



**LEGAL AID SERVICES LAWYERS PROFESSIONAL LIABILITY INSURANCE
PUBLIC ENTITY / ORGANIZATION NEW BUSINESS APPLICATION**

1. APPLICANT INFORMATION

- a) Legal Name of Entity/
Organization to be Insured _____

- b) Street address (**physical address only**): _____
City: _____ State: _____ Zip Code: _____
- c) Telephone Number: (____) _____ Facsimile Number: (____) _____
- d) Email Address: _____ Website: _____
- e) To whom should correspondence regarding this Application and/or related insurance matters should be directed?
Name: _____ Title: _____
- f) Are there entities or programs related to the applicant for whom coverage is requested? Yes No
If yes, please list and explain relationship on a separate sheet.
- g) Is the Applicant contractually required to name any Additional Insured on the policy? Yes No
If yes, applicant MUST provide each Additional Insured's Name and Principal business address as a separate addendum, confirm if the Additional Insured requires advanced notice if insurance policy is cancelled and provide a full copy of the currently signed contract between the entity listed below and the applicant.
- h) Please describe the mission of the Applicant and its operation. Please use a separate addendum if more space is needed.
- i) Please check the following category(s) that best describes the Applicant:
 - Civil Legal Services Organization Contract Defender Public Defender Agency Pro Bono Program
 - Assigned Counsel (Court Appointed) Advocacy Group Legal Clinic Law School
 - Public Interest, Civil Rights/Liberties of Social Service
 - Other (Please describe) _____

2. CLIENT and STAFF INFORMATION

- a) What percent of the Applicant's cases are for clients who are **not** indigent and whose incomes are more than 200% above the national poverty level? 0% 5% 10% 20% 25% > 25%
- b) Provide the **number of attorneys on staff (including any Independent Contractors)** whose average # of weekly work hours is:

1 – 10 hours	11 – 25 hours	26+ hours

- c) Please provide the number of any **DOJ Accredited Representative on staff** whose average # of weekly work hours is:

1 – 10 hours	11 – 25 hours	26+ hours

N/A, if not applicable

Note: A copy of the Accreditation Recognition letter is required for each representative.



**LEGAL AID SERVICES LAWYERS PROFESSIONAL LIABILITY INSURANCE
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- d) Total number of hours of legal services provided **annually by all volunteer attorneys** on behalf of the applicant: _____ hrs N/A
- e) Are all attorneys (staff and volunteer) admitted to practice law in the state in which they are providing legal services on behalf of the organization? Yes No
- f) **If not**, is the organization in compliance with the state bar regulations regarding practicing attorneys? Yes No
- g) Does the Applicant provide any services for clients other than legal? Yes No
If "yes," please provide details and confirm whether the applicant has separate Professional Liability coverage in place for the work described.
- h) Type of legal services provided (check all that applies):
 Criminal Family Healthcare Immigration
 Housing Bankruptcy Consumer Rights Veterans Assistance
 Elder Law Civil Rights Other (Please describe) _____

3. CLAIMS INFORMATION

- a.) After inquiry, does any individual attorney, employee, member or volunteer of the Applicant have knowledge of any claims that have not yet been reported to the Company? Yes No
- b.) After inquiry, does any individual attorney, employee, member or volunteer of the Applicant have knowledge or information of any occurrence or incident which may give rise to a claim? Yes No
- c.) Within the past five years, has any attorney been subject to any disciplinary inquiry, complaint or proceeding for any reason other than non-payment of dues? Yes No
If "yes," has that attorney been refused admission to practice, disbarred, suspended, formally reprimanded, or sanctioned in any other way? Yes No
- d.) Have all matters noted in response to 3a), 3b) and 3c) above been reported to the Applicant's current insurer or to the current insurer of any predecessor entity or to the current insurer of any attorney of the Applicant? Yes No N/A
If the answer to questions 3a), 3b) or 3c) was "Yes", please complete the Claims / Disciplinary Supplemental Application for each claim, incident or disciplinary matter.

