

# Application for Professional Liability Insurance



## Application Instructions

The attached application is for claims-made lawyers professional liability insurance. A claims-made policy applies only to claims first made during the policy period or any extended reporting period. The limit of liability available to pay damages will be reduced and may be exhausted by claims expenses which will be applied against the deductible amount. Please return the completed application and supplemental questionnaires to:

Lawyers Mutual of Kentucky  
 10503 Timberwood Circle, Suite 213 • Louisville, KY 40223  
 Telephone 502-568-6100 • Fax 502-568-6103  
 applications@lmick.com

### Please Read the Following Instructions Carefully to Avoid Processing Delays.

1. Please answer all questions completely. If you need more space, see "Other information" section on page 5 of application.
2. Please attach a copy of your Firm's letterhead (required).
3. Supplemental Application Form(s) must be completed if you answered "yes" to any of the following questions. If a question is not applicable (n/a) to your Firm, then the principal of the Firm must sign, date, and check the n/a box at the top of each form. Completion of each form is required to process your application.

	YES	N/A
Questions 16 and 31. Pertaining to Class Actions or Mass Tort: Complete Supplemental Application Form A		
Question 16. Pertaining to Estate Planning & Trust / Estate Probate Administration: Complete Supplemental Application Form B		
Questions 16 and 30. Pertaining to SEC work: Complete Supplemental Application Form C		
Questions 16 and 29. Pertaining to Real Estate & Financial Institutions: if you answered yes to the question(s) as a "Title Abstractor" and/or "Title Agent": Complete Supplemental Application Form D		
Question 47. Pertaining to Claims or Actions filed or made against the Firm or attorney(s). Complete Supplemental Application Form E		
Question 49. Pertaining to prior incidents, errors, acts or omissions. Complete Supplemental Application Form E		

4. Please note that the information you provide is on behalf of all lawyers and employees in your Firm.
5. New business applications will have an effective date no earlier than the date the application is received in Lawyers Mutual of Kentucky's office.

## DEDUCTIBLE OPTIONS

1. **per claim** - The deductible applies to each claim asserted during the policy period.
2. **aggregate deductible** - The deductible provides a cap for all claims asserted during the policy period. However, the entire aggregate deductible could be applied to the first claim.

Thank you for considering Lawyers Mutual of Kentucky for this important coverage. Should you have any questions concerning the completion of this application, please contact:

Nancy L. Meyers  
 Lawyers Mutual of Kentucky  
 10503 Timberwood Circle, Suite 213 • Louisville, KY 40223  
 502-568-6100 • Fax 502-568-6103

NAME OF LAW FIRM \_\_\_\_\_ Date: \_\_\_\_\_

by \_\_\_\_\_  
Authorized Signature
Print Name and Title

## Application for Lawyers Professional Liability Insurance

### Firm Overview

1. Present policy expiration date (or effective date desired, if no prior coverage): _____	
2. <b>Available Limits of Liability - Per Claim/Annual Aggregate</b> Please Check Your Choice	
<input type="checkbox"/> \$100,000/\$300,000	<input type="checkbox"/> \$250,000/\$750,000
<input type="checkbox"/> \$1,000,000/\$1,000,000	<input type="checkbox"/> \$1,000,000/\$2,000,000
<input type="checkbox"/> \$2,000,000/4,000,000	<input type="checkbox"/> \$3,000,000/\$3,000,000
<input type="checkbox"/> \$4,000,000/\$4,000,000	<input type="checkbox"/> \$4,000,000/8,000,000
<input type="checkbox"/> \$5,000,000/10,000,000	<input type="checkbox"/> Higher limit available upon request \$ _____
3. <b>Available Deductibles:</b> Please Check Your Choice	
<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Other    \$ _____	
4. Name of Firm: _____	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> PSC <input type="checkbox"/> LLP <input type="checkbox"/> PLLC <input type="checkbox"/> Other _____	
5. Date Firm Established: ____/____/____ (Month/Day/Year)	
6. Address: _____	
City: _____ State: _____ Zip: _____	
7. Within City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Phone _____	9. Fax _____
10. Primary Contact Name: _____	
11. Primary Contact E-mail: _____	
12. Branch Office Address, if applicable: _____	
City: _____ State: _____ Zip: _____	
13. Firm web address: _____	
14. Total Number of Lawyers in Firm: _____	15. Total Number of Non-Lawyer Employees: _____

