

**LAWYERS PROFESSIONAL LIABILITY INSURANCE
PUBLIC DEFENDER OFFICE/ASSIGNED COUNSEL APPLICATION**

(This policy does not cover Private Law Practice)
This is an application for Claims Made Insurance.

SECTION I

LAWYERS PROFESSIONAL LIABILITY COVERAGE (Including Notary Public Professional Liability)

Application to participate in the Lawyers Professional Liability Insurance Coverage:

1. Name of Organization _____

Address _____ City _____ State _____ Zip Code _____

Area Code/Phone No. _____ Area Code/Fax No. _____

Date Organization Established _____ Type of Organization _____

Email Address _____

Mailing Address _____

2. List Branch Offices and Addresses, if any.

A. _____

B. _____

C. _____

3. If fees have been established by your organization, please specify the type of case and the fee schedule presently used (excluding registration fees and court costs). If no fees are charged, insert "Not Applicable."

4. Total number of cases and/or files handled or processed annually. (An estimate may be used if accurate count is not available).

5. Has any professional liability claim or suit ever been made against the Organization or Lawyers listed in response to question 9?

YES _____ NO _____ If YES, on a separate sheet of paper give the name of the Lawyer or other person involved, name of claimant, date and disposition of the case.

6. Does the Organization or any Lawyer listed in response to question 9 know of any circumstance, act, error, omission or personal injury that could result in a professional liability claim against him/her or the Organization named in the application?

YES _____ NO _____ If YES, on a separate sheet of paper give name of possible claimant, date of act and other details.

7. Has any Notary Public errors and omissions claim ever been made against the Organization, any individual listed as a Lawyer/Law Student/Paraprofessional under question 9 or against any other individual providing services on behalf of the Organization?

YES _____ NO _____ If YES, on a separate sheet of paper give the name of the individual involved, name of claimant, date and disposition of case.

8. Does the Organization or any individual providing services on behalf of the Organization, know of any circumstance, act, error, omission or personal injury that could result in a Notary Public errors and omissions claim against him/her or the Organization?

YES _____ NO _____ If YES, give the name of possible claimant, date of act, and other details.

9. List ALL Lawyers (including part-time salaried and volunteer lawyers), law students, paralegals and investigators including those projected for policy period. Use the word "VACANT" in columns 1 and 2 for projected employment of lawyers and law students/paraprofessionals/investigators. New employees will be covered at no additional cost, but reduction of personnel will not result in return of pro-rata premium during the policy year. When a large turnover in personnel occurs, you may approximate the number of Lawyers and/or Law Students by using the highest number employed at any one time during the year.

LAWYERS*

LAW STUDENTS/PARALEGALS/INVESTIGATORS*

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

*Indicate if part-time (PT) or volunteer (V)

Does your organization use the services of attorneys, paralegals or investigators outside of your organization on an appointment or contract basis _____ YES _____NO If YES, please respond to the questions below:

- A. Number of panel attorneys: _____
- B. Number of cases referred annually to panel attorneys: _____
- C. Number of contract attorneys: _____
- D. Number of cases handled annually by contract attorneys: _____
- E. Number of paralegals _____ by contract _____ on panel
- F. Number of investigators _____ by contract _____ on panel
- G. Describe your procedure for monitoring and removing attorneys, paralegals or investigators (use separate page)

10. Describe your Organization's practice of law by showing approximate percentage of cases involving criminal matters:

Appeals	_____%	Mental Commitment	_____%
Felonies	_____%	Misdemeanors	_____%
Juvenile	_____%	Other Criminal (specify):	_____%

If your practice of law includes civil matters*, please indicate the approximate percentage of cases involving the following:

Child/Spouse Abuse	_____%	Guardianships	_____%
Conservatorships	_____%	Guardian ad Litem	_____%
Juvenile Dependency	_____%	Other Civil (specify)	_____%
Juvenile Delinquency	_____%	_____	

(Total of all of the above should equal 100%)

**Underwriters reserve the right to individually rate insurance for the Organization if the Organization's practice includes civil matters.*

