

## INSTRUCTIONS

### LAWYERS PROFESSIONAL LIABILITY INSURANCE

1. Answer ALL questions and submit copies of all information where requested. Incomplete applications will result in a delay in obtaining a quotation. NO MEMBERSHIP DUES ARE REQUIRED.
2. A COPY OF THE CURRENT CLIENT ELIGIBILITY GUIDELINES MUST BE SUBMITTED WITH THE APPLICATION.
3. In responding to Question #13, list the current and projected staff of your organization and indicate the title of each individual (i.e. executive director, lawyer, volunteer attorney, managing attorney, staff attorney, law student, paralegal, etc.). The executive director position must be listed regardless of whether that individual is an attorney. Projected positions should be indicated by using the term "To Be Filled". This is important to ensure that you are provided with an accurate premium quotation. PLEASE NOTE THAT A REDUCTION OF PERSONNEL WILL NOT RESULT IN RETURN OF PRO RATA PREMIUM DURING THE POLICY YEAR.
4. If you need to clarify any of the answers to any question, please attach an addendum.
5. If you answer "Yes" to Question #9 of Section I, please be certain to fill out the Pro Bono Section.
6. If you answer "Yes" to Question #9 of Section III, please be sure to attach descriptions.
7. Please make sure the application is signed (ORIGINAL SIGNATURE) and dated.
8. Please return the application to:

Complete Equity Markets, Inc.  
1190 Flex Court  
Lake Zurich, IL 60047  
(800) 323-6234 or (847) 541-0900

UNDERWRITERS REQUIRE A MINIMUM OF 14 DAYS TO REVIEW AND QUOTE ASSUMING ALL REQUIRED INFORMATION FOR QUOTING HAS BEEN SUPPLIED.

(108\*53)New

Application for  
**LAWYERS PROFESSIONAL LIABILITY INSURANCE**  
(This policy does not cover Private Law Practice)  
This is an application for Claims Made Insurance.

**SECTION I**

1. Name of Organization \_\_\_\_\_
- \_\_\_\_\_
- Street Address \_\_\_\_\_
- \_\_\_\_\_
- City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_
- Email Address \_\_\_\_\_ Website Address \_\_\_\_\_
- Mailing Address \_\_\_\_\_ Date Organization established \_\_\_\_\_
2. List Branch Offices and Addresses, if any:
- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
3. List Subsidiary Offices and Addresses, if any:
- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
4. Type of Organization (Describe the purpose, general operations and functions of your Organization - if your Organization is strictly a pro bono or judicare Organization, please describe your operations under Question 9 below). (Send separate correspondence, if necessary.)
- \_\_\_\_\_
- \_\_\_\_\_
5. Total number of cases and/or files handled or processed annually. \_\_\_\_\_  
(An estimate may be used if an accurate count is not available.)
6. Does the Organization accept cases for clients who are not indigent and whose incomes are above the national poverty level? (**Written guidelines for client eligibility MUST be provided.**)  Yes  No
7. If fees for services have been established by your Organization, please specify the type of case and the maximum fee charge presently used for each type of case (excluding registration fees and court costs). If no fees are charged, insert "Not Applicable".
- \_\_\_\_\_
- \_\_\_\_\_
8. Does your Organization provide services other than legal (social, medical, recreational or other)?  Yes  No  
If YES, please send written explanation.

9. Does your organization utilize the services of attorneys outside of your Organization on a pro bono, judicare or contract basis? If YES, please respond to the questions below. Yes No
- (a) Screening and referral is performed by: \_\_\_\_\_
- (b) Types of matters referred: \_\_\_\_\_
- (c) Number of pro bono/judicare panel attorneys: \_\_\_\_\_  
 Number of pro bono/judicare cases referred annually: \_\_\_\_\_  
 Number of attorneys accepting reduced-fee referrals (fee paid by client): \_\_\_\_\_  
 Number of reduced-fee referrals annually (provide fee schedule): \_\_\_\_\_  
 Number of contract attorneys: \_\_\_\_\_  
 Number of cases handled on a contract basis: \_\_\_\_\_
- (d) Does your organization check to see if the participating attorneys are admitted to practice law in your state? Yes No
- (e) Does your organization check to see if the participating attorneys have had any legal malpractice or disciplinary complaints filed against them? Yes No
- (f) Does your organization inform the client and the participating attorney of the terms and conditions of the referral (e.g. the termination of representation by your organization)? Yes No
- (g) Please describe your organization's monitoring and follow-up procedures (Send separate correspondence)