16. Indicate the percentage of time (in total working hours) for each of the following areas of practice: (Must equal 100%)

	%		%
Admiralty/Defendants:	_____	International Law:	_____
Admiralty/Plaintiffs:	_____	Labor/Employment Law:	_____
Anti-Trust/Trade Regulations:	_____	Litigation (General Civil):	_____
Banking/Financial:	_____	Mediation/Arbitration:	_____
Bankruptcy:	_____	Medical Malpractice/Defendants:	_____
BI/PI Defendants:	_____	Medical Malpractice/Plaintiffs:	_____
BI/PI Plaintiffs:	_____	Money Management:	_____
Class Actions/Mass Tort:	_____	Municipal Law:	_____
(Complete Supplemental Application Form A)		Natural Resources:	_____
Collection/Repossession:	_____	Private Placement Memorandum:	_____
Construction:	_____	(Complete Supplemental Application Form C)	
Communications:	_____	Product Liability/Defendants:	_____
Copyright/Patent/Trademark:	_____	Product Liability/Plaintiffs:	_____
Corporate/Business Organization:	_____	Public Utilities:	_____
Criminal:	_____	Real Estate:	_____
Entertainment Law:	_____	(Complete Supplemental Application Form D)	
Environmental Law:	_____	Securities (S.E.C):	_____
Equine Law:	_____	(Complete Supplemental Application Form C)	
Estate Planning/Trust:	_____	Social Security/Disability:	_____
(Complete Supplemental Application Form B)		State Law Securities:	_____
Estate Probate Administration:	_____	(Complete Supplemental Application Form C)	
(Complete Supplemental Application Form B)		Taxation:	_____
Family Law/Domestic Relations:	_____	Workers Compensation/Defendants:	_____
Foreign Practice:	_____	Workers Compensation/Plaintiffs:	_____
Immigration Law:	_____	Other, <b>Please describe:</b> _____	
		_____	

17. Indicate the Firm's annual gross billing category for the fiscal year preceding this application's date (please check).

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000       | <input type="checkbox"/> \$100,000-\$250,000 | <input type="checkbox"/> \$500,000-\$1,000,000 |
| <input type="checkbox"/> \$50,000-\$100,000 | <input type="checkbox"/> \$250,000-\$500,000 | <input type="checkbox"/> \$1,000,000 or more   |

18. Does 10% or more of the Firm's working hours come from one client account or a group of related client accounts?

- \*Yes     No \*If yes, please describe the type of services provided and your relationship with client.

\_\_\_\_\_

\_\_\_\_\_

19. Name all lawyer(s) and indicate the following:						
Name of Lawyer and Email:	1.					
Name of Lawyer and Email:		2.				
Name of Lawyer and Email:			3.			
Name of Lawyer and Email:				4.		
Name of Lawyer and Email:					5.	
Name of Lawyer and Email:						
KY Bar Admit Date & Bar Number:						Notes
Licensed in Other State(s) *Y/N: *If yes, denote state(s), bar admit date(s), bar number(s) and % of business done in each state						
Position in Firm: Sole Practitioner, Partner, Shareholder, Associate, Contract Attorney, or "Of Counsel":						
Part Time *Y/N: *If yes, denote hours per week						
Incidental Practice *Y/N: *If yes, denote hours per week						
Received 20 CLE Credits in Preceding KBA Year? Y/N:						
Public Official *Y/N: *If yes, describe position & denote if you want coverage						
Entered into any contract or agreement, oral or written, guaranteeing the result of any professional service rendered by him/her or any person under his/her supervision? *Y/N: *If, yes explain circumstances:						
Treated for alcohol or substance abuse? *Y/N *If yes, provide a course of treatment:						
Convicted or pleaded guilty or no contest to criminal offense involving moral turpitude or which constitutes a felony? *Y/N: *If yes, explain circumstances:						
Serving as a director, officer, trustee, partner, or employee of any client? *Y/N: *If yes, name the client and the position served						
Have any fiduciary responsibility to or possess any ownership in any client? *Y/N: *If yes, name of the client:						

## Firm History

20. List the names of all firms of which the assets and liabilities of the former firm have been acquired by your firm.			
	Name of Firm	Name of Firm	Name of Firm
Year Established			
Number of Lawyers			
21. Has the name of your Firm changed within the past five years? <input type="checkbox"/> *Yes <input type="checkbox"/> No *If yes, list the name(s) of firms used. _____ _____			

