ ] No [ ] Yes
If "No," describe record maintenance procedures: \_\_\_\_\_

3. Name and Title of the person responsible for maintenance of incident report records: \_\_\_\_\_

4. Total number of wrongful acts/incidents recorded from \_\_\_\_\_(retroactive date on existing policy) until \_\_\_\_\_(today's date)? \_\_\_\_\_

5. How many of these incidents have been reported to your current or former insurance carrier? \_\_\_\_\_

6. How many of these incidents have NOT been reported to any insurance carrier? \_\_\_\_\_

7. What criteria do you use to determine whether or not to report an incident to your current insurance carrier? \_\_\_\_\_

8. Are you or any of your officers, managers, partners or directors aware of any incidents for which no incident report has been completed? [ ] No [ ] Yes
If "Yes," how many such undocumented incidents have there been from \_\_\_\_\_(retroactive date) until \_\_\_\_\_(today's date)? \_\_\_\_\_

9. On a separate sheet of paper please describe each undocumented wrongful act/incident including a description of the accident, date, witness, types of injuries, name of injured persons, etc.

10. Attach copy of expiring policy declarations page.

DECLARATION AND SIGNATURE:

The undersigned declares that to the best of his/her knowledge the statements in this application and its attachments are true. The company is hereby authorized to make any investigation and inquiry deemed necessary in regard to this application.

Applicant's Signature Title Date

\*SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY OR THE UNDERWRITING MANAGER TO COMPANY THE INSURANCE. Application MUST be currently signed and dated to be considered for quotation.



7. For all mass tort or class action cases that **closed during the past 24 months (including favorable and unfavorable judgments and those dismissed)** please provide the following information (use extra page if needed):

Defendant Name	Allegation made	# of members	Jurisdiction Amount /remedy sought	Specify if lead/local /referral attorney

8. If cases are referred to other firms, are these other firms in other jurisdictions?  Yes  No  
 If so, where? \_\_\_\_\_

9. Do you retain a fee for such referrals?  Yes  No

10. Do you continue to work on the case after referral?  Yes  No

11. If you are not the sole attorney, do you send your clients a letter outlining the specific scope of your representation? (i.e., advising them which tasks you are or are NOT performing, etc.)  Yes  No  
 If no, please explain why not: \_\_\_\_\_

12. Please describe how you handle class members who choose to opt out of the class to pursue an individual claim (including describing the risks involved in writing, who handles the case, is it referred elsewhere, etc.): \_\_\_\_\_  
 \_\_\_\_\_

13. If there is any other information that you believe would be helpful in understanding more about your mass tort or class action cases or experience, please elaborate: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

14. Has any claim or potential claim been made to you, your practice (past or present), any lawyer employed by your firm, or any insurance carrier regarding any mass tort or class action case that you have handled at any time? If "Yes," please attach a narrative explanation.  Yes  No

15. Do you have knowledge of any circumstances or events that could give rise to a potential claim arising out of any mass tort or class action cases that you, your practice (past or present), any lawyer employed by your firm has ever handled? If "Yes," please attach a narrative explanation.  Yes  No

\* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine. \* not applicable in all states

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_