4. CURRENT COVERAGE INFORMATION

- a.) Is the applicant currently insured for malpractice insurance? Yes No
- b.) If yes, please provide the following and **attach a copy of expiring policy inclusive of the current declarations page and special endorsements in order to quote comparable coverage:**

Policy Expiration Date	Retroactive Date	Insurance Carrier	Limit	Deductible	Total Policy Premium

- c.) Has headcount (including total amount volunteer hours) changed in this past year? Yes No
- d.) Optional Coverages (check all that applies):
 Management Liability Errors & Omissions Employment Practices Liability provide Limit of Liability
 Primary Pro Bono Punitive Damages Criminal Defense Other (Please describe) _____

5. COVERAGE REQUESTED

Please indicate coverage for which a quote is requested

- a.) Professional Liability limit (each claim/in the aggregate):
- \$100,000/\$300,00 \$250,000/\$500,00 \$500,000/\$500,00 \$500,000/\$1,000,000
 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000 \$1,000,000/\$3,000,000 \$2,000,000/\$2,000,000
 Other (Specify): _____



**LEGAL AID SERVICES LAWYERS PROFESSIONAL LIABILITY INSURANCE
PUBLIC ENTITY / ORGANIZATION NEW BUSINESS APPLICATION**

b.) Deductible (**Note:** *Deductible applies separately to each coverage part and includes Defense Costs.*):

- \$0 \$500 \$1,000 \$2,500 \$5,000 \$10,000

Note: *Deductible applies separately to each coverage part and includes Defense Costs.*

c.) Optional Coverage:

- Primary Pro Bono Outside Practice of Law Punitive Damages (50,000/50,000 sublimit)
 Criminal Defense (50,000/50,000 sublimit) Injunctive Relief (50,000/50,000 sublimit)

d.) Management Liability Errors & Omissions (MEO) and Employment Practices Liability (EPL) Option:

- Management Liability Errors & Omissions (MEO)

NOTE: The limits of liability chosen for the Lawyers Professional Liability will be the same limits chosen for Management Liability Errors & Omissions coverage.

- Employment Practices Liability (EPL) **NOTE: You must purchase Management Liability E&O coverage to be eligible for EPL**

Indicate the limit requested for the **Employment Practices Liability** coverage:

- \$50,000 / \$150,000 \$100,000 / \$300,000 \$250,000 / \$500,000 \$500,000/\$500,000 \$1,000,000/\$1,000,000

Please complete the Supplemental Application Form for the MEO and EPL coverages.

The undersigned Applicant, Chief Executive Officer, Executive Director, or officer acting on behalf of the Applicant and all proposed insureds, hereby declares after diligent inquiry that the above statements and particulars including any statement or particulars in any supplemental applications or forms required hereby are true, accurate and complete and that no material facts have been suppressed or misstated.

In the event that the insurance company issues a policy, the undersigned partner or office, acting on behalf of the Applicant and all proposed insureds, acknowledges that the insurance company, in providing coverage, will have relied upon, as representations, the declarations and statements which are contained in or attached to or incorporated by reference into this application and which are incorporated into the policy.

FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

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 MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (for New York residents only: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For Pennsylvania Residents only: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.) (For Tennessee Residents only: Penalties include imprisonment, fines and denial of insurance benefits.)

Signature: _____

Date: _____

Print Name: _____

Title: _____

(Must be signed by the Chief Executive Officer, Executive Director or Officer of the Applicant)

The JamisonPro Lawyers Professional Liability Insurance Program has been organized as a purchasing group located and domiciled in New Jersey, pursuant to legislation enacted by Congress known as the Federal Liability Risk Retention Act of 1986. You will automatically become a member of the Purchasing Group once your completed application has been approved and your premium payment has been received. Completion of application or tendering of premium does not bind coverage. Application is subject to the insurance company's underwriting guidelines.