## Management of the Firm

22. If you are a sole practitioner, you must provide the name of the lawyer(s) with whom you have an agreement to be responsible for your practice when you are absent for an extended period of time (eg., vacation, illness, etc.). _____			
23. Does the Firm share its office or expenses with any other lawyer, law firm, or organization? <input type="checkbox"/> Yes <input type="checkbox"/> No A. Does the Firm and any such person or organization share the same letterhead? <input type="checkbox"/> Yes <input type="checkbox"/> No B. Is there a work-for-space arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No C. If the other organization is a firm of lawyers, are there any case sharing arrangements? <input type="checkbox"/> Yes <input type="checkbox"/> No (*If yes, indicate the carrier and amount of professional liability insurance carried by such organization and describe any contractual arrangement that would affect the applicant's liability in the event of a claim with respect to such case sharing arrangement.) _____			
24. Does the Firm maintain a conflict of interest screening system? <input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, what methods are employed? <input type="checkbox"/> Index File <input type="checkbox"/> Computer <input type="checkbox"/> Conflict Committee <input type="checkbox"/> New Client Review Meeting			
25. Are any procedures in place to ensure that a lawyer is not overloaded with work? <input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, explain: _____ _____			
26. Does the Firm use a formal or informal new client screening procedure to review fees, case merit, or client attitudes prior to case acceptance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
27. Does the Firm always use:	Yes	No	
Engagement letters			
Non-Engagement letters			
Disengagement letters			
28. How many lawsuits for the collection of fees owed to the Firm for legal services have been filed in the past year? _____			

## Other Information

29. Please indicate whether the Firm is engaged in any of the following activities by checking "yes" or "no". If yes, please indicate the percentage of total working hours devoted to each activity and whether or not separate professional liability insurance is carried for this work. <b>a. *If yes, to "Title Abstractor" and/or "Title Agent" below, complete the Real Estate &amp; Financial Institutions Supplemental Application D.</b>					
Type of Activity	YES	NO	Total Working Hours For Month	Professional Insurance Carrier	Expiration Month/Day/Year
Insurance Agent					
Accountant					
Real Estate Broker					
Title Abstractor*					
Title Agent*					
30. Is the Firm involved with any Securities and Exchange Commission work? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>a. *If yes, please complete the SEC Supplemental Application Form C.</b>					
31. Is the Firm involved with any Class Actions or Mass Tort cases? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>a. *If yes, please complete the Class Actions or Mass Tort Supplemental Application Form A.</b>					

## Time Docket and Record Control Systems

Please answer all questions by checking "yes" or "no" as appropriate.		
	YES	NO
32. Does the Firm use a formal system for record retention and control? A. Does the system used identify how long records should be maintained? B. Does the file system used separate inactive files from active files? C. Are inactive files closed and archived on a regular schedule? D. Are archived files destroyed after a certain number of years? <i>If yes, for how many years: _____</i>		
33. Do you have a written policy for the operation of the Firm time/docket control system?		
34. Does each attorney in the Firm understand and use the time/docket control system?		
35. Is the Firm's time/docket control system: A. Calendar B. Diary C. Tickler system with notice slips D. Operated on a computer		
36. Does the Firm's time/docket control system require that all dates be entered immediately?		
37. Does the Firm's time/docket control system note statutes of limitations and procedural deadlines?		
38. Do the Firm's employees enter all appointments on the Firm's time/docket control system, to include other personal and professional commitments?		
39. Does the Firm's time/docket control system have a procedure for verification of the completion of docketed events?		
40. Are the Firm's time/docket control system records maintained in a central location in the office?		
41. Does the Firm's time/docket control system use more than one independent control (e.g., attorney and secretary each maintain a calendar of the attorney's commitments)?		
42. Does one person in the Firm have primary responsibility for the operation of the time/docket control system?		
43. Is there a person with secondary responsibility who can maintain and explain the time/docket control system if the primary person is absent for an extended period of time?		
44. If any of the question(s) 32 - 43 were answered in the negative, then please provide an explanation.		

