



LAWYERS
ERRORS & OMISSIONS APPLICATION - RENEWAL

Policy Number	
Name of Firm	
Address of Firm	
Web address	

1. Indicate the total number of lawyers by location:

	Principal Office	Branch (a)	Branch (b)	Branch (c)
Partners				
Employed Lawyers				
Lawyers "Of Counsel"				
Contract Attorneys				
Other Staff				
Location of office				

2. Provide a brief description of any significant changes in the number of attorneys (i.e. increases or decreases of 10% or more attorney(s) in the last year resulting from new or closed branch offices, departures, or additions of specific practice groups or mergers with other firms. _____

3. Total gross billings by fiscal year: This year: _____ Last year: _____

4. Please provide details and percentages of any new practice areas or amendments in the previously reported practice areas by more than 5%: _____

5. Briefly describe any changes or modifications to the firm's management structure and committee structure and responsibilities during the last year: _____

6. Briefly describe any changes or modifications to the firm's risk management, loss prevention or quality control systems during the last year including the following:

- docket control conflict systems new business and/or client intake
 use of engagement letters review of opinion letters delinquent fee collection procedures

7. Describe any significant changes or improvements to these procedures that have been made in the last 12 months and the number of suits or collection of fees that have been filed in the last year: _____

8. Provide details of any changes and developments in any previously reported claims and/or circumstances. In addition and after inquiry with each person as appropriate:

a. Have any claims or suits been made in the last seven years against the firm or any past or present Owners, Partners, Shareholders, Corporate Officers, Associates, Employed Lawyers, Employees or its predecessors in business that have not been reported and accepted under the firm's Professional Liability Insurance? No Yes

b. Are any persons in the firm aware of any circumstances, allegations, tolling agreements or contentions as to any incident which may result in a claim being made against the firm or any of its past or present Owners, Partners, Shareholders, Corporate Officers, Associates, Employed Layers, Employees or its predecessors in business that have not been reported and accepted under the firm's Professional Liability Insurance? No Yes

If "Yes," for a. and b. above, please complete a claim supplement for each matter.

It is agreed that this Renewal Application is supplemental to Application(s) for all policies of which the policy would be a renewal, and that such Application(s) together with the Renewal Application and any materials submitted herewith (which shall be retained on file by Underwriters and shall be deemed attached hereto, as if physically attached hereto), constitute the complete Application which shall be the basis of the Policy and will be attached to and become a part of the policy.

The undersigned declares that the statements set forth herein are true. The undersigned agrees that if the information of this application changes between the date of this application and the effective date of the insurance he/she (undersigned) will immediately notify the underwriters of such changes, and the underwriters may withdraw or modify any outstanding quotations and/or authorizations or agreements to bind the insurance.

Signing of this application does not bind the Applicant(s) or the Underwriters to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and become part of the policy.

* Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

* not applicable in all states

Applicant's Name and Title: _____

Applicant's Signature: _____ Date: _____