**PRO BONO ENDORSEMENT COVERAGE**

If you answered YES, you can extend coverage for your organization and your outside attorneys. Please select one of the endorsement options below, and your quotations will **include** the premium for the endorsement you select.

**Coverage For Attorneys and Case Referrals**

- STANDARD PRO BONO/JUDICARE FOR ATTORNEYS AND CASES:** Provides coverage to your organization for the referral of legal aid eligible clients/cases to participating pro bono/judicare/contract attorneys. Coverage A will also extend to the participating attorneys handling the pro bono/judicare cases referred by your organization. This coverage is **secondary** to any other valid and collectible insurance available to such attorneys.
- PRIMARY PRO BONO/JUDICARE FOR ATTORNEYS ONLY:** The same as Standard above except that the coverage would be considered **Primary** and all other insurance would be considered in excess thereto.
- PRIMARY PRO BONO/JUDICARE FOR ATTORNEYS AND THEIR EMPLOYER FIRMS:** The same as Standard above except that the coverage would be considered **Primary** and all other insurance would be considered in excess thereto. In addition, the coverage would extend to any law firm, corporation, or other organization which an attorney accepting a case is an employee or member of. Coverage for the employer firm would be limited solely with respect to liability arising from the participation of the attorney in the pro bono/judicare program.

**Coverage for Referral Only**

- REFERRALS ONLY COVERAGE:** Provides your organization with coverage for referral of eligible clients to a pro bono/judicare program outside of your organization. There is no coverage for any attorney accepting the referral.
- We do not wish to carry any pro bono endorsement.

10. Describe your Organization's practice of law by showing approximate percentages of cases involving the following:  
**(Total should equal 100%)**

Divorce/Family Law	_____ %	Labor	_____ %
Real Estate	_____ %	Environmental Law	_____ %
Bankruptcy	_____ %	Immigration	_____ %
Landlord/Tenant	_____ %	Housing Law	_____ %
Wills/Estate Work	_____ %	Bonding Issues (and related work)	_____ %
Public Benefits Law		Advocacy for Developmentally and/or Mentally Disabled Persons	_____ %
<b>(Social Sec., Unemployment Comp., Workmen's Comp., Medicare)</b>	_____ %	Child/Spouse Abuse	_____ %
Guardianships	_____ %	Services to farmers regarding creation, adjustment, restructuring or discharge of indebtedness secured by farm real estate or crops	_____ %
Criminal	_____ %	Other (Please Specify)	
Juvenile	_____ %	_____	_____ %
Corporate	_____ %	_____	_____ %
Bodily/Personal Injury		_____	_____ %
Plaintiff	_____ %	_____	_____ %
Defendant	_____ %		

11. Does your Organization provide legal services to groups, corporations or associations?  Yes  No  
 If YES, please provide detailed description (types of groups/corporations/associations, specific legal services provided, etc.) (Send separate correspondence, if necessary)

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12. If you have answered YES to Question 11, please indicate whether the group, corporation or association is primarily composed of persons eligible for legal aid services and whether such group, corporation or association has provided information showing it lacks and has no practical means of obtaining funds to retain private counsel.

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Please indicate position after the name of each individual listed and whether the individual is salaried or volunteer and part-time or full-time. Please also indicate if any of the individuals listed below are located in states other than where the main office is located.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

14. Is your organization an ACLU that utilizes the services of cooperating volunteer attorneys outside of your organization?  Yes  No

If YES, please advise maximum number of such attorneys \_\_\_\_\_ and maximum number of cases handled \_\_\_\_\_.