## Claims

45. Within the past seven years, has any professional liability claim been asserted, action filed, or claim paid against the current Firm, predecessor Firm, or a lawyer listed in Question 19? <input type="checkbox"/> *Yes <input type="checkbox"/> No *If yes, complete a Claim Report Form (Supplemental Application Form E) for each such claim or action.
46. Has any lawyer listed in Question 19 ever been reprimanded, censured, disciplined by, refused admission to practice, disbarred, or suspended (including voluntary suspension) from practice by any bar association, court, administrative, or regulatory agency? <input type="checkbox"/> *Yes <input type="checkbox"/> No *If yes, please explain circumstances. _____ _____
47. Does any lawyer listed in Question 19 know of any present or prior incident, error, act, or omission which could result in a professional liability claim against the Firm or any lawyer listed in Question 19 or Firm listed in Question 21? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>*If yes, complete Claim Report Form (Supplemental Application Form E) and attach a copy of the notice that was sent to the insurance carrier involved.</b>
48. Has any lawyer listed in Question 19 or any Firm listed in Question 21 had any insurance company cancel, decline, or refuse to renew professional liability insurance? <input type="checkbox"/> *Yes <input type="checkbox"/> No *If yes, please explain circumstances. _____ _____

**Previous Insurance (Must include complete insurance information to obtain prior acts coverage.)**

49. Has any lawyer listed in Question 19 or Firm listed in Questions 20 and 21 ever been insured by another carrier?

\*Yes  No

\*If yes, please list lawyers professional liability insurance carrier for each of the past seven years. If none, state "none."

Insurer Name	Policy Number	Limits of Liability	Deductible (if any)	Policy Period

The undersigned is authorized to sign this application on behalf of all persons in the Firm to be insured and declares to the best of his/her knowledge and belief that the information provided in this application, and attachments, is true and no material facts have been misstated or withheld. The information provided in this application shall be the basis of the policy of insurance and deemed incorporated therein.

The applicant understands that any misrepresentation or false statement on this application or attachments may result in loss of coverage under any policy issued by Lawyers Mutual Insurance Company of Kentucky. Signing this application does not bind the Firm or Lawyers Mutual Insurance Company of Kentucky to issue a policy of insurance.

In accordance with KRS 304.47-030, Lawyers Mutual Insurance Company of Kentucky must give the Firm the following notice in your application for insurance. 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.

NAME OF LAW FIRM: \_\_\_\_\_ Date: \_\_\_\_\_

by \_\_\_\_\_  
 Authorized Signature Print Name and Title

**Important Reminder: Report any claims against the Firm or incidents that might result in a claim against the Firm or any attorney to the present insurance company before its policy expires. Failure to do so may result in a loss of coverage.**

**Supplemental Application Form A  
Class Actions/Mass Tort**



If space is insufficient to answer any question, please use additional sheets.  
Please answer all questions completely.

**IF THIS FORM  
DOES NOT APPLY,  
CHECK THE BOX AND  
SIGN AND DATE.**

If the Firm does no Class Action/Mass Tort work, check here and sign:

Not Applicable  \_\_\_\_\_  
Authorized Signature

Name of Law Firm: \_\_\_\_\_ Date: \_\_\_\_\_

1. Please complete the following for all lawyers in the Firm who are involved in Class Actions/Mass Tort suits – plaintiff or defense.

Name of Lawyer	Number of Years Litigation Experience	Number of Cases with Fees Less than \$50,000	Number of Cases with Fees More than \$50,000

2. What is the average dollar amount of awards, judgments, and settlements in Class Actions/Mass Tort cases handled by the Firm?

3. What percentage of claims/suits that you handled each year are concluded by: (Total must equal 100%)

- a. Settlement prior to filing suit \_\_\_\_\_ %
- b. Settlement after suit: \_\_\_\_\_ %
- c. Trials/Verdicts: \_\_\_\_\_ %
- d. Other: \_\_\_\_\_ %

I understand that the information submitted herein becomes a part of the Application for Lawyers Professional Liability Insurance and is subject to the same representations and conditions.

NAME OF LAW FIRM \_\_\_\_\_ Date: \_\_\_\_\_

by \_\_\_\_\_  
Authorized Signature Print Name and Title



**Supplemental Application Form B  
Estate / Trust / Probate Supplement**



If the Firm has done no Estate / Trust / Probate work **in the past five years**, check here and sign:

Not Applicable  \_\_\_\_\_  
Authorized Signature

**IF THIS FORM  
DOES NOT APPLY,  
CHECK THE BOX AND  
SIGN AND DATE.**

Name of Law Firm: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide the following information with respect to Estate/Trust/Probate work performed in the **past five years**.

