



**IRONSHORE INDEMNITY, INC.**

(A Stock Company)

Mailing Address:

PO Box 3407

New York, NY 10008

(877) IRON-411

**NEW YORK APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE**

**(1 -5 Attorneys)**

**NOTICE:**

Unless amended by endorsement, amounts incurred as Claim Expenses shall be in addition to the Limits of Liability and shall not be applicable to the Deductible.

If coverage is purchased with Claim Expenses within the Limits of Liability, Claim Expenses shall reduce and may exhaust the Limits of Liability. If coverage is purchased with Claim Expenses 100% within the Limit of Liability, Claim Expenses shall reduce 100% of the Limit of Liability. If coverage is purchased with Claim Expenses 50% within the Limit of Liability, Claim Expenses shall reduce the Limit of Liability by no more than 50%.

Please note that if coverage is purchased with Claim Expenses within the Limits of Liability, 100% or 50% of the Limits of Liability may be completely exhausted by Claim Expenses (whichever applies) and, in such case, the Insurer shall not be liable for Claim Expenses or for the amount of any judgment or settlement after the exhaustion of the Limits of Liability.

Please note that if coverage is purchased with Claim Expenses applicable to the Deductible, Claim Expenses will apply to 100% of the Deductible if the 100% offset option is purchased or will apply to no more than 50% of the Deductible if the 50% offset option is purchased.

**Please attach a sample of your letterhead to this application.** Inconsistencies between your letterhead and the application – Such as attorneys named, address, and other offices – should be explained on a separate sheet of paper.

**I. GENERAL INFORMATION**

1. (a) Full name of Applicant \_\_\_\_\_

\_\_\_\_\_

(b) Principal business premises address: \_\_\_\_\_  
(Street)

\_\_\_\_\_

(City)

(County)

(State)

(Zip)

(c) Name of contact person \_\_\_\_\_ E-mail address \_\_\_\_\_

(d) Phone Number \_\_\_\_\_ Fax number \_\_\_\_\_

(e) Website address: \_\_\_\_\_ (f) Date firm was established \_\_\_\_\_

(g) Business is a:  individual  partnership  sole proprietorship  limited liability partnership (LLP)  
 professional corporation (PC)  limited liability corporation (LLC)  Other

2. Is the Applicant a sole practitioner? .....  Yes  No  
 If Yes, is there a lawyer that will be responsible for Applicant's practice if the Applicant is unable to work for an extended period of time? .....  Yes  No  
 If Yes, provide the following:

Name of back-up lawyer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. List the names of all predecessor firms of the Applicant. A "Predecessor Firm" is any legal entity which was engaged in the practice of law to whose financial assets and liabilities the Applicant is the majority successor in interest.

Name of Predecessor Firm	Date Established	Date Dissolved	Did Firm Maintain Coverage?	Extended Reporting Endorsement Purchased (Tail Coverage)?	Requesting Coverage For Predecessor Firm?

**II. FINANCIAL AND STAFFING INFORMATION**

1. Provide the applicants fee volume.  
 \$0-\$100,000  \$100,000-\$250,000  \$250,000-\$400,000  \$400,001-\$500,000  \$500,000-\$1,000,000  
 \$1,000,000-\$2,000,000  \$2,000,000 +

2. Provide the names of all lawyers who are presently officers, partners, employed lawyers, of counsels, or part-time attorneys of the Applicant and complete the information requested for each lawyer.

Name of Lawyer	Designation: O - Officer P - Partner E - Employed Lawyers OC - Of Counsel PT- Part Time Attorney	Hours Worked Per Week*	Year Admitted to Bar	MM/DD/YY Joined Applicant	Maintain Separate Insurance Yes/No

--	--	--	--	--	--

**\*Attach Additional Sheets if Necessary.**

3. Provide the following for Applicant's staff:

	Number Currently Employed	Number Who Left the Applicant Last Year
Lawyers		
Paralegals		
Other Staff		

4. Does the Applicant have a

(a) Full-time office administrator?  Yes  No

(b) Management/Executive Committee? .....  Yes  No

5. Does any attorney proposed for this coverage currently serve as director, officer, trustee or partner of any entity which is a client of the firm.....  Yes  No

If Yes, complete a Supplement for Outside Interests.