15. Does your organization permit attorneys to engage in uncompensated outside practice of law as defined in the Legal Services Corporation regulations?  Yes  No

16. Has any claim, suit, charge, investigation or proceeding ever been made or instituted against the Organization or any Lawyer or other person providing professional services on behalf of the Organization which (Please check appropriate box):

Seeks an injunction or functionally similar order (including but not limited to a restraining order, a writ of mandamus, a writ of prohibition or an order compel prosecution)?  Yes  No

Alleges any of the following types of conduct:

- (a) Negligent acts or omissions in the course of rendering professional services as a Lawyer, under the direction of a Lawyer, or Notary Public?  Yes  No
- (b) Attorney misconduct or breach of professional ethics?  Yes  No
- (c) False arrest, detention or imprisonment or malicious prosecution?  Yes  No
- (d) Publication or utterance of a libel or slander or of any other defamatory or disparaging material or publication or utterance in violation of an individual's right of privacy?  Yes  No
- (e) Wrongful entry or eviction, or other invasion of the right of private occupancy?  Yes  No
- (f) Conduct for which the claimant seeks an award of punitive or exemplary damages?  Yes  No
- (g) Violation of a federal, state, municipal or local criminal statute or law?  Yes  No
- (h) Conduct which may give rise to a contempt proceeding?  Yes  No
- (i) Any conduct in connection with the employment, hiring, failure to hire, discharge or termination of the employment of an employee, former employee or application for employment?  Yes  No
- (j) Conduct of Directors/Officers and/or other management personnel alleging negligence in their official capacity as management?  Yes  No

17. Does the Organization or any person providing professional services on its behalf know of any circumstance, act, error, omission or inquiry that could result in a claim, suit, charge, investigation or proceeding against the Organization or any Lawyer or other person providing professional services on behalf of the Organization that seeks an injunction or functionally similar order or is based on any of the types of conduct described in Question 16 above? Yes No

If YES, please provide the name of the Lawyer or other person involved and all other pertinent details (Send separate correspondence, if necessary).

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18. Current Lawyers Professional Liability Insurance (must be completed in full):
- (a) Carrier: \_\_\_\_\_
- (b) Limits of Liability: \_\_\_\_\_ (c) Deductible: \_\_\_\_\_
- (d) Policy Expiration Date: \_\_\_\_\_ (e) Premium \$ \_\_\_\_\_
- (f) Retroactive Date: Please send a copy of your current policy.

19. Does your organization provide legal services to farmers regarding the creation, adjustment, restructuring or discharge of indebtedness secured by farm real estate or crops? Yes No

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If YES, do you charge fees to the recipient client directly for the services rendered? Yes No

**SECTION II - DATE, CALENDAR OR DOCKET CONTROL AND INTERNAL PROCEDURES**

1. Does your Organization... Yes No
- have at least two independently maintained calendars on which litigated and non-litigated items are entered by separate individuals? Yes No
- AND are the calendars cross-checked at least weekly by separate individuals responsible for cross-checking? Yes No
- AND does ultimate responsibility for docket control rest with the attorney responsible for the case? Yes No
- If any of the above answers are NO, please send explanation.**
2. Does your organization use a computer-driven calendar and docket control system? Yes No  
Name of software program \_\_\_\_\_
3. If your organization becomes aware of a conflict, do you disclose it in writing to all parties? Yes No  
If NO, please explain \_\_\_\_\_
4. Does your Organization have written procedures for identifying potential or actual conflicts of interest? Yes No  
If NO, please explain \_\_\_\_\_
5. How does your Organization avoid conflicts of interest? Other \_\_\_\_\_  
Oral/memory Index file Computer Conflict Committee
6. Does your Organization generate engagement letters for all its clients? Yes No

7. Does your Organization notify clients in writing when your services are completed and when a relationship is terminated? Yes No  
 If NO, please explain \_\_\_\_\_
8. Does your Organization notify clients or prospective clients in writing when you decline to represent them? Yes No  
 If NO, please explain \_\_\_\_\_
9. Does your Organization have an internal grievance procedure to address complaints by clients? Yes No  
 If YES, please send a description.

