

**LAWYERS PROFESSIONAL LIABILITY INSURANCE
(FOR MUNICIPAL ATTORNEYS)
Issued To The
NATIONAL DISTRICT ATTORNEYS ASSOCIATION
AND SPECIFIED ASSURED MEMBER
(This policy does not cover Private Law Practice)
THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY**

1. Name of Applicant (if partnership, organization, or corporation, show firm name):

Principal Business Address: _____
Physical Address City State Zip

Phone Number:(_____) _____ Fax Number:(_____) _____

Email Address _____ Date Established (if applicable): _____

Mailing Address: _____

Municipality represented by the Applicant: _____

2. List Branch Offices and Addresses, if any:

1. _____

2. _____

3. (a) Indicate whether Applicant is a:

___ 1. full time employee of the municipality,

___ 2. part-time employee of the municipality,

___ 3. outside counsel for the municipality (check one)

___ a. on an indefinite basis

___ b. for a specified period of _____

___ c. on an ad hoc basis

___ 4. other (explain)

(b) Please indicate length of time Applicant has acted in this capacity ___ years ___ months

(c) If you checked 2, 3, or 4 above, does the municipality require that the Applicant obtain professional liability covering its municipal attorney's practice as a condition of employment or retention? Yes No

4. (a) The basis of the Applicant's compensation by the municipality is:

___ 1. salary, ___ 2. fee, ___ 3. combination of retainer and fee

(b) Please indicate the amount of compensation received annually by the represented municipality.

5. (a) Indicate the percentage of the Applicant's practice devoted to Municipal Attorney matters: _____%

(b) Indicate the percentage of the Applicant's Municipal Attorney's practice devoted to:

Administrative Procedure	_____ %	Corporate Law	_____ %
Admiralty/Maritime	_____ %	Criminal Prosecution	_____ %
Antitrust/Trade Regulation	_____ %	Entertainment	_____ %
Banking	_____ %	Public Utilities	_____ %
BI-Defendants	_____ %	Real Estate/Zoning	_____ %
BI-Plaintiffs	_____ %	SEC/SEC Exemptions/Municipal	_____ %
Collections/Repossessions	_____ %	Bond Issues	_____ %
Communications (FCC)	_____ %	Taxation	_____ %
Copyright/Patent/TM	_____ %		_____ %
		TOTAL	100%

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

COLUMN 1

COLUMN 2

COLUMN 3

6. List names of all Lawyers (Full or part-time) List names of all practicing Law Students, Legal-Interns and Paralegals providing professional services on behalf of the organization* List names of all investigators providing professional services on behalf of the organization

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

***Other paid personnel employed by the municipal attorney's office such as Secretaries, File Clerks and Receptionists are covered according to the conditions of this policy**

7. (a) No Lawyer named in Question 6 owns or partly owns, operates, manages, is employed by, or exercises any form of fiduciary control over any business organization except as follows: (state relationship) Yes No

(b) Does any organization named above do business with the municipality which the Applicant represents? If yes, explain. Yes No

8. (a) No Lawyer(s) named in Question 6 is a salaried employee of any organization other than the Applicant except as follows:

(b) Does any organization named above do business with the municipality which the Applicant represents? If yes, explain, Yes No

9. Has any claim, suit, charge, investigation or proceeding ever been made or instituted against the Organization or any Lawyer listed or Notary Public to Question 6 or other person providing professional services on behalf of the Organization which 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 to compel prosecution)? 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 a separate sheet if necessary).

10. Does the Organization or any person specified in response to Question 6 know of any circumstances, act, error, omission or personal injury 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? Yes No

If Yes, please provide the name of the Lawyer or other person involved and all other pertinent details (use a separate sheet if necessary).

11. No Lawyer named in Question 6 has ever been the subject of reprimand or disciplinary action or refused admission to the bar by any bar association, court or administrative agency as a result of professional activities except as follows: Yes No

12. No Lawyer named in Question 6 has any insurer decline, cancel, refuse to renew or accept only on special terms any professional liability insurance except as follows (give name of Lawyer, insurer, date and reason): Yes No

IMPORTANT

In the event that a claim or claims against the Organization or the Lawyers named in this application have been reported to Underwriters or disclosed in this application, Underwriters reserve the right to individually rate insurance for the above applicant based upon the applicant's experience.

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

Date

Signature

Title

1. Answer all questions
2. Sign and date application
3. Send completed application to:

Incomplete applications will delay processing

**NDAA Insurance Services
c/o Complete Equity Markets, Inc.
In California dba Complete Equity Markets
Insurance Agency, Inc. (CASL#0D44077)
1190 Flex Court
Lake Zurich, IL 60047**