If space is insufficient to answer all questions, please use additional sheets

Name of Lawyer	Years of Experience	% of Time Spent	Average \$ Value of Estate/Trust/ Probate	Largest \$ Value of Estate/Trust/ Probate	Description of Services

	YES	NO
1. Does any applicant Lawyer(s) and/or staff members personally complete, prepare or file any State or Federal tax returns for clients?		
2. Does the applicant Lawyer(s) and/or staff members provide any tax-related accounting services for clients?		
3. Does the applicant Lawyer(s) office share and/or associate professionally with anyone providing accounting or tax services to clients? If YES, provide details by separate attachment.		
4. Does any applicant Lawyer(s) provide investment advice or financial planning services to clients?		
5. Does any applicant Lawyer(s) have the authority to write checks, make investments or have discretionary control of funds?		
6. Does any applicant Lawyer(s) assist with maintenance records for client investments?		
7. Does any applicant Lawyer(s) and/or staff members handle, have custody of or maintain records of money, securities or other property, related to client trusts?		
8. If Yes, is there an audit performed by a CPA or other independent accounting professional?		
9. Does the Firm use Engagement letters that clearly define the scope of the services that will be provided?		
10. Does a second Firm Lawyer review all documents drafted by the Firm member and does each Trust require dual signatures?		
11. Does the applicant Lawyer(s) currently or plan to serve as executor, trustee or administrator of any will / trust that the attorney has drafted? If yes, provide details by separate attachment.		
12. Does the applicant Lawyer(s) serve on any volunteer panel or listed with any Probate Court as a Guardian Ad Litem?		
13. Does the applicant Lawyer(s) probate the Estate in Wrongful Death cases handled by that Lawyer or the Firm?		
a. If yes, is the estate probated to establish beneficiaries? And		
b. Does the applicant Lawyer(s) file determination of heir-ship in such cases?		

**I understand that the information submitted herein becomes a part of the Application for Lawyers Professional Liability Insurance and is subject to the same representations and conditions.**

Name of Law Firm \_\_\_\_\_ Date \_\_\_\_\_

by \_\_\_\_\_  
Authorized Signature Print Name and Title

**Supplemental Application Form C  
Securities & Exchange Commission**

If the Firm does no SEC work, check here and sign:

Not Applicable  \_\_\_\_\_  
Authorized Signature

**IF THIS FORM  
DOES NOT APPLY,  
CHECK THE BOX AND  
SIGN AND DATE.**

Name of Law Firm: \_\_\_\_\_ Date: \_\_\_\_\_

**Indicate whether the Firm or any Lawyer has acted in any of the capacities enumerated below in the past two years and the estimated "allocation" of time during the most recent calendar year, fiscal year, or 12 month period: (Must equal 100%.)**

CAPACITY	ALLOCATION										
1. Bond Counsel:	%										
2. Private Placement:											
A. as counsel for underwriters:	%										
B. as counsel for issuer:	%										
C. as counsel for security holder(s):	%										
3. Public Offerings of Securities:											
A. Securities registered under the Securities Act of 1933:											
1) as counsel for underwriters:	%										
2) as counsel for issuer:	%										
3) as counsel for security holder(s):	%										
B. Offerings exempt from registration under the Securities Act of 1933:											
1) as counsel for underwriters:	%										
2) as counsel for issuer:	%										
3) as counsel for security holder(s):	%										
C. Does the Firm prepare, review, approve, or take part in the drafting of any private placement memorandum?:	<b>YES</b>	<b>NO</b>									
	<input type="checkbox"/>	<input type="checkbox"/>									
4. Representing clients as to compliance with proxy requirements (other than in mergers) and reporting requirements under Securities Exchange Act of 1934:	%										
5. Takeovers and other acquisitions of publicly held companies (including roles as special local counsel):											
A. where client was bidder or acquiring company in contested acquisition:	%										
B. where client was bidder or acquiring company in friendly acquisition:	%										
C. where client was target company in contested acquisition:	%										
D. where client was target company in friendly acquisition:	%										
6. Securities (judicial or administrative):	%										
7. Other (please describe):	%										
_____	<b>TOTAL:</b>										
	%										
8. What steps does the Firm take to satisfy "due diligence" requirements under Federal and State Securities acts? _____ _____											
9. Has the Firm (including any predecessor Firms), or any present partner of the Firm (or any of its predecessor Firms), been subject to any disciplinary proceeding before the SEC or State Securities authorities within the past ten years? *If yes, give full particulars on Firm letterhead.	*YES <input type="checkbox"/>	NO <input type="checkbox"/>									
10. Is the Firm representing any client in any litigation in which the issues involve any Federal or State Securities work handled by the Firm (including the adequacy of registration statements, official statements, proxy statements, or tender offer documents)? *If yes, give particulars on Firm letterhead.	*YES <input type="checkbox"/>	NO <input type="checkbox"/>									
11. Do any partners of the Firm serve as directors or officers of corporations that are clients of the Firm and which have publicly held securities outstanding? <input type="checkbox"/> *Yes <input type="checkbox"/> No *If yes, please list below.											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Name of Lawyer</th> <th style="width: 33%;">Corporation</th> <th style="width: 33%;">Position Held</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name of Lawyer	Corporation	Position Held								
Name of Lawyer	Corporation	Position Held									

