LAWYERS MUTUAL | LIABILITY INSURANCE COMPANY OF NORTH CAROLINA

1001 Winstead Drive, Suite 285 | Cary, North Carolina 27513
919.677.8900 | 800.662.8843 | www.lawyersmutualnc.com

New Business Application for Lawyers Professional Liability Insurance

This application is for a claims-made and reported policy. Please read your policy carefully.

Applicant Firm Information (attach all letterheads used by the firm)

1. Full name of firm or individual: _____
2. Mailing address: _____
3. Physical address (if different than above): _____
4. Secondary location address: _____
5. Does the firm have any additional secondary locations? Yes ☐ No ☐ If yes, list on additional sheet.
6. Telephone: _____ Facsimile: _____ Website: _____
7. Policy Contact name and email address where we may send reissue documents, policy documents and invoices. All policy documents and correspondence will be sent via email to the below address. Check here to continue receiving paper copies instead. ☐

Name: _____ Email: _____

8. Claim Contact name and email address for primary contact on coverage confirmation, settlements and claim closing information:

Name: _____ Email: _____

Applicant Lawyer Information

9. Complete for all full-time and part-time lawyers (e.g., Partners, Associates and Employed Lawyers), including Of Counsel, Independent Contractors and Contract Lawyers. Attach additional sheet, if needed.

Name	Date of Birth	Hours/Week	NC License: Year - Bar #	Other Licenses: State - Year - Bar #	Work Email

10. Does any applicant lawyer solicit and/or represent clients in matters or handle cases in states other than North Carolina?
Yes ☐ No ☐ If yes, please complete the following section.

Name	State(s)	Number of Clients or Cases	Type of Legal Services or Area of Practice	Percent of Firm's Total Revenue
				0.00%
				0.00%

11. Is any applicant lawyer a Partner, Associate, Employed Lawyer, Of Counsel, Independent Contractor or Contract Lawyer of a law firm other than the applicant firm?
Yes ☐ No ☐ If yes, list applicant lawyer name, law firm and hours/week.

_____

12. Is any applicant lawyer an Independent Contractor, Contract Lawyer or Employee of any other entity not listed above?
Yes ☐ No ☐ If yes, list applicant lawyer name, employer, nature of employment and hours/week.

_____

13. Does anyone employed by the firm provide professional or business services other than legal services?
Yes ☐ No ☐ If yes, list applicant lawyer name, services provided and hours/week.

_____

14. State the number of non-lawyer employed staff: _____ (of which _____ are NCCPs)

General Firm Information

15. Indicate the firm's approximate gross billings or gross receipts (revenue) for the 12 months preceding this application: $ _____
If no billing history, N/A.

16. Estimate the percentage of the firm's gross billings or gross receipts (revenue) during the next 12 months:

Area of Practice	%	Area of Practice	%	Area of Practice	%
Administrative/Regulatory				If any percentage below, complete supplemental application.	
Antitrust/Trade Regulation		**DEFENSE/INSURANCE**			
Arbitration/Mediation		Bodily Injury			
Banking/Financial Institution		Class Action/Mass Torts		**Estates & Trusts**	
Bankruptcy/Creditor		Medical Malpractice			
Bankruptcy/Debtor		Product Liability		**Intellectual Property**	
Bonds		Workers' Compensation			
Collections				**Mergers & Acquisitions**	
Construction Litigation		**PLAINTIFF (complete supplement)**			
Corporation		Bodily Injury		**Real Estate Transactions**	
Criminal		Class Action/Mass Torts		Commercial/Development	
Elder		Medical Malpractice		Residential	
Employee Benefit Plans/ERISA		Product Liability			
Employment		Workers' Compensation		**Securities**	
Entertainment/Sports				Exempt/Private Placement	
Environmental		**Provide Details***		Federal/Public Filings	
Family		Litigation Other			
Foreclosure		Real Estate Other			
General Business Litigation		Securities Other			
General Business Transactions		Other			
Guardian ad Litem					
Immigration					
International					
Juvenile					
Municipal					
Social Security Disability					
Taxation				**TOTAL: (must equal 100%)**	0

*Describe the 'Other' area of practice below, on space provided on page 3 or attach additional sheet.

Risk Management

17. Does any applicant lawyer share any of the following with any firm(s) or lawyer(s) not listed on this application?
Office Space ☐ Letterhead ☐ Staff ☐ If yes, provide the name of the firm(s) or lawyer(s). No to all. ☐

18. If you are a sole practitioner, do you have a backup lawyer in the event of an extended absence?
Yes ☐ No ☐ If yes, list the name and address of the backup lawyer for your practice.

19.

Are the following in effect:	Yes	No	Does the firm always use:	Yes	No
Docket Control & Backup	☐	☐	Engagement Letters	☐	☐
Conflict of Interest	☐	☐	Non-Engagement Letters	☐	☐
Lawyer Monitored Deadlines	☐	☐	Disengagement Letters	☐	☐

Engagement letters should define the client, scope of representation, and fee structure/billing arrangement. Sample forms can be found in the Risk Management Practice Guides section of our website.

