



The Bar Plan Mutual Insurance Company
Application for Part-Time Lawyers'
Professional Liability Insurance

IMPORTANT NOTICE:

Submitted By:
Agency:
Address:
Agency/Broker License #:
Phone Number:

- 1. Fully answer all questions.
2. Complete and sign supplements referenced in questions 16, 17, 18, & 20 if applicable.
3. Provide a sample of current letterhead.
4. All forms must be signed and dated.

PLEASE NOTE:

This PART-TIME Lawyers' Professional Liability Policy is designated specifically to cover non-employer related liability resulting from legal services performed on a part-time basis by Corporate, Bank, State, and Federal Employees, etc.

This policy is not available to lawyers employed by a law firm or self-employed lawyers whether in a law-related business or not. Only lawyers who spend 25 percent or less of their total hours worked per week, providing part-time legal services are eligible.

COVERAGE DOES NOT APPLY TO THE FOLLOWING AREAS OF PRACTICE:

(Coverage for these areas of practice can be obtained under a full-time policy)

- a) Patent
b) Oil and Gas
c) Corporate Taxation and/or Tax Shelter Formations
d) ERISA
e) State or Federal Securities
f) BI/PI Plaintiff
g) Banking/Financial Institutions

PRIOR ACTS COVERAGE IS LIMITED TO PART-TIME PRACTICE.

APPLICANT INFORMATION:

1. Name of Applicant:
2. Home Address:
County:
3. Home Phone Number: Facsimile Number:
4. Year Admitted to Primary Bar: 5. Social Security #:
6. Email Address:
7. Applicant's Employer:
8. Employer's Business Phone Number:
9. Employer's Address:

10. Nature of Employer's Business: _____

11. Date of Hire by Employer: _____

12. List Lawyers' Professional Liability insurance carried for each of the past 5 years. **IF NONE, STATE NONE.**

Effective From ___/___/___ From ___/___/___ From ___/___/___ From ___/___/___ From ___/___/___

Expiration To ___/___/___ To ___/___/___ To ___/___/___ To ___/___/___ To ___/___/___

Law Firm

Insured _____

Insurance

Company _____

Limits of

Liability _____

Deductible _____

13. Indicate the approximate percentage of **HOURS** of practice devoted to the following:

Total hours must equal 100%.

_____% **Arbitration/Mediation**

_____% **Estate/Probate/Trust**

_____% **Municipal/Local Government/Judicial**

_____% **All Other Areas, please specify** _____

EFFECTIVE DATE REQUESTED: _____

COVERAGE OPTIONS

14. **Please check Limit(s) of Liability desired. Limits include indemnity and claim expense.**

\$100,000/ 300,000 _____ \$1,000,000/2,000,000 _____ \$3,000,000/3,000,000 _____ \$10,000,000/10,000,000 _____

\$250,000/ 750,000 _____ \$1,000,000/3,000,000 _____ \$4,000,000/4,000,000 _____

\$500,000/1,500,000 _____ \$2,000,000/3,000,000 _____ \$5,000,000/5,000,000 _____

Deductible is limited to: \$ 1,000

Do you desire a quote: () With First Dollar Defense * () Without First Dollar Defense

*First Dollar Defense means: The Insured is responsible for the payment of the deductible only if an indemnity payment is made

15. Are you or have you ever been an owner, officer, director, partner, associate, member or employee of a law firm within the past 10 years? () Yes () No

If Yes, designate the name of the firm and date of association.

NAME OF FIRM

DATES OF ASSOCIATION

_____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____

16. Have you been the subject of a reprimand or disciplinary action or refused admission to the bar by any bar association, court or administrative agency? Yes No
17. During the past 5 years, has any professional liability claim or suit been made against you? Yes No
18. Do you have knowledge of any incident, circumstance, act, error or omission which may give rise to a claim? Yes No

If Yes, to questions 16, 17 or 18 please complete Claim, Bar Complaint and Incident Form TBP-14 for each

19. Do you utilize engagement and non-engagement letters? Yes No
20. Are you an owner in whole or in part, employee, director or partner of any organization other than that of the applicant law firm which is a client of the firm? Yes No

If Yes, please complete Outside Interest Supplement Form TBP-17

21. Which of the following Conflict of Interest Avoidance Systems do you utilize?

- Single Index File Computerized Other, Please describe
 Multiple Index File None _____

a) Does your index note:

- Client Name & Related Parties Opposing Party
 Opposing Counsel Matter Description

b) Upon identifying an actual or potential conflict, do you have a procedure which requires you to always obtain written consent from the client before proceeding further with the representation? Yes No

22. Which of the following Time/Docket Control procedures do you 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:

- Statues of Limitations Appointments
 Procedural Deadlines File Review Frequency

23. Have you sued for fees in the past 12 months? Yes No

a) Do you have a procedure which requires critical review of the matter prior to bringing suit over legal fees owed? Yes No

b) Do you have a policy to participate in Fee Dispute Resolution Programs, whenever possible, prior to bringing suit over legal fees owed? Yes No

24. Have you attended a Risk Management or Ethics seminar within the past 12 months? Yes No

25. Do you desire coverage as a title agent? Yes No

26. Do you desire judicial coverage? Yes No

27. Does the firm provide any legal services to any entity which is in the business of providing pro se legal services to individuals or entities? Yes No

If "Yes" on separate attachment describe in detail the type of legal services provided to such entity

NOTICE TO APPLICANT - PLEASE READ CAREFULLY:

REPRESENTATION: Applicant represents that the statements and information contained herein are true and that Applicant has not suppressed or misstated any facts. 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 date of inception 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 charges.

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 of the policy unless Applicant exercises the options available in the policy for Extended Reporting Coverage.

Signature of Applicant*: _____ 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.

IMPORTANT REMINDER

TO AVOID LOSS OF COVERAGE IT IS IMPERATIVE THAT ALL KNOWN CIRCUMSTANCES, ACTS, ERRORS 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.