



**The Bar Plan Mutual Insurance Company  
New Business Application for Lawyers'  
Professional Liability Insurance**

**IMPORTANT NOTICE:**

1. Fully answer all questions.
2. Complete and sign supplements referenced in 13, 27 and 29 if applicable.
3. **Provide a sample of current letterhead.**
4. Sign and date forms.
5. Complete area of practice supplement (TBP-130)

Submitted By:  
Agency: Ritman & Associates, Inc.  
Address: 1154 Conner Street  
Noblesville, IN 46060  
Phone No: 317-770-3000  
Fax No: 317-770-3010

***To be completed by Insured Designee for Applicant - please print in ink or type.***

1. Name of Applicant (name should be consistent with firm's letterhead)  
\_\_\_\_\_
2. Business Address (list all business addresses and designate which is primary; use a separate sheet if necessary):  
\_\_\_\_\_  
County: \_\_\_\_\_  
\_\_\_\_\_  
County: \_\_\_\_\_
3. Business Phone:( \_\_\_\_\_ ) \_\_\_\_\_ 4. Business Fax: ( \_\_\_\_\_ ) \_\_\_\_\_
5. Year firm established \_\_\_\_\_ 6. Number of lawyers in the firm \_\_\_\_\_
7. Number of lawyers to staff ratio \_\_\_\_\_ (if greater than 3:1 describe the support staff organization structure on separate attachment)
8. If a sole practitioner, who will be responsible for handling current legal files upon your death or disability?  
\_\_\_\_\_
9. Insured Designee: \_\_\_\_\_ (The individual with authority to act in all matters regarding this insurance on behalf of the firm and all persons to be covered by this insurance).
10. Are there any predecessor firm(s) in whose assets and liabilities the Applicant is the majority successor in interest?  
 Yes  No If Yes, please list \_\_\_\_\_

**11. LIMITS OF LIABILITY DESIRED.** Please Check **All** Limit Quotes Desired.

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$ 100,000/\$ 300,000  | <input type="checkbox"/> \$1,000,000/\$2,000,000 | <input type="checkbox"/> \$3,000,000/\$3,000,000 | <input type="checkbox"/> Greater than \$5,000,000 - Please Specify: _____ |
| <input type="checkbox"/> \$ 250,000/\$ 750,000  | <input type="checkbox"/> \$1,000,000/\$3,000,000 | <input type="checkbox"/> \$4,000,000/\$4,000,000 |   |
| <input type="checkbox"/> \$ 500,000/\$1,500,000 | <input type="checkbox"/> \$2,000,000/\$3,000,000 | <input type="checkbox"/> \$5,000,000/\$5,000,000 |   |

**12. DEDUCTIBLE DESIRED.** Please Check **All** Deductible Quotes Desired.

- |                                  |                                  |                                   |                                   |                                    |
|----------------------------------|----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$100,000 |
| <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$7,500 | <input type="checkbox"/> \$15,000 | <input type="checkbox"/> \$50,000 |                                    |

A deductible of \$1,000 is limited to policies with limits of \$100,000  
 A deductible of \$2,500 is limited to policies with limits less than \$1,000,000  
 A deductible of \$5,000 is limited to policies with limits less than \$2,000,000  
 A deductible of \$7,500 is limited to policies with limits less than \$4,000,000  
 A deductible of \$10,000 is limited to policies with limits less than \$5,000,000

Do you desire a quote for: (check all that apply)

- With First Dollar Defense (deductible applies only if an indemnity payment is made)  
 Without First Dollar Defense (deductible applies to defense costs as well as Damages)

**POLICY EFFECTIVE DATE REQUESTED** \_\_\_\_\_

**SECURITIES:**

13. Have you (if a sole practitioner) or has any member of your firm during the past 12 months represented:
- a. Issuers, underwriters or affiliates thereof, with respect to the issuance, offering or sale of securities (including the provision of opinions regarding the validity of a bond issue or the good standing of the issuer)?  Yes  No
  - b. Clients regarding compliance issues, whether reporting or otherwise, under Sections 12, 13 or 15(d) of the Securities Exchange Act of 1934?  Yes  No

**If "Yes" to questions a. or b., complete Securities Supplement Form (TBP-18).  
See the Securities Supplement for the definition of Securities work.**

**BANKING:**

14. During the past five (5) years, have you (if a sole practitioner) or has any member or former member of your firm (while associated with the firm) provided legal services to a financial institution?  Yes  No
- If Yes, has any member (or former member) of the applicant firm:**
- (a) had loan commitments with the institution?  Yes  No
  - (b) held stock or any other financial interest in the institution?  Yes  No
  - (c) acted as a director or officer of the institution?  Yes  No
  - (d) been a member of the executive committee?  Yes  No
  - (e) been a member of the loan policy committee?  Yes  No
  - (f) been a member of the audit committee?  Yes  No
  - (g) participated in the preparation of the institution's response to regulatory examination reports?  Yes  No
  - (h) provided legal services to the institution as "Counsel", "General Counsel", or on any other regular "retainer" basis providing the majority of legal services to the institution?  Yes  No