6. In the past five years, has any lawyer proposed for this coverage hold an equity or financial interest in a client? .....  Yes  No

7. Is any lawyer proposed for this coverage

(a) An employee of any organization, entity or governmental body other than Applicant? .....  Yes  No  
If Yes, provide details. \_\_\_\_\_

(b) Engaged in any professional/business activities other than the private practice of law? .....  Yes  No  
If Yes, provide details. \_\_\_\_\_

**III. FIRM MANAGEMENT AND ADMINISTRATION**

1. (a) Does the Applicant's docket control system include:

Single Calendar  Computer  Tickler Cards  Dual Calendar  Master Listing  Other \_\_\_\_\_

(b) How frequently are deadlines cross-checked?  Daily  Weekly  Monthly

2. Which of the following tools are used to avoid conflict of interest?

oral/memory  computer  index file  conflict committee  written procedure  Other \_\_\_\_\_

3. Does your firm utilize client communication letter? Please answer below.

(a) An engagement letter when accepting a representation  Yes  No

(b) A non-engagement letter when declining a representation  Yes  No

**IV. PRACTICE AREAS**

1. Indicate percentage of time devoted to the following areas of practice.

AREA OF PRACTICE	%	AREA OF PRACTICE	%	AREA OF PRACTICE	%
Administrative Law		Entertainment		Municipal Law	
Admiralty Defense		Environmental Law*		Oil & Gas Mining	
Admiralty Marine		ERISA		Oil & Gas Title	
Adoptions		Estate Planning*		Patent, Trademark, Copyright – Filing*	

Arbitration/Mediation		Estate/Trust/Probate*		Patent, Trademark, Copyright Litigation*	
Banking*		Family Law – (Non-Divorce)		Patent, Trademark, Copyright Prosecution*	
Bankruptcy		Fiduciary		Plaintiff BI/PI (Non Product Liability)*	
BI/PI Defense		Foreclosures		Product Liability Plaintiff*	
<b>Bonds*</b>		Foreign Law		Real Estate Closings/General*	
Business Transactions		Guardianships		Real Estate Commercial Title*	
Civil Rights		High Profile Divorce or Monied		Real Estate Development*	
Civil/General Litigation		Immigration/Naturalization		Real Estate Investment Trusts*	
<b>Class Action Plaintiff*</b>		Insurance Defense		Real Estate Limited Partnership*	
Collection*		International Law		Real Estate Residential Title*	
Commercial Defense		Investment Money Manager		Real Estate Syndication*	
Commercial Law		Juvenile		<b>Securities*</b>	
Consumer Claims		Labor Unions		Taxation Opinions	
Construction Law		Labor/Employee		Taxation Preparation	
Contracts		Labor/Management		Taxation Representation	
Corporate Formation		Landlord Tenant/Leases		Traffic	
Corporate General		Lobbying		Wills	
Corporate Litigation		Local Government		<b>Workers Compensation Plaintiff*</b>	
Criminal Law		Medical Malpractice Defense		Workers Compensation Defense	
Divorce		<b>Medical Malpractice Plaintiff*</b>		Other: Please Explain on Firm Letterhead	
Employment Law		Mergers & Acquisitions		<b>Total:</b>	<b>100 %</b>

**\*Please contact agent for supplement.**

**V. BUSINESS PRACTICES**

1. (a) Have any suits for collection of fees have been filed against any client in the last two (2) years  Yes  No  
If Yes, how many? \_\_\_\_\_

If Yes, provide the following for each suit for unpaid legal fees. Attach a separate sheet if necessary.

Date Filed	Name of Client	\$ Amount Sought	Status/Result

(b) What steps have been taken by the Applicant to reduce or avoid the necessity of fee collections suits in the future?

