

JUDICIAL LIABILITY AND LEGAL DEFENSE INSURANCE

(Application for Claims Made Coverage)

INSTRUCTIONS: Answer all questions in the application. In responding to claims, please provide all information requested (including amounts incurred or anticipated for defense or settlements) plus a photocopy of the final disposition of any claim. Please make sure the application is signed and dated and that all items have been completed.

1. Name: _____

2. Physical Address: _____
(Number & Street and/or Box Number) (Area Code/Phone)

(City) (County) (State) (Zip)

Mailing Address: _____

Website Address: _____ E-Mail: _____

3. Number of:
a) Judges, Magistrates and Referees _____

b) Other Staff _____

Please attach a full schedule of Named Judges, Magistrates and Referees along with start dates and termination dates if applicable. Please attach a full schedule of all other staff you are seeking coverage for along with start dates and termination dates if applicable

4. Does the Court have an automatic bail schedule for misdemeanors? _____

Describe _____

5. Does the Court allow for the setting of bail without an individualized court hearing? _____

Describe _____

6. Does the court require that defense counsel be appointed and present for bail hearings; etc.? _____

Describe _____

7. Please provide details of Judicial Liability Insurance currently in effect:

Current Insurer	Effective/Expiration date	Limit of Liability	Deductible	Prior Acts/Retroactive date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



8. Has any similar insurance for the Applicant ever been declined, cancelled or renewal refused? ____ Yes ____ No
If "yes", please give full particulars:

9. I have/have not (circle one) had a complaint filed with, or judicial disciplinary proceeding initiated against me by, any entity established to investigate, review, or impose disciplinary sanctions for conduct arising from my capacity as a judge.

10. I have/have not (circle one) had a claim, lawsuit, or other legal proceeding, including any administrative proceeding, made or commenced against me arising from my capacity as a judge.

11. I personally am/am not (circle one) aware of a/any circumstance(s) which could result in a complaint being filed or a judicial disciplinary proceeding being initiated against me.

12. I personally am/am not (circle one) aware of a/any circumstance(s) which could result in a claim, lawsuit, or other legal proceeding, including any administrative proceeding, being made or commenced against me.

13. Please check appropriate box(es) for limits of liability you require.

Each Claim ____ \$100,000 ____ \$250,000 ____ \$500,000 ____ \$1,000,000

Aggregate ____ \$100,000 ____ \$250,000 ____ \$500,000 ____ \$1,000,000

What deductible are you prepared to carry? ____ \$1,000 ____ \$2,500 ____ \$5,000 ____ \$10,000

14.) 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

15.) 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

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

ATTACH COMPLETE AND SPECIFIC INFORMATION IF ANY OF YOUR ANSWERS TO QUESTIONS 9,10,11 AND 12 ARE IN THE AFFIRMATIVE. INCLUDE A BREAKDOWN OF THE AMOUNTS OF ALL INCURRED AND ANTICIPATED DEFENSE COSTS, ALL PAID SETTLEMENTS, AND ALL PAID, UNSATISFIED, OR POTENTIAL JUDGEMENTS AGAINST YOU.

It is understood and agreed that the insurance applied for will issue on the first day of the month following receipt of the premium and acceptance of the application by the insurer. I hereby declare that the above statements and particulars are true and that I have not suppressed or misstated any material facts and I agree that this application shall be the basis of the contract with the insurer and a copy shall be attached as a part of the policy if issued.

(Signature)
(Must be a Principle, Partner or Officer of the Applicant)

(Date)

(Name)

(Title)