**OFFICE PROCEDURES:**

15. Who in your firm is responsible for the review and approval of new business? \_\_\_\_\_  
What procedure is used? \_\_\_\_\_
16. Are Engagement letters or fee agreements utilized?  Yes  No  Sometimes (Please Explain):  
\_\_\_\_\_
17. Are Declination (Non-Engagement) letters utilized?  Yes  No  Sometimes (Please Explain):  
\_\_\_\_\_
18. Are termination or closing letters utilized?  Yes  No  Sometimes (Please Explain):  
\_\_\_\_\_
19. Which of the following Conflict of Interest Avoidance Systems does the firm utilize?
- a.  Single Index File  Computerized  Other, please describe \_\_\_\_\_  
 Multiple Index File  None \_\_\_\_\_
  - b. Does your index note:  
 Client Name & Related Parties  Opposing Party  
 Matter Description  Opposing Counsel  
 Principal, owner(s), officer(s), director(s) and affiliate(s), if client is an entity
  - c. Upon identifying an actual or potential conflict, does the firm have a procedure that requires members to always obtain written consent from the client before proceeding further with the representation?  Yes  No
  - d. Does the firm's conflict system include attorney-client relationships established by predecessor, merged or acquired firms?  Yes  No
  - e. Does an attorney supervise the system?  Yes  No

20. Which of the following Time/Docket Control procedures does your firm utilize?
- a. Check which system(s) are utilized:
- Perpetual Calendar       Computerized       Dual Calendar  
 Tickler System       Single Calendar       Other, please describe \_\_\_\_\_
- b. Does your time/docket control system note: \_\_\_\_\_
- Statutes of Limitations       Appointments  
 Procedural Deadlines       File Review Frequency
21. Has any member of the firm sued for fees in the past 12 months (including sending to a collection agency)?  Yes     No
- a. If Yes, how many \_\_\_\_\_
- b. Does your firm have a procedure that requires critical review of a matter prior to bringing suit over legal fees owed to the firm?  Yes     No
- c. Does the firm have a policy not to sue for fees?  Yes     No
- d. Does the firm have a policy to participate in fee dispute resolution programs, whenever possible, prior to bringing suit over legal fees owed the firm?  Yes     No
22. Does your law firm have a web site?  Yes     No
- a. If yes, does the web site contain a disclaimer to the effect that use of the web site does not create an attorney-client relationship?  Yes     No
23. Does the law firm respond to solicitations for legal advice over the Internet?  Yes     No
- a. If yes, is a conflicts check conducted prior to providing the legal advice?  Yes     No
24. Please provide your web-site address: \_\_\_\_\_
25. Do you advertise your professional services on television or radio?  Yes     No
- If yes, in what states? \_\_\_\_\_
26. Other than your own website, do you advertise on the internet?  Yes     No
- If yes, provide web addresses: \_\_\_\_\_
27. Are any members of the firm also an owner, employee, director or partner of any organization, other than that of the applicant, which is a **client** of the firm?  Yes     No

**If "Yes" complete Outside Interest Supplement Form (TBP-17)**

**PUBLICLY TRADED COMPANY(S)**

28. In the past 12 months, has any attorney in the firm represented any publicly traded company(s) regarding corporate governance or legal compliance matters?  Yes     No
- If "Yes", submit a brief written description of the legal work performed on separate attachment**

**CLAIMS:**

29. After inquiry of each lawyer named in the firm:
- a. has the firm, any member of the firm or any former member of the firm, or predecessor, in the past seven (7) years, been the subject of a reprimand or disciplinary action or refused admission by any bar association, court or administrative agency?  Yes     No
- b. has the firm, any member in the firm or any former member of the firm, or predecessor, in the past seven (7) years, been the subject of a professional liability claim, suit or bar complaint or formal grievance or formal fee dispute filed with a state or local bar association?  Yes     No
- c. does the firm or any attorney in the firm have knowledge of any incident, circumstance, act or omission, which may give rise to a claim?  Yes     No

**If "Yes" to question a. b. or c., a Supplemental Claim Form (TBP-14) must be completed for each**

**INDEPENDENT CONTRACTOR(S):**

30. Does the firm or any member of the firm retain an attorney(s) on an independent contractor basis?  Yes  No

**If "Yes", please list below the independent contractors**

**NOTE: No coverage applies under this policy for acts or omissions of an independent contractor unless coverage is applied for and an additional premium is paid. For your protection, obtain a copy of the independent contractor(s) declaration page.**

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**NOTICE TO APPLICANT - PLEASE READ CAREFULLY:**

REPRESENTATION: Insured Designee, on behalf of and with the authority of Applicant represents that the statements and information contained herein are true and that Applicant has not suppressed, omitted or misstated any facts. Applicant has made inquiry with each lawyer in the firm regarding the accuracy of the answers on this application. Applicant agrees that this application shall be the basis of the Policy of insurance issued by the Company and incorporated therein. Applicant agrees to notify the Company of any material change(s) in the statements in the application forms between the date of application and the effective date of the Policy of insurance. Applicant understands that any change(s) may result in an adjustment of the terms and conditions of the Policy of insurance and/or premium.