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IN ACCORDANCE WITH **QUESTION 2** OF THE **APPLICATION**, PROVIDE THE NAMES OF ALL ATTORNEYS AND OTHER PROFESSIONALS PROVIDING LEGAL SERVICES FOR WHOM COVERAGE IS BEING APPLIED. USE THE DESIGNATION CODES BELOW TO INDICATE THE STATUS OF THEIR RELATIONSHIP TO THE APPLICANT.

PLEASE MAKE COPIES OF THIS FORM IF ADDITIONAL SPACE IS NEEDED.

COVERAGE APPLIES ONLY TO PROFESSIONAL SERVICES RENDERED BY OR ON BEHALF OF THE APPLICANT, SUBJECT TO POLICY TERMS AND CONDITION.

DESIGNATION CODES:

- A =** Staff Attorney
- V =** Volunteer Attorney
- AR =** DOJ Accredited Representative
- IC=** Independent Contractor Attorney - Specify number of hours worked per week
- OC=** Of Counsel Attorney

Name of Attorney for Whom Coverage is Being Applied		Hours worked per week (IC)	Status (Use applicable Designation Code)	Date of Employment by Applicant	State / Year Admitted to Bar
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Signature: _____

Date: _____

Print Name: _____

Title: _____

(Must be signed by the Chief Executive Officer, Executive Director or Officer of the Applicant)

I UNDERSTAND INFORMATION SUBMITTED HEREIN BECOMES PART OF THE APPLICANT'S LEGAL AID SERVICES LAWYERS PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATION AND CONDITIONS.



**LEGAL AID SERVICES LAWYERS PROFESSIONAL LIABILITY INSURANCE
PUBLIC ENTITY / ORGANIZATION NEW BUSINESS APPLICATION**

**SUPPLEMENTAL APPLICATION FORM
Management Errors & Omissions / Employment Practices Liability coverage**

1. Applicant Name:

2. What is the Applicant's total number of employees including full time, part-time and volunteers?

Full-Time	Part-Time	Volunteers

3. Have more than 25% of the organization's employees been terminated in the last year, or are they expected to be terminated in the upcoming year? Yes No

4. Does the Applicant have written guidelines or procedures for addressing human resource personnel management issues? Yes No

5. If no such written guidelines or procedures exist please describe how decisions regarding human resource personnel management issues are made:

6. After inquiry, does the Applicant and/or any individual lawyer, employee, member or volunteer have any knowledge or information of any inquiry, investigation, grievance filing, other administrative hearing, claim or suit made during the last five years before any Local, State or Federal court or agency governing employer responsibility to employees? Yes No

If yes, please complete a Supplemental Claim/Disciplinary Form for each incident

7. After inquiry, does the Applicant and/or any individual lawyer, employee, member or volunteer have any knowledge or information of any act, error or omission which might give rise to a claim under Management Errors & Omissions Coverage and/or Employment Practices Coverage, including Wrongful Termination, Discrimination, Sexual Harassment or other similar human resource related claims? If yes, please complete a Supplemental Claim Form for each incident. Yes No

Note: It is understood that if such knowledge and information exist, any claim or action arising there from is excluded from coverage thereunder.

8. Have all matters noted in response to Questions 6 and 7 above been reported to Applicant's current insurer or to the current insurer of any predecessor entity or to the current insurer of any attorney of Applicant? Yes No N/A

The undersigned Applicant, Chief Executive Officer, Executive Director, or officer acting on behalf of the Applicant and all proposed insureds, hereby declares after diligent inquiry that the above statements and particulars including any statement or particulars in any supplemental applications or forms required hereby are true, accurate and complete and that no material facts have been suppressed or misstated.