SECTION II

MANAGEMENT ERRORS & OMISSIONS COVERAGE and EMPLOYMENT PRACTICES COVERAGE

1. What constitutes the management of the Organization (Trustees, Directors' Committee, etc.)

What officers are provided? _____

How is the management selected? _____

	Salaried	Non-Salaried
2. Number of officers and/or directors:	_____	_____
Number of staff members:	_____	_____
Number of clerical employees:	_____	_____
Is the Executive Director full time or part time?	_____	

3. Is the Organization a Not-For-Profit corporation, chartered in the state of domicile?
YES ____ NO ____ If NO, please explain its status. _____

4. Is the Organization directly in the insurance agency or brokerage business in any way?
YES ____ NO ____ If YES, please explain _____

5. Does the Organization publish any publication for limited or general distribution, and if so, please attach sample of each. State the purpose, general content, frequency and amount of each publication and the individual who reviews each publication prior to its distribution.

6. Does the Organization sponsor any private or public meetings or conventions?
YES ____ NO ____ If YES, please state the number and frequency _____

7. During the past 10 years has there ever been a liability claim made against the Organization or its management personnel?
YES ____ NO ____ If YES, please explain.

8. Is the Organization aware of any circumstance, act, error, omission or personal injury that could result in a liability claim against the Organization or any of its past or present directors, officers, or employees?
YES ____ NO ____ If YES, give names of possible claimant, date of act and other details.

9. Has any claim or suit or charge before any government agency concerning the employment practices of the Organization been made against the Organization or any of its past or present directors, officers, or employees by an employee, former employee or prospective employee?
YES ____ NO ____ If YES, please give details _____

10. Is the Organization aware of any circumstance, act, error or personal injury that could result in a claim, suit or charge before any government agency being made against the Organization or any of its past or present directors, officers, or employees by an employee or prospective employee concerning the employment practices of the Organization?

YES _____ NO _____

SECTION III

DISCIPLINARY PROCEEDINGS COSTS COVERAGE

(This section MUST be completed to obtain the basic Professional Liability quotation)

1. Has any Disciplinary Proceedings (attorney misconduct) claim ever been made against the Organization, any individual listed as a Lawyer/Law Student/Paraprofessional on the Lawyers Professional Liability Insurance application or against any other individual providing services on behalf of the Organization?

YES _____ NO _____ If YES, give the name of the individual involved, name of claimant, date and disposition of case.

2. Does the Organization or any individual providing services on behalf of the Organization know of any circumstance, act, error, omission or personal injury that could result in a Disciplinary Proceedings (attorney misconduct) claim against him/her or the Organization?

YES _____ NO _____ If YES, give the name of possible claimant, date of act and other details.

SECTION IV

CRIMINAL DEFENSE COVERAGE

(This section MUST be completed to obtain the basic Professional Liability quotation)

1. Has any claim, suit, charge, investigation or proceeding ever been made or instituted against the Organization, its Management, or any Lawyer or other person providing professional services on behalf of the Organization which alleged violation of a federal, state, municipal or local criminal statute or law?

YES _____ NO _____ If YES, please provide the name of the Lawyer or other person involved, the disposition of the matter, and all other pertinent details (use separate sheet if necessary).

2. Does the Organization, its Management, or any person specified in response to Section I, Question 9 of the application know of any circumstance, act, error, omission or personal injury that could result in a claim, suit, charge, investigation or proceeding against the Organization, its Management or any Lawyer or other person providing professional services on behalf of the Organization based on an alleged violation of a federal, state, municipal or local criminal statute of law?

YES _____ NO _____ If YES, please provide the name of the Lawyer or other person involved and all other pertinent details (use separate sheet if necessary).

SECTION V

CONTEMPT DEFENSE COVERAGE

(This section MUST be completed to obtain the basic Professional Liability quotation)

- 1. Has the Organization or its Management, or any Lawyer or other person providing professional services on behalf of the Organization, ever been the subject of criminal or civil contempt proceedings, or cited for criminal or civil contempt, by any court, administrative agency or governmental body?

