

New Admittee Application for Lawyers Professional Liability Insurance
This Application is Only for Those Attorneys in the First Year of Law Practice

1. Name of Firm:			2. Desired Effective Date:		
3. <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> PSC <input type="checkbox"/> LLP <input type="checkbox"/> PLLC <input type="checkbox"/> Other, explain: _____					
4. Address:		5. County:		6. Year Practice Established	
7. City:		8. State:		9. Zip:	
10. Inside city limits? <input type="checkbox"/> YES <input type="checkbox"/> NO					
11. Telephone:		12. Fax:		13. E-mail:	
14. Number of Lawyers to be Insured:			15. Number of Non-Lawyer Employees:		
16. Does your firm share its office or expenses with any other attorney, law firm, or organization? <input type="checkbox"/> *YES <input type="checkbox"/> NO					
a. Does your 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. _____					
17. Please Complete For Each Lawyer	NAME:	NAME:	NAME:	NAME:	NAME:
KY Bar Admit Date & Bar Number:					
License in Other States *Y/N: *If yes, denote state(s), bar admit date(s), bar number(s) and % of business					
Position in Firm:					
Incidental Practice *Y/N: *If yes, denote hours per week					
18. Would any lawyer be serving as a director, officer, trustee, partner or employee of a client? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If yes: Name of lawyer, client, & position served: _____					
19. Do you plan to use new client screening procedures to review fees, case merit, or client attitude prior to accepting a case? <input type="checkbox"/> YES <input type="checkbox"/> NO					
20. Will you be using formal engagement, nonengagement, and disengagement letters? <input type="checkbox"/> YES <input type="checkbox"/> NO					
21. Do you have a planned system for docket/calendar control? <input type="checkbox"/> *YES <input type="checkbox"/> NO					
a. Who will make the initial entries in the system? - _____					
b. Will statute of limitations and procedural deadlines be noted in the system? <input type="checkbox"/> YES <input type="checkbox"/> NO					
c. Do you plan to develop a weekly work schedule listing key deadlines and completion dates? <input type="checkbox"/> YES <input type="checkbox"/> NO					
22. Provide the name of a mentor lawyer you would contact if guidance on a case matter was needed: _____					
23. Available Limits of Liability. (Per Claim/Annual Aggregate) Please Check Your Choice:					
<input type="checkbox"/> \$100,000/\$300,000 <input type="checkbox"/> \$250,000/\$750,000 <input type="checkbox"/> \$500,000/\$1,000,000 <input type="checkbox"/> \$1,000,000/\$1,000,000					
24. Per Claim Deductibles: 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					

The applicant declares that to the best of the knowledge and belief of all persons to be insured that the information provided herein and any attachments made hereto are 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 the Lawyers Mutual Insurance Company of Kentucky. Signing this application does not bind the Applicant or Lawyers Mutual Insurance Company of Kentucky to issue the policy of insurance. The undersigned is authorized to sign this application on behalf of all persons to be insured. In accordance with KRS 304.47-030, we must give you 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.

Applicant's Signature _____ Date Signed _____

Print Name and Title _____

IMPORTANT REMINDER: Report any claims made against you or incidents that might result in a claim during your current policy term to your company before the policy expires. Failure to do so may result in a loss of coverage.