\_\_\_\_\_

\_\_\_\_\_

2. When evaluating whether a case should be sent for collection, does the Applicant review the file for the purpose of evaluating whether the possibility of a counterclaim alleging malpractice might be filed in response thereto? .....  Yes  No

3. Does the Applicant accept cases where the cause of action arises and is adjudicated outside of the Applicant's local jurisdiction (i.e., in another state)? .....  Yes  No  
If Yes, does the Applicant refer such cases to local counsel? .....  Yes  No

4. Has the Applicant outsourced any work in the last two (2) years, either domestically or out of the country? .....  Yes  No

5. Does the Applicant have any single client or group of related clients which produce more than 25% of total gross billings in the last 24 months? .....  Yes  No

If Yes, provide the percentage of gross billings, name of client, business activities of client, and services provided on behalf of client. \_\_\_\_\_

\_\_\_\_\_

6. In the last five (5) years, has the Applicant accepted client securities or other forms of compensation in lieu of fees? .....  Yes  No  
If Yes, provide details. \_\_\_\_\_

7. Does the Applicant share office space with any other lawyer? .....  Yes  No  
If Yes,  
(a) Is letterhead shared? .....  Yes  No  
(b) Is any staff shared? .....  Yes  No  
If Yes to above, provide details. \_\_\_\_\_

**VI. INSURANCE AND CLAIM HISTORY**

1. Requested Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

2. (a) Limits of Liability: Indicate the limit of liability requested:

**(Maximum Each Claim/Maximum Each Year)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> \$ 100,000 / \$ 300,000   | <input type="checkbox"/> \$1,000,000 / \$2,000,000 | <input type="checkbox"/> \$3,000,000 / \$3,000,000  |
| <input type="checkbox"/> \$ 250,000 / \$ 500,000   | <input type="checkbox"/> \$1,000,000 / \$3,000,000 | <input type="checkbox"/> \$4,000,000 / \$4,000,000  |
| <input type="checkbox"/> \$ 500,000 / \$ 500,000   | <input type="checkbox"/> \$2,000,000 / \$2,000,000 | <input type="checkbox"/> \$5,000,000 / \$5,000,000  |
| <input type="checkbox"/> \$ 500,000 / \$1,000,000  | <input type="checkbox"/> \$2,000,000 / \$4,000,000 | <input type="checkbox"/> \$5,000,000 / \$10,000,000 |
| <input type="checkbox"/> \$1,000,000 / \$1,000,000 | <input type="checkbox"/> \$2,000,000 / \$5,000,000 |   |

(b) Deductible - Indicate the deductible requested:

- \$1,000  \$2,500  \$5,000  \$10,000  \$15,000  \$25,000  \$50,000  \$100,000  Other \$ \_\_\_\_\_

(c) Optional Coverage – Indicate the optional coverages requested:

- Claim Expenses Within the Limit of Liability – 50% Offset
- Claim Expenses Within the Limit of Liability – 100% Offset
- Claim Expenses Within the Deductible – 50% Offset
- Claim Expenses Within the Deductible – 100% Offset

3. List the Professional Liability Insurance History for the last three (3) years: **If none, check here**

Insurance Company	Limits of Liability	Deductible	Premium	Policy Period (MM/DD/YY)	No. of Lawyers Covered
-------------------	---------------------	------------	---------	--------------------------	------------------------

