

**Application for Professional Liability Insurance  
Application Instructions**



**Lawyers Mutual**

www.lmick.com

The attached 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 and claims expenses will be applied against the deductible amount. Please return the completed application and supplemental questionnaires to:

Lawyers Mutual Insurance Company of Kentucky  
Nancy Meyers  
323 West Main Street, Suite 600  
Louisville, Kentucky 40202  
Telephone 502-568-6100 • KY Wats 1-800-800-6101 • Fax 502-568-6103  
[gullett@lmick.com](mailto:gullett@lmick.com) • [meyers@lmick.com](mailto:meyers@lmick.com) • [smith@lmick.com](mailto:smith@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
Question 21. 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 A		
Question 22. Pertaining to SEC work: Complete Supplemental Application Form B		
Question 23. Pertaining to mass tort or class actions: Complete Supplemental Application Form C		
Question 37. Pertaining to claims or actions filed or made against the Firm or attorney(s). Complete Supplemental Application Form D		
Question 39. Pertaining to prior incidents, errors, acts or omissions. Complete Supplemental Application Form D		

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’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 Insurance Company of Kentucky for this important coverage. Should you have any questions concerning the completion of this application, please contact:

Asa P. “Pete” Gullett, Nancy L. Meyers, or Lois A. Smith  
Lawyers Mutual Insurance Company of Kentucky  
Waterfront Plaza • 323 West Main Street • Suite 600 • Louisville, Kentucky 40202  
502-568-6100 • KY Wats 1-800-800-6101 • Fax 502-568-6103

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

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



Lawyers Mutual

www.lmick.com

Lawyers Mutual Insurance Company of Kentucky

Attn: Nancy Meyers • meyers@lmick.com

323 West Main Street, Suite 600

Louisville, Kentucky 40202

Telephone 502-568-6100 • KY Wats 1-800-800-6101 • Fax 502-568-6103

TROLALM

Application for Lawyers Professional Liability Insurance

Available Limits of Liability - Per Claim/Annual Aggregate Please Check Your Choice:

- Available limits of liability options: \$100,000/\$300,000, \$500,000/\$1,000,000, \$1,000,000/\$2,000,000, \$3,000,000/\$3,000,000, \$5,000,000/\$5,000,000, \$250,000/\$750,000, \$1,000,000/\$1,000,000, \$2,000,000/\$2,000,000, \$4,000,000/\$4,000,000.

Available Deductibles: Please Check Your Choice

- Available deductible options: \$1,000, \$2,500, \$5,000, \$7,500, \$10,000, \$15,000, \$20,000, \$25,000, Other, \$\_\_\_\_\_.

Present policy expiration date (or effective date desired, if no prior coverage): \_\_\_\_\_

Form sections: 1. Name of Firm; 2. Primary Contact; 3. Year Firm Established; 4. Address; 5. Phone; 6. Branch Office Address; 7. Total Number of Lawyers; 8. Total Number of Non-Lawyer Employees; 9. Practice Areas; 10. Billing Category; 11. Client Concentration.

12. 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.		
KY Bar Admit Date & Bar Number:						
License in Other State(s) *Y/N: *If yes, denote state(s), bar admit date(s), bar number(s) and % of business						
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

13. 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			

14. Has the name of your Firm changed within the past five years?  \*Yes  No  
 \*If yes, list the name(s) of firms used.  
 \_\_\_\_\_

## Management of the Firm

15. 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.).  
 \_\_\_\_\_

16. Does the Firm share its office or expenses with any other lawyer, law firm, or organization?  Yes  No

A. Does the Firm and any such person or organization share the same letterhead?  Yes  No

B. Is there a work-for-space arrangement?  Yes  No

C. If the other organization is a firm of lawyers, are there any case sharing arrangements?  \*Yes  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. Does the Firm maintain a conflict of interest screening system?  \*Yes  No \*If yes, what methods are employed?  
 Index File       Computer       Conflict Committee       New Client Review Meeting

18. Are any procedures in place to ensure that a lawyer is not overloaded with work?  \*Yes  No  
 \*If yes, explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

19. Does the Firm use a formal or informal new client screening procedure to review fees, case merit, or client attitudes prior to case acceptance?  Yes  No

20. Does the new client screening procedure include formal engagement, non-engagement, and disengagement letters?  Yes  No

## Other Information

21. 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.

a. \*If yes, to "Title Abstractor" and/or "Title Agent" below, complete the Real Estate & Financial Institutions Supplemental Application A.