Signature: _____

Date: _____

Print Name: _____

Title: _____

(Must be signed by the Chief Executive Officer, Executive Director or Officer of the Applicant)

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**APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
NEW BUSINESS: CLAIM AND POTENTIAL CLAIM SUPPLEMENT**

This supplement is part of the Underwriting File of the Applicant Firm's New Business Submission to CNA. This supplement is to be completed for any claim, lawsuit or potential claim made against the Applicant Firm and/or any of its lawyers individually. Throughout this supplement the word "matter" is used to indicate claim/potential claim/incident/lawsuit unless otherwise noted.

Applicant Firm Name _____

1. Involved Parties

- a. Name all Applicant Firm lawyers involved in the matter
 - b. Name any other defendants and their relationship to the Applicant Firm
 - c. Name of claimants/potential claimants
- _____

2. a. What is the nature of the matter? Claim Lawsuit Potential Claim/Incident
- b. What is the current status? Open/Pending Closed/Settled Other
3. a. Was this matter asserted in a cross-claim or counterclaim in an action to collect fees? Yes No
- b. If yes, what was the amount of fees owed the Applicant Firm? \$ _____
4. a. Was an engagement letter used detailing the scope of representation and signed by the client? Yes No
- b. If yes, provide a copy for the underwriting file. If no, advise why an engagement letter was not used.

5. Attach a copy of a current loss run. Check here to verify attachment: If attached, proceed to Question 8.

If a Loss Run is not available, complete Questions 6 and 7.

6. a. Date of alleged act or omission ___/___/___
- b. Date Applicant Firm received notice of the matter made against it ___/___/___
- c. Date the matter was reported to Applicant Firm's insurance carrier ___/___/___
- d. Name of insurer to whom the matter was reported _____
Limits of liability carried at that time the matter was reported _____
- e. Is any other Insurance Carrier responding to or otherwise involved in this matter? Yes No
- f. If Yes, include name of carrier and details of involvement _____
- _____

7. Status Details – Answer a. if the matter is still open/pending and b. if the matter is closed/settled.

- a. If *open/pending* provide the following details:
- Claimant's last demand \$ _____ Insurance Carrier's last settlement offer \$ _____
- Indemnity/Loss Reserve \$ _____ Defense/Expense Reserve \$ _____
- Deductible Paid to Date \$ _____ Defense/Expenses Paid to Date \$ _____
- b. If *closed/settled*, provide the following details:
- Date closed ___/___/___
- Indemnity Loss Paid \$ _____
- Defense/Expense Paid \$ _____
- Deductible Paid \$ _____
- Indicate: Judgment Settlement Arbitration Award Dismissed



**APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
NEW BUSINESS: CLAIM AND POTENTIAL CLAIM SUPPLEMENT**

8. Use the following space to offer a narrative of the matter.

DO NOT SUBMIT SUMMONS, COMPLAINT, PLEADING or MOTIONS

a. Describe the underlying representation, legal services rendered and events leading to this matter.

b. Describe the alleged act or omission upon which the matter is based.

c. Describe the type and extent of injury or damage alleged.

9. As a result of this matter, describe the procedural or firm policy changes implemented by the Firm to reduce the likelihood of a similar occurrence.

Signature of Applicant Firm Principal:

Print Name of Applicant Firm Principal: _____ Date ____/____/____



**APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
DISCIPLINARY SUPPLEMENT**

This supplement is to be completed by

- *CNA renewal firms if a disciplinary matter was reported to CNA during the most current policy term or is being reported during the current renewal process*
- *New Business applicants who have had a disciplinary matter during their career.*

Complete one supplement for each disciplinary matter. Throughout the supplement the words "complaint", "grievance" and "matter" are used to indicate any disciplinary inquiry, complaint or proceeding for any reason including non-payment of dues. If more space is needed to fully answer any question please provide via attachment.

Firm Name:

1. Name lawyer(s) involved in the complaint:

2. Name of complainant:

	Client <input type="checkbox"/>	3 rd Party <input type="checkbox"/>
	Client <input type="checkbox"/>	3 rd Party <input type="checkbox"/>

3. a. When was notification received from the Disciplinary Commission or governing body of your state?

b. When did you respond to the governing body?