	\$	/ \$			
	\$	/ \$			
	\$	/ \$			

4. Does your current policy have Prior Acts Exclusion?  Yes  No  
 If yes, what is your Prior Acts Date? \_\_\_/\_\_\_/\_\_\_\_\_
5. Has any insurer declined, canceled, or non-renewed any Lawyers Professional Liability Insurance or any similar insurance on behalf of any person(s) or entity(ies) proposed for this insurance? .....  Yes  No  
 If Yes, provide details. \_\_\_\_\_
6. Has any lawyer Applicant, in the last three (3) years been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, fined, or held in contempt by any court, state or local bar association, administrative agency, or regulatory body? .....  Yes  No  
 If Yes, complete disciplinary supplement.
7. Is any person(s) or entity(ies) proposed for this insurance currently under investigation, or has any disciplinary complaint or grievance been made to any court, bar association, administrative agency or regulatory body in the last three (3) years that resulted in any formal censure or other formal action? .....  Yes  No  
 If Yes, complete disciplinary supplement.
8. After inquiry, are any attorneys in your firm aware:  
 If you answer either question "Yes," please complete the "Supplemental Claim Form".
- a. of any professional liability, claims made against them in the past five years? .....  Yes  No  
 b. of any legal work or incidents that might be expected to lead to a claim or suit against them?.....  Yes  No  
 \* If Yes, indicate total number of claims. \_\_\_\_\_

**SUPPLEMENTAL CLAIM INFORMATION** (from question 8)

If within the last five years you have been involved in any malpractice claim or suit, or are aware of an incident which May give rise to a claim, please complete the form below for each claim or incident. If space is insufficient to answer Any questions fully, attach separate sheet.

- Full name of individual(s) and/or firm involved in the claim: \_\_\_\_\_
- Full name of claimant: \_\_\_\_\_
- Indicate whether:  Incident  Claim  Suit
- Date and location of alleged error: \_\_\_\_\_
- Date of claim: \_\_\_\_\_
- Additional defendants: \_\_\_\_\_
- IF CLOSED: \*Total Paid: \$ \_\_\_\_\_ Indicate whether:  Court Judgment  Out of Court Settlement  
 \*Including Defense Expenses incurred.
- IF PENDING: Claimants settlement demand: \$ \_\_\_\_\_ Insurer's loss reserve: \$ \_\_\_\_\_  
 Your assessment of damages or offer for settlement: \$ \_\_\_\_\_ Is claim in suit?  Yes  No
- Name of Insurer responding to this claim or incident: \_\_\_\_\_
- Description of claim: (Provide enough information for evaluation. Use additional sheet if more space is required.)  
 a. Alleged act error or omission upon which Claimant bases claim: \_\_\_\_\_  
 b. Describe what activities gave rise to the claim or incident: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

c. Describe the type of Injury or damage allegedly sustained: \_\_\_\_\_

d. Does this incident or claim follow or result from an action to collect fees?  Yes  No

---

**VII. ADDITIONAL INFORMATION**

---

**COMMENTS:**

---

---

---

**REPRESENTATIONS:**

I/We affirm that the information contained here and in any addendum is true to the best of my/our knowledge and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We hereby authorize the release of claim information from any prior insurer to the Company or its representatives. I/We specifically asked all lawyers in our firm if they have knowledge of any claim, potential claim, disciplinary matter or circumstance that may Rise to a claim against us that is not listed in our response to Questions 7(V) & Question 8 A & B (VII). All lawyers have responded "No" Please Initial Here ( \_\_\_\_\_ ). On behalf of our firm, I agree that this application, Including all attachments and exhibits, is complete and correct to the best of my knowledge and belief. I understand that this application forms the basis of the contract of insurance, if the Company offers coverage and we accept the Company's offer. I also understand that completion of this application does not bind the Company Agent or Broker to provide insurance.

**NOTICE TO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL PENALTIES.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS:** 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 COLORADO APPLICANTS:** 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER 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 AUHTORITIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** 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 APPLICANTS:** 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 APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES A 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, SUBJECT TO CRIMINAL PROSECUTION AND CIVIL PENALTIES.

**NOTICE TO LOUISIANA APPLICANTS:** 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 APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE AND MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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 APPLICANTS - WARNING:** 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 (365:15-10, 36 §3613.1).

**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES A 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, SUBJECT TO CRIMINAL PROSECUTION AND CIVIL PENALTIES.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** 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 VERMONT APPLICANTS:** 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY 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, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Date