Type of Activity	YES	NO	Total Working Hours Devoted to Each	Professional Insurance Carrier	Expiration Mo/Day/Year
Insurance Agent					
Accountant					
Real Estate Broker					
Title Abstractor*					
Title Agent*					

22. Is the Firm involved with any Securities and Exchange Commission work?  \*Yes  No  
 a. \*If yes, please complete the SEC Supplemental Application Form B.

23. Is the Firm involved with any mass tort or class action cases?  \*Yes  No  
 a. \*If yes, please complete the BI/PI Supplemental Application Form C.

## Time Docket and Record Control Systems

Please answer all questions by checking "yes" or "no" as appropriate.

	YES	NO
24. 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>		
25. Do you have a written policy for the operation of the Firm time/docket control system?		
26. Does each attorney in the Firm understand and use the time/docket control system?		
27. Is the Firm's time/docket control system: A. Calendar B. Diary C. Tickler system with notice slips D. Operated on a computer		
28. Does the Firm's time/docket control system provide that all dates be entered immediately?		
29. Does the Firm's time/docket control system note statutes of limitations and procedural deadlines?		
30. Do the Firm's employees enter all appointments on the Firm's time/docket control system, to include other personal and professional commitments?		
31. Does the Firm's time/docket control system have a procedure for verification of the completion of docketed events?		
32. Are the Firm's time/docket control system records maintained in a central location in the office?		
33. 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)?		
34. Does one person in the Firm have primary responsibility for the operation of the time/docket control system?		
35. 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?		
36. If question(s) 24 - 35 are not applicable, please provide an explanation. _____ _____		

## Claims

37. 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 12? <input type="checkbox"/> *Yes <input type="checkbox"/> No <b>*If yes, complete a Claim Report Form (Supplemental Application Form D) for each such claim or action.</b>
38. Has any lawyer listed in Question 12 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 <i>*If yes, please explain circumstances.</i> _____ _____
39. Does any lawyer listed in Question 12 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 12 or Firm listed in Question 14? <input type="checkbox"/> *Yes <input type="checkbox"/> No <b>*If yes, complete Claim Report Form (Supplemental Application Form D) and attach a copy of the notice that was sent to the insurance carrier involved.</b>
40. Has any lawyer listed in Question 12 or any Firm listed in Question 14 had any insurance company cancel, decline, or refuse to renew professional liability insurance? <input type="checkbox"/> *Yes <input type="checkbox"/> No <i>*If yes, please explain circumstances.</i> _____ _____





# Supplemental Application Form A Real Estate & Financial Institutions

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

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

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

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

## 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 \_\_\_\_\_% D. Limited Partnerships/Syndications \_\_\_\_\_%  
B. Landlord/Tenant \_\_\_\_\_% E. Condominium Formation/Conversions \_\_\_\_\_%  
C. All other \_\_\_\_\_%

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  Creditor  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 attorney 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 B Securities & Exchange Commission

If the Firms 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: \_\_\_\_\_

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>
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	NO
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	NO
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.			
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 C  
Class Action/Mass Tort**



**Lawyers Mutual**  
www.lmick.com

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

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

If the Firm does no Class Action/Mass Tort work, check here and sign:  
Not Applicable  \_\_\_\_\_  
Authorized Signature

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

1. Please complete the following for all attorneys in the Firm who are involved in class action/mass tort suits plaintiff or defense.

Name of Lawyer	Number of Years Litigation Experience	Number of Fees less than \$50,000	Number of Fees more than \$50,000

2. What is the average dollar amount of awards, judgments, and settlements in class action/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. Trial/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 D Claim Report Form



**Lawyers Mutual**  
www.lmick.com

**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: \_\_\_\_\_

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 sheet.
3. Answer all questions completely.

## Claim Information

1. Full Name of Firm: _____	2. Policy Number: _____
3. Full name of Individual(s) of Firm involved in the claim and e-mail address: _____	
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 report forms. 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 \_\_\_\_\_