**I understand that the information submitted herein becomes a part of the Application for Lawyers Professional Liability Insurance and is subject to the same representations and conditions.**

NAME OF LAW FIRM: \_\_\_\_\_ Date: \_\_\_\_\_

by \_\_\_\_\_  
Authorized Signature Print Name and Title

**Supplemental Application Form D**  
**Real Estate & Financial Institutions**

If the Firm does no Real Estate work, check here and sign:

Not Applicable  \_\_\_\_\_

Authorized Signature

**IF THIS FORM  
DOES NOT APPLY,  
CHECK THE BOX AND  
SIGN AND DATE.**

Name of Law Firm: \_\_\_\_\_ Date: \_\_\_\_\_

**Real Estate**

1. What percentage of the Firm's real estate practice is devoted to: (Total must equal 100%):  
 A. Residential (1-4 family units): \_\_\_\_\_%      B. Commercial: \_\_\_\_\_%

2. What percentage of the Firm's real estate practice is devoted to: (Total must equal 100%)  
 A. Title Work/Closings \_\_\_\_\_%      C. Limited Partnerships/Syndications \_\_\_\_\_%  
 B. Landlord/Tenant \_\_\_\_\_%      D. Condominium Formation/Conversions \_\_\_\_\_%  
 E. All other \_\_\_\_\_% , Please Explain: \_\_\_\_\_

3. What is the approximate number of closings and title work assignments performed annually by the Firm?: \_\_\_\_\_

	Average Property Value	Range in Value Low/High	Number
A. Residential \$ - \$			
B. Commercial \$ - \$			

4. When the Firm is conducting or attending a closing and is holding the closing funds for disbursement, who prepares and/or signs the checks for disbursement?  Lawyer  Employee  Paralegal  Other/Identify \_\_\_\_\_

5. When the Firm is conducting a closing and is responsible for completing the HUD forms and/or disbursing the funds, who signs the HUD forms and disburses the checks for the expenses such as fees, taxes, mortgages, liens, etc. required by HUD to be paid?  Lawyer  Employee  Paralegal  Other/Identify \_\_\_\_\_

6. In questions 4 and 5, does the Firm ever delegate to anyone, who is not an employee or member of the Firm, any responsibility for preparing the checks, disbursing them, and/or signing the HUD forms?  \*Yes  No  
 \*If yes, please describe the circumstances and who is allowed to do so. \_\_\_\_\_

7. When the Firm examines title to real estate and/or issues title opinions, the actual examination is done by: (Check all that apply):  Lawyers  Paralegals  Other employees  Third parties/Independent contractors  
 Please describe the training and experience of all non-lawyer employees and/or third parties/Independent contractors doing title examinations for the Firm. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Does the Firm outsource title examinations to non-lawyer entities such as title examiners, freelance paralegals, or others?  
 \*Yes  No  N/A, Firm does not do any title searches \*If yes, please identify the persons or entities and the approximate number of titles given each entity on an annual basis.

NAME	APPROX. NUMBER

9. Does the Firm obtain and update proof that these individuals or entities (listed in question 8) have and maintain errors and omissions insurance in case they make a mistake?  Yes  No

	*If Yes, Number Done Annually
10. Does the Firm's real estate practice include limited partnership formation? <input type="checkbox"/> *Yes <input type="checkbox"/> No	
11. Does the Firm's real estate practice include syndications? <input type="checkbox"/> *Yes <input type="checkbox"/> No	
12. Does the Firm's real estate practice include providing opinions for limited partnership formation or syndication? <input type="checkbox"/> *Yes <input type="checkbox"/> No	

**Financial Institutions**

13. Identify all financial institutions any lawyer in the Firm has represented in the past five years and the type of work performed for each:

Name of Institution	Type of Work Performed

14. If the Firm does foreclosures, does another lawyer in the Firm attend the foreclosure sale, or does the Firm assign this task to local counsel if out of the Firm’s immediate area?  Attend all sales  \*Obtain local attendance

a. \*If other counsel is obtained, does the Firm obtain proof of the other counsel’s malpractice coverage to protect the Firm in the event the other counsel misses the sale or fails to properly carry out instructions?  
 Yes  No  Sometimes

15. During the past five years has any lawyer represented any financial institution which has become insolvent?  
 \*Yes  No  
 \*If yes, name the financial institution(s):

Name of Lawyer	Financial Institution	Position Held

16. Is any lawyer in the Firm a director or officer in any financial institution or does any lawyer own, personally or beneficially, five percent or more of the stock in any financial institution?  \*Yes  No  
 \*If yes, name the financial institution(s):

Name of Lawyer	Financial Institution	Position Held

17. Does any lawyer serve on a loan committee or act as general counsel for a financial institution?  \*Yes  No  
 \*If yes, name the financial institution(s):

Name of Lawyer	Financial Institution	Position Held

18. If the answer to Question 16 or 17 is yes as to any lawyer in the Firm, does that lawyer serve as a member of such loan committee or as general counsel or provide advice or opinion with respect to legal lending limits or the quality of collateral?  Yes  No

19. Does any lawyer perform legal work for both the borrower and the financial institution simultaneously with respect to any real estate transactions?  \*Yes  No  
 \*If yes, what steps are taken to avoid a conflict of interest?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

20. Does the Firm or any lawyer own a title company?  \*Yes  No  
 \*If yes, please denote the name of the title company?  
 \_\_\_\_\_

**I understand that the information submitted herein becomes a part of the Application for Lawyers Professional Liability Insurance and is subject to the same representations and conditions.**

NAME OF LAW FIRM: \_\_\_\_\_ Date: \_\_\_\_\_

by \_\_\_\_\_  
 Authorized Signature Print Name and Title

# Supplemental Application Form E Claim Report Form

**IF THIS FORM  
DOES NOT APPLY,  
CHECK THE BOX AND  
SIGN AND DATE.**

If this form is not applicable, check here and sign:

Not Applicable  \_\_\_\_\_  
Authorized Signature

Name of Law Firm: \_\_\_\_\_ Date: \_\_\_\_\_

Application Instructions – Please type or print.

1. Complete one form for each claim or incident.
2. If space is insufficient to answer any question fully, attach separate sheets.
3. Answer all questions completely.

<b>Claim Information</b>	
1. Full Name of Firm:	2. Policy Number:
3. Full Name of Individual(s) of Firm involved in the claim and e-mail addresses:	
4. Full Name of Claimant:	
5. Indicate whether: <input type="checkbox"/> Incident <input type="checkbox"/> Claim/Suit	
6. Date of Alleged Error (mo-day-yr):	7. Date of Claim (mo-day-yr):
8. Additional Defendants:	
9. <b>If Closed:</b> Total Loss Paid Including Deductible: \$ _____ Indicate whether: <input type="checkbox"/> Court Judgment <input type="checkbox"/> Out of court settlement	
10. <b>If Pending:</b> Claimant's Settlement Demand: \$ _____ Defendant's Offer for Settlement \$ _____ Insurer's Loss Reserve \$ _____ Deductible \$ _____ Is claim in suit? <input type="checkbox"/> Yes <input type="checkbox"/> No   *Information may be obtained by requesting a loss run from Insurance Company	
11. Description of claim (provide enough information to allow evaluation):	
A. Alleged act, error or omission upon which Claimant bases claim:	
_____	
_____	
B. Description of case and event:	
_____	
_____	
C. Description of the type and extent of injury or damage allegedly sustained:	
_____	
_____	
12. Provide name of insurance company to which this claim was reported and the date reported:	
_____	
_____	

**I understand that the information submitted herein becomes a part of the Application for Lawyers Professional Liability Insurance and is subject to the same representations and conditions.**

In accordance with KRS 304.47-030, Lawyers Mutual Insurance Company of Kentucky must give the Firm the following notice on claim Any person who knowingly and with intent to defraud any insurance company or other 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.

NAME OF LAW FIRM: \_\_\_\_\_ Date: \_\_\_\_\_

by \_\_\_\_\_  
Authorized Signature Print Name and Title