Applicant understands that the Policy applied for provides coverage on a "claims made and reported" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD and that coverage ceases with the termination, cancellation or expiration of the Policy unless Applicant exercises the options available in the Policy for Extended Reporting Coverage.

**IMPORTANT REMINDER**

To avoid loss of coverage it is imperative that all known circumstances, acts or omissions which could result in a professional liability claim against you, your firm or a predecessor in business be reported to your present insurer within the time period specified in your present policy. Please contact The Bar Plan Mutual Insurance Company if you desire assistance.

Signature of Insured Designee\*: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

\*Signing this form and tendering premium does not bind the Applicant or the Company. Application must be signed and dated to be considered for a quotation.

Email address of Insured Designee: \_\_\_\_\_

**Anti Fraud Warning** - Indiana "Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing false, incomplete or misleading information commits a felony."

# Area Of Practice New Business Supplement

1. Firm Name \_\_\_\_\_ 2. Attorney Name \_\_\_\_\_
3. Bar or Supreme Court # \_\_\_\_\_ 4. Year admitted to Bar(s) \_\_\_\_\_ 5. Number of years of full time practice \_\_\_\_\_
6. Exact date you joined this firm \_\_\_\_\_ 7. E-mail address \_\_\_\_\_
8. # of hours worked on a weekly basis practicing law for this firm \_\_\_\_\_ 9. List Retro-Date with last carrier \_\_\_\_\_
10. Social Security Number: \_\_\_\_\_ 11. List all State(s) you are admitted to practice: \_\_\_\_\_
12. List the percentage of time you practice in the states listed in question 11: \_\_\_\_\_
13. How many open files or matters do you have currently? \_\_\_\_\_
14. Designation: Member Officer Director Employee Associate Of Counsel Independent Contractor Other \_\_\_\_\_
15. Have you attended a risk management or ethics seminar in the past 12 months? (Please circle) YES NO
16. Do you desire coverage in a judicial capacity? (Please circle) YES NO Describe judicial position \_\_\_\_\_
17. Indicate the percentage of HOURS (in whole numbers) of practice devoted to the following areas: Total Hours Must Equal 100%

Administrative Law _____ %	Environmental _____ %	Securities Law: *** _____ %
Admiralty/Maritime _____ %	ERISA/Pension Plans _____ %	Bonds _____ %
Arbitration/Mediation _____ %	Estate Planning _____ %	Federal SEC _____ %
Banking/Financial Institutions _____ %	Estate/Probate/Trust _____ %	State _____ %
Bankruptcy _____ %	General Corporate/Business _____ %	Private Placements _____ %
BI/PI Defense _____ %	Immigration Law _____ %	School Law _____ %
BI/PI Plaintiffs * (includes cases you refer out and retain an interest) _____ %	Intellectual Property: ** Copyright/Trademark _____ %	Social Security _____ %
Civil Rights _____ %	Patent _____ %	Taxation (Corporate) _____ %
Collection _____ %	International Law _____ %	Taxation (Individual) _____ %
Commercial Litigation Defense _____ %	Labor Relations _____ %	Tax Opinions _____ %
Commercial Litigation Plaintiff _____ %	Medical Malpractice Defense _____ %	Tax Preparations _____ %
Class Action/Mass Torts/Defense _____ %	Medical Malpractice Plaintiff * _____ %	Traffic _____ %
Class Action/Mass Torts/ Plaintiff* _____ %	Municipal/Local Government _____ %	Worker Comp Defense _____ %
Communication _____ %	Oil, Gas and Mining _____ %	Worker Comp Plaintiff _____ %
Construction Law _____ %	Product Liability Defense _____ %	Other (over 5% specify) _____ %
Corp. Mergers/Acq'n's _____ %	Product Liability Plaintiff * _____ %	_____ %
Corporation Formation _____ %	Public Utilities _____ %	_____ %
Criminal _____ %	Real Estate _____ %	
Domestic Relations _____ %	Commercial _____ %	
Entertainment _____ %		

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\*\*\*Complete Securities Supplement

18. List Lawyers' professional liability insurance carried for each of the past years. **Include Month, Date and Year.**  
**IF NO COVERAGE, STATE NO COVERAGE.**

(a) Effective	From ___/___/___	From ___/___/___	From ___/___/___	From ___/___/___	From ___/___/___
(b) Expiration	To ___/___/___	To ___/___/___	To ___/___/___	To ___/___/___	To ___/___/___
(c) Law Firm Insured	_____	_____	_____	_____	_____
(d) Insurance Company	_____	_____	_____	_____	_____
(e) Limits of Liability	_____	_____	_____	_____	_____
(f) Deductible	_____	_____	_____	_____	_____