

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

3. I am a member of the following Judges' associations: \_\_\_\_\_

\_\_\_\_\_

4. My current judicial title is: \_\_\_\_\_

5. I have been a judge for \_\_\_\_\_ years.

6. I am licensed to practice law in the following states: \_\_\_\_\_

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. 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.

9. 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.

10. 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.

11. 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.

ATTACH COMPLETE AND SPECIFIC INFORMATION IF ANY OF YOUR ANSWERS TO QUESTIONS 8,9,10 AND 11 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)

\_\_\_\_\_  
(Date)