20. How many lawsuits for the collection of fees owed to the firm for legal services have been filed in the past year? _____

21. Describe the firm's procedure for identifying potential conflicts of interest. _____

22. Does the firm anticipate deriving 50% or more of its revenue from four or fewer clients?
Yes ☐ No ☐ If yes, provide details including percentage for each client and area of practice.

23. Does any applicant lawyer have an ownership interest in any client of the firm, excluding publicly traded companies?*
Yes ☐ No ☐ If yes, provide name of client, the percentage of ownership interest and services provided.

*Please refer to Exclusion (i) of the Insuring Agreement.

Grievances, Claims And Prior Insurance

QUESTIONS 24-30 SHOULD BE ANSWERED INDIVIDUALLY FOR EACH APPLICANT LAWYER LISTED UNDER ITEM 9.

24. Has any applicant lawyer been refused admission to practice, reprimanded, disbarred or suspended (including voluntary suspension) by any court or State Bar during the past five years?
Yes ☐ No ☐ If yes, attach a detailed explanation.

25. Has any applicant lawyer been convicted of a felony or a crime involving moral turpitude during the past five years?
Yes ☐ No ☐ If yes, attach a detailed explanation.

26. Is any applicant lawyer aware of a grievance filed, or sanction awarded against them, with any court, administrative agency, State Bar or other regulatory body during the past five years?
Yes ☐ No ☐ If yes, attach documentation, including any final orders. If previously submitted, provide grievance number or complainant's name.

27. Is any applicant lawyer aware of any claim(s) or suit(s) made against the firm or any of its predecessors in business, or any of the past or present partners or employed lawyers during the past five years?
Yes ☐ No ☐ If yes, attach documentation. If previously submitted, provide Lawyers Mutual claim number(s) or client/claimant's name.

28. Is any applicant lawyer aware of any circumstance, act, error, omission or offense which may result in a claim being made against the firm or any of its predecessors in business, or any of the past or present partners or employed lawyers, that has not been reported above (question 27), regardless of whether any such claim would be meritorious?
Yes ☐ No ☐ If yes, attach documentation. If previously submitted, provide Lawyers Mutual claim number(s) or client/claimant's name.

29. Has any application for similar insurance on behalf of the applicant firm, any of its predecessors in business, or any applicant lawyer proposed for this insurance, been declined or cancelled, or has renewal of such insurance been refused or premium surcharged for any reason?
Yes ☐ No ☐ If yes, attach a detailed explanation.

30. If any, list previous employer or law firm, insurance carrier, limits, deductible, premium, and effective dates for the last 5 years beginning with immediate prior coverage and working backwards.

Additional Information For Any Question (or attach additional sheet)

Limits Of Liability And Deductible

Select boxes for coverage options. Your quote will reflect the coverage options available to the firm.*

Limits Of Liability Per Claim/Aggregate				Deductible			
$100,000/300,000	☐	$1,000,000/3,000,000	☐	$1,000	☐	$7,500	☐
$200,000/600,000	☐	$2,000,000/2,000,000	☐	$2,000	☐	$10,000	☐
$250,000/750,000	☐	$2,000,000/4,000,000	☐	$2,500	☐	$15,000	☐
$500,000/500,000	☐	$3,000,000/3,000,000	☐	$3,000	☐	$20,000	☐
$500,000/1,000,000	☐	$4,000,000/4,000,000	☐	$4,000	☐	$25,000	☐
$1,000,000/1,000,000	☐	$5,000,000/5,000,000	☐	$5,000	☐	Other: _____	☐
$1,000,000/2,000,000	☐	Other: _____	☐				

* Sole practitioners are generally limited to deductibles of $5,000 or lower.
* Limits and deductibles are subject to underwriting approval. All limit and deductible combinations may not be quoted.

Cyber Insurance

Do you currently have cyber insurance? Yes ☐ No ☐ If yes, Carrier's Name _____

Are you interested in receiving a customized cyber insurance quote? By checking yes, we will share information obtained from your Professional Liability Insurance application with Lawyers Mutual's subsidiary, Lawyers Insurance Agency. They will be in contact with you regarding your quote.

Yes ☐ No ☐

Certification

The person signing this application certifies that he/she has asked every lawyer in the firm, administrators or other persons in charge of firm administration, all questions and received an answer from every lawyer, administrators or other persons in charge of firm administration, prior to signing this application.

Yes ☐ No ☐

On behalf of the applicant(s), I/we hereby declare that the foregoing statements and particulars are true and I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the contract with Lawyers Mutual (the Company); and it is agreed that all representations contained herein are material as a matter of law, and that I/we will immediately notify the Company, said representations being deemed continuing, of any change in facts occurring prior to the effective date of any insurance policy and the Company reserves the right to modify or withdraw any quote or pending policy.

On behalf of the applicant(s), I/we hereby authorize any State Bar, Bar Association, my/our present and prior professional liability insurance carriers or any other sources, to release to the Company any claims, underwriting or other information having a bearing upon my/our acceptability as a professional liability insurance risk, and agree and consent to the Company conducting whatever underwriting investigation it deems necessary in order to determine my/our insurability.

It is understood that this is an application for insurance and not an insurance binder. Any misstatement made in this application could invalidate any policy issued on the basis of this application.

_____ _____
Full name of firm or individual Date

_____ _____
Signature Print Name

Requested Effective Date: _____