**SECTION III**

1. What constitutes the management of the Organization? (Trustees, Directors' Committee, Titles of Officers, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_
2. How is Management selected? \_\_\_\_\_
3. Staff
- |  | <u>Salaried</u> | <u>Non-Salaried</u> |
|--|-----------------|---------------------|
| Number of officers and/or directors (including Executive Director) | _____           | _____               |
| Number of Staff members (not including clerical employees)         | _____           | _____               |
| Number of clerical employees                                       | _____           | _____               |
- Is the Executive Director full-time or part-time? Full-time Part-Time
4. Is the Organization a Not-for-Profit corporation chartered in its state of domicile? Yes No  
 If NO, Please explain its status. \_\_\_\_\_
5. Is the Organization directly in the insurance agency or brokerage business in any way? Yes No  
 If YES, please explain. \_\_\_\_\_
6. Is your Organization unionized? Yes No
7. Does your organization have an internal grievance procedure to address complaints by employees? Yes No  
**If YES, please send a description.**
8. Does the Organization publish any publication for limited or general distribution? Yes No  
 If YES, please send sample of each.
- a. As to each publication, state its purpose, general content, frequency of publication and amount published (Send separate correspondence, if necessary).  
 \_\_\_\_\_  
 \_\_\_\_\_
- b. State the name of the officer or employee who reviews each publication prior to its distribution.  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Does the Organization sponsor any private or public meetings or conventions? Yes No  
 If YES, state number and frequency. \_\_\_\_\_

10. Total Annual budget (all sources) Year 20\_\_\_\_\_

LSC (Legal Services Corporation) Budget	_____
IOLTA	_____
Title XX	_____
United Way	_____
Older Americans Act	_____
Other Sources*	_____
= TOTAL BUDGET	_____

\*Please identify other funding sources

**Cyber Liability Section – OPTIONAL**

1. Do you comply with all applicable regulatory and industry supported privacy and security standards and frameworks that are applicable to your industry, including PCI data to your business?  Yes  No
2. Does applicant use intrusion detection software, firewall protection and anti-virus systems to detect/prevent unauthorized access to internal networks and computer systems?  Yes  No
3. Does applicant have a written procedure to communicate a privacy breach to state authorities and affected parties?  Yes  No
4. Has the Applicant given written notice under the provisions of any prior or current cyber risk, media or network security policy of specific facts or circumstances which may give or have given rise to a Claim being made against any proposed Insured, or do they know of specific facts or circumstances which may give or have given rise to a Claim?  Yes  No

If Yes, please give full particulars (send separate correspondence if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please indicate Limits of Liability for quotation.**

**Cyber Liability:**

**The Limits chosen for Cyber must be at or lower than the Limits chosen for Professional Liability.**

\$100,000/\$100,000       \$250,000/\$250,000       \$500,000/\$500,000       \$1,000,000/\$1,000,000

**IMPORTANT!**

In the event that a claim or claims or any circumstance, act, error, omission or inquiry that could result in a claim against the Organization or the persons named in this application have been reported to Underwriters or disclosed on this application, or if the Organization charges fees for its services, or if the Organization does not utilize income eligibility guidelines for clients, Underwriters reserve the right to individually rate insurance for the above Organization.

It is understood that the insurance applied for will issue on the 1st day of the month following receipt of the premium and the acceptance of the application by Underwriters. I/We hereby declare, based upon my/our knowledge and upon reasonable investigation, the above statements are true and that I/We have not suppressed or misstated any material facts and this application shall be the basis of the contract with Underwriters.

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.

Date \_\_\_\_\_

Return **signed** and **dated** application to:

Complete Equity Markets, Inc.  
 In CA. dba Complete Equity Markets  
 Insurance Agency, Inc. (CASL#0D44077)  
 1190 Flex Court Lake Zurich, IL 60047  
 Toll-free number 800-323-6234 - In Illinois 847-541-0900 - Fax 847-541-0444

\_\_\_\_\_  
Name of person completing application  
(please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title