4. a. Did you report this to your insurance carrier?

Yes No

b. If reported, please provide the name of the insurance carrier.

c. Date reported:

d. Is the carrier involved in representation of you in this matter?

Yes No

e. If the matter was not reported to your carrier please explain why.

5. a. Was this complaint made after a suit for fees was initiated?

Yes No

b. Was an engagement letter used for the firm's representation in the matter leading to the alleged act or omission?

Yes No

c. As a result of this matter, what changes have been made that will reduce the likelihood of similar complaints?

6. a. What were the allegations in the complaint? Include a description of the legal services rendered in the underlying matter.



**APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
DISCIPLINARY SUPPLEMENT**

- b. What is the current status of the complaint? Open/Pending Dismissed with finding Dismissed without finding
- c. If dismissed, what if any, discipline or sanction was administered?

- 7. a. Attach copies of the complaint and all correspondence between the governing body, the lawyer and the complainant, including the final disposition papers. Check here to verify attachment
- b. For New Business applicants, if reported to your insurance carrier within the past five years attach a loss run from the carrier handling this matter. Check here to verify attachment

Signature of Firm Principal:

Print Name of Firm Principal:

Date

MASS TORT/CLASS ACTION SUPPLEMENT

For purposes of this supplement, **Class Action** means an action brought by a representative member on behalf of a large group of persons or members of the group. **Mass Tort** means a multi-party lawsuit, including a **class action**, involving tort claims where: (i) a mass accident occurred, usually a single event, and injuries are sustained by many people or (ii) personal injuries are sustained on a widespread basis, usually involving allegedly defective products.

Firm Name: _____ State _____ Effective Date _____ Policy _____

I. Provide the following information for each class action/mass tort case the firm is involved in. Attach additional sheet(s) if necessary)

a) Name/Nature of case _____ Date filed _____

Description of Case _____

Number of Plaintiffs _____ Number in Class _____ Party represented by Firm: Plaintiff Defendant

Dollar value/potential damages of Class: \$_____ Dollar value for parties the firm represents in the Class: _____

Is this is nationwide Class? Yes No States the Class is filed in: _____ States of firm’s client representation: _____

Define the Firm’s role in this case: Lead Counsel ___ Local Counsel ___ Co-counsel ___ Referring Counsel ___

If the firm acts as referring counsel, does the firm continue to work on the case after referral to another law firm? Yes No N/A

If yes, explain legal services provided _____

Does the firm involve or work with any of the following on this case? Yes & identified below No other counsel is involved

Outside Counsel ___ Local Counsel ___ Co-counsel ___ Outside jurisdiction _____ State(s) _____

If the firm works with/refers to other firms on this Class case, regardless of capacity, does the firm assure these other firms carry lawyer’s professional liability insurance with coverage of at least \$500,000? Yes No N/A

Does the firm use an engagement letter specifying the extent and limitations of the legal services rendered for this case? Yes No

Please attach a sample letter.

Describe the ways or processes of the firm’s communication with mass tort/class action clients in this case.

Current Status of the Case: _____ If closed, date: _____

II. Complete the following general information on the firm’s mass tort/class action practice:

2. a. Number of years the firm has handled mass tort/class action cases: _____

b. Number of lawyers handling these cases: _____

c. Number of non-lawyer support staff assisting in these cases : Paralegal _____ Legal Asst _____ Other _____

d. Number of non-legal professionals assisting in these cases: Doctor _____ Nurse _____ Engineer _____

Other (specify) _____

3. Is the firm affiliated with any organization with whom they provide legal services? Yes No

If yes, please provide the following:

Name of organization _____

Legal services provided _____

4. Attach a sample of your advertisement for this type of work.

5. Has the firm had any claims in the past 5 years which involve mass tort/class action cases? Yes No If yes, complete a Claims Supplement for each.

Signature and Title of Applicant

Date