



Philadelphia Insurance Companies
 One Bala Plaza, Suite 100, Bala Cynwyd, Pennsylvania 19004

**RENEWAL APPLICATION FOR:
 LAWYERS PROFESSIONAL LIABILITY INSURANCE
 APPLICATION FOR CLAIMS –MADE AND REPORTED PROFESSIONAL LIABILITY INSURANCE FOR LAWYERS**

PRESENT POLICY NUMBER	EXPIRATION DATE (MONTH/DAY/YEAR)	TELEPHONE NUMBER
FIRM NAME		FACSIMILE
CURRENT		DESIRED
LIMITS: _____		LIMITS: _____
DEDUCTIBLE: _____		DEDUCTIBLE: _____

Please Type or Print in Ink and Return with a Sample of your Letterhead.

- Sic #: _____ Fein #: _____
- Has your firm's name, principal address or telephone number changed? Yes No If Yes, please provide details on a separate sheet.
- Have any attorneys joined the firm since the previous application was completed? Yes No If Yes, an **Add Attorney Form** must be completed for each departing attorney.
- Have any attorneys left the firm since the previous application was completed? Yes No If Yes, a **Departing Attorney Form** must be completed for each departing attorney.
- For the last fiscal year, please provide the percentage of gross billable dollars allocated to each Area of Practice. If no change from your previous application check the box and do not complete the percentages. **Refer to the enclosed Area of Practice definitions.**

NO CHANGE – Failure to provide updated details will represent “**No Change.**”

AREA OF PRACTICE Round to the nearest whole percent	PREV. %	NEW %	AREA OF PRACTICE Round to the nearest whole percent	PREV. %	NEW %
Admiralty/Maritime			Immigration/Naturalization		
Antitrust			International		
Business Transactions-Commercial Law			Labor La		
Business Transactions-Entertainment			Litigation:		
Civil Rights/Discrimination			PI/PD – Plaintiff		
Collection/Bankruptcy			Insurance Defense		
Construction Law (Building Contracts)			Workers Compensation-Defense		
Consumer Claims			Workers Compensation-Plaintiff		
Corporate Law and Business Organization: Formation/Alteration & Mergers/Acquisitions			Natural Resources/Oil & Gas		
			Patents/Trademark/Copyright(intelle ctual Property)		

Secured Transactions	PREV. %	NEW %	Residential Real Estate	PREV. %	NEW %
Administrative Law/Record Keeping			Securities Law:		
Criminal			State or Federal (both exempt and registered)		
Entertainment			Municipal Bonds		
Environment Law			Taxation/Tax Opinions		
Estate/Trust/Probate			Commercial Real Estate		
Family Law			Other (please specify) _____		
Government			TOTAL MUST EQUAL 100 %	100	

6. a. During the last year has any attorney been the subject of a reprimand, disciplinary action. Or investigation or been refused admission to the bar by any association, court or administrative agency? Yes No If Yes, please explain _____

b. Is any attorney aware of any claim, circumstance, incident, act or omission during the last year, which might reasonably be expected to be the basis of a claim or suit, arising out of the performance of professional services for others? Yes * No If yes, a Supplement Claim Information form must be completed.

NOTE: If you have not previously notified Philadelphia Insurance Companies of this claim, circumstance, incident, act or omission, contact the Philadelphia Insurance Companies Professional Liability Claims Department immediately.

c. Provide details of any claims or circumstances which have closed during the last year and any open reopened claims or circumstances reported on any previous application for insurance. It is not necessary to provide information on prior closed claims on which full details have already been provided.

NO CHANGE – Failure to provide updated details will represent “**No Change.**”

7. Do all attorneys in the firm meet Continuing Legal Education (CLE) requirements? Yes No

8. Have your firm’ **Internal Procedures changed** (i.e., docket control, suits for fees)? Yes No
If Yes, please provide details on a separate sheet.

9. a. Does your firm use at least one computer in your practice? Yes No If Yes, please answer 8.b.

b. Are all of your computers Year 2000 compliant? Yes No

Notice To the Applicant - Please Read Carefully.

The Applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in the facts, and statements above, and in each supplemental application, of which Applicant becomes aware after signing the application.

Agreement: “I/We agree and understand that “Notice to Applicant” in the original application continues in full force and effect. I/We understand that the responsibilities, rights duties and obligations stated in that notice also continue in full force and effect. This application shall be incorporated into and shall become a part of the renewal policy.”

I/We understand and accept that the policy provides coverage on a “claims-made and reported” basis for only those claims which are made against the insured while the policy is in force and coverage ceases with the termination of the policy unless I/We exercise the options available and in accordance with the terms of the policy. Applicant’s acceptance of Company’s quotation is required prior to binding coverage and policy issuance. It is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to the policy.

WARNING: ANY PERSON WHO, KNOWINGLY AND WITH THE 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.

NOTICE TO NEW YORK RESIDENT APPLICANT: 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Signing this form and tendering premium does not bind the Applicant or the Company to complete the insurance. This application must be signed and dated in ink by an Owner, Officer, Partner or Member to be considered for quotation.

Signature of Owner, Officer, Partner or Member

Print or Type Name and Title

Date (Month/Day/Year)

NOTICE:

Failure to report the following to your current insurance company **BEFORE** policy expiration may create a lack of coverage: 1.) Any claim made against you during your current policy term; or 2.) Any facts, circumstances or events, which may give, rise to a claim.