YES _____ NO _____ If YES, please provide the name of the management official, Lawyer or other person involved, the disposition of the matter and all other pertinent details (use separate sheet if necessary).

- 2. Does the Organization or its management officials, or any Lawyer or other person providing professional services on behalf of the Organization, know of any incident, circumstance, act, error or omission that could result in the initiation of criminal or civil contempt proceedings, or the imposition of a contempt citation, against the Organization or any such management official, Lawyer or other person?

YES _____ NO _____ If YES, please provide the name of the management official, Lawyer or other person involved and all other pertinent details (use separate sheet if necessary).

IMPORTANT

In the event that a claim or claims or any circumstance, act, error, omission or personal injury that could result in a claim against the Organization or the persons named in the application have been reported to Underwriters or disclosed on the application, or if the Organization's practice includes civil matters, Underwriters reserve the right to individually rate insurance for the above Organization.

The undersigned declares that based upon his knowledge and upon reasonable investigation, the above statements and particulars are true and complete, and that no material facts have been suppressed or misstated. The undersigned acknowledges that this Application shall be the basis of the contract with Underwriters at Lloyd's, London, and that the insurance applied for will issue on the 1st day of the month following receipt of the premium and acceptance of the application by the insurer.

Date _____

Name of person completing application (Type or Print)

Mail signed and dated application to:

**Complete Equity Markets, Inc.
In California dba Complete Equity Markets
Insurance Agency, Inc.
1190 Flex Court
Lake Zurich, IL 60047
(847) 541-0900 FAX: (847)541-0444
Toll Free in US and Canada (800) 323-6234**

Signature

Title

© 1994,1983,1978 Complete Equity Markets, Inc.
In California dba Complete Equity Markets Insurance Agency, Inc.
(Rev. 03/94 Eff 06/94) 102*58

Data Security Breach and Client Network Infection Questionnaire

1. Does the applicant provide remote access to its internal networks and computer systems? Yes No

If YES, please provide details including how remote access is restricted? Use a separate attachment if necessary.

2. Are there formalized security policies for anyone with direct or remote access to your hard wired or wireless network or paper files and records? Yes No

3. 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

4. Does applicant use intrusion detection software to detect unauthorized access to internal networks and computer systems? Yes No

5. Does applicant use firewall protection and anti-virus systems to prevent unauthorized access to internal networks and computer systems? Yes No

6. How does applicant limit access to its internal networks, computer systems and electronic devices (i.e. passwords, encryption or both)?

7. How does applicant ensure sensitive data is permanently removed before any computer equipment or paper file is discarded?

8. Does applicant accept payment by credit card? Yes No

If YES, is that information stored on your network? Yes No

9. Does applicant have a written procedure to communicate a privacy breach to state authorities and affected parties? Yes No

10. Does confidential data ever leave the applicant's premises by way of paper or electronic format? Yes No
(This includes any outsourced data handling/data processing / offsite storage)
If YES, please provide details. Use a separate attachment if necessary.

11. Has the applicant had any incidents, claims, suits or complaints involving unauthorized access, breach, misuse or compromise of any system of maintaining storage of confidential client or employee information? Yes No

If YES, please provide details. Use a separate attachment if necessary.

12. Is the applicant aware of any incident which could give rise to a claim, suit or complaint involving unauthorized access, breach, misuse or compromise of any system of maintaining storage of confidential client or employee information? Yes No

If YES, please provide details. Use a separate attachment if necessary.

13. Please provide below the approximate number of computer and paper records (in office and in storage) kept regarding individuals:
(One client or personnel/staff equals one record)

Own Personnel/Staff paper record:- _____ Own Personnel/Staff electronic record:- _____
Clients/Other paper record:- _____ Clients/Other electronic record:- _____

I/We have not suppressed or misstated any material facts.

I/We agree that this application shall be the basis of the contract with the insurers.

Signing this application does not bind the applicant or the Insurers to complete the insurance, but it is agreed that this application shall be the basis thereof.

Applicant: _____ **Title:** _____
Applicant's Signature: _____ **Date:** _____

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