

# Medmarc Casualty Insurance Company PROMARC® Preferred Lawyers Application

This is an Application for a claims made Errors & Omissions Insurance Policy

Notice to the Applicant: This is an application for a "Claims Made and reported" policy. Subject to all its terms, conditions, exclusions, and Limits of Liability, the policy provides insurance coverage only for Claims arising out of the rendition of Professional Services which are first made against the Insured and reported in writing to the Company during the Policy Period or any Extended Reporting Period.

The Limits of Liability under the policy will be reduced, and may be exhausted, by any Claims Expenses, as defined in the policy, that are paid by the Company on behalf of an Insured.

**Instructions:** Please answer all questions completely on this application. Type or print answers clearly. If there is insufficient space to complete an answer, continue on the last page of this application or on a separate sheet and indicate the applicable question number. If any questions are considered "not applicable," please explain why the question is not applicable unless the reason is readily apparent. This application and all supplemental applications must be signed and dated by a principal of the firm. "Principal" means any partner, officer or owner of Applicant. "Applicant" means any entity or any individual for whom coverage is requested.

**ATTACH A COPY OF THE APPLICANT'S CURRENT LETTERHEAD FOR ALL OFFICES.**

1. Applicant Information:

Applicant Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Web Site URL: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Mailing address of principal office:

\_\_\_\_\_  
County of principal office: \_\_\_\_\_

Branch offices (include no. of attorneys in each):

2. Type of Firm: Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ LLP/LLC \_\_\_\_\_ PC \_\_\_\_\_ Other (specify) \_\_\_\_\_

- If Applicant is a single attorney firm please provide the following information for the attorney who would be responsible for your practice if you were unable to work for an extended period of time. (Please note: Attorneys applying for this insurance must be engaged in the private practice of law and not be employed full-time for any other entity.)

- Name of back-up attorney: \_\_\_\_\_
- Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_
- Current professional liability insurer: \_\_\_\_\_

3. Date Applicant firm established: \_\_\_\_\_

4. List the names of all Predecessor Firms of applicant:

**"Predecessor Firm" means any attorney, law firm or professional corporation engaged solely in the practice of law to whose the Named Insured retains 51% or more of the attorneys.**

Name of Predecessor Firm	Date Established	% of Attorneys that are Members of Applicant Firm	Did Firm Dissolve, Change Name or Form, or Continue to Exist?	Last Known Professional Liability Carrier	Predecessor Firm's Retroactive Date

5. Please provide the following information for each attorney in your firm:

Attorney's Name	Status**	Hours worked per week <sup>+</sup>	M/D/Y joined this firm	M/D/Y admitted to Bar	DOB	Primary AOP	Prior Acts Date

\*\* P=owner, shareholder, partner, officer or director, E=associate or employed attorney, PT=Part-Time employed attorney, OC=of counsel, IC=Independent Contract or per diem attorney

<sup>+</sup> Required for Of Counsel, per diem, contract, and part time attorneys to indicate hours worked on behalf of Applicant

**NOTE: All Independent Contract, Of Counsel, and Per Diem attorneys must be listed to be considered for coverage.**

(If more space is needed please use the PROMARC Attorney Roster Addendum or provide the above information for the additional attorneys on firm letterhead).

<b>Summary number of personnel for all offices:</b>					
Number of:	Principals	Associates or employed attorneys	Of Counsel/ Contract/Per diem	Paralegals/ Law Clerks	Other Support Staff

6. Firm Areas of Practice: (Please indicate percentage of time devoted to the following areas of practice.)

Area of Practice	Current	Projected	Area of Practice	Current	Projected
Administrative/Social Security			Litigation		
Admiralty/Marine			**PI/PD Plaintiff		
Antitrust/Trade Regulation			PI/PD Defense		
Bankruptcy			Commercial – Plaintiff		
Business/Commercial			Commercial – Defense		
Collections			Ins. Co. Defense/Representation		
Communications			Workers Compensation –		
Construction			Workers Compensation –		
Corp./Business Organization			**Civil Rights/Discrimination		
Formation/Alterations			Other Plaintiff _____		
Mergers & Acquisitions			Other Defense _____		
Secured Transactions			Arbitration/Mediation		
Administrative/Record Keeping			**Pension/Employee Benefits		
Criminal			** Real Estate		
Elder Law			Residential		
**Energy/Natural Resources			Commercial		
**Entertainment/Sports			Foreclosure/Repossession		
Estate, Trust and Probate			Title Work		
Family/Domestic			**Securities		
Custody/Child Support			Tax		
Divorce			Personal Tax Returns		
Adoption			**Personal Tax Opinions		
Other			Corporate Tax Returns		
** Financial Institutions			**Corporate Tax Opinions		
**Government/Municipal			**Utilities		
**Healthcare			Other (describe):		
Immigration/Naturalization					
**Intellectual Property					
International					
Labor Relations – Union					
Labor Relations – Management			<b>TOTAL (must be 100%):</b>		

(\*\*If any of your current or projected areas of practice fall into these categories please be sure to complete the appropriate supplemental questions found in the PROMARC<sup>®</sup> Supplemental Application.)

7. Have Applicant's areas of practice varied more than 10% per year within the past 2 years?  
If yes, please provide details on firm letterhead. Yes \_\_\_\_\_ No \_\_\_\_\_
8. Indicate Applicant's gross revenues for the current fiscal year : \$ \_\_\_\_\_ past fiscal year: \$ \_\_\_\_\_
9. Does any attorney or non-attorney employee, or has any attorney or non-attorney employee in the past 10 years, provided services, or held a license as a securities dealer, registered representative, CPA, Financial Planner, Real Estate Agent or Broker? If yes, provide full details on firm letterhead. Yes \_\_\_\_\_ No \_\_\_\_\_
10. Does Applicant accept cases where the cause of action arises and is adjudicated outside Applicant's local jurisdiction (i.e. in another state)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, does Applicant refer such cases to local counsel? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Does Applicant provide investment advice to any clients? If yes, please provide details on firm letterhead. Yes \_\_\_\_\_ No \_\_\_\_\_
12. Is Applicant involved in Speculative Real Estate? (Speculative real estate means representation of developers or principals in their endeavors to attract investors. Services include the preparation of promotional documents, procuring potential investors on behalf of the developer or principal, and similar services.) If yes, please provide details on firm letterhead. Yes \_\_\_\_\_ No \_\_\_\_\_
13. In the past 10 years, has Applicant represented any financial institution? If yes, please complete a PROMARC® Financial Institutions Supplement. Yes \_\_\_\_\_ No \_\_\_\_\_
14. Does Applicant have any single client or group of related clients which produce more than 25% of total gross billings in the past 24 months? If yes, please indicate on letterhead percentage of gross billings, name of client, business activities of client, and services provided on behalf of client. Yes \_\_\_\_\_ No \_\_\_\_\_
15. a) In the past 24 months, how many suits has Applicant filed against clients for unpaid legal fees? If any, provide full details on Fee Dispute Supplement. \_\_\_\_\_
- b) Disposition of suits: #Open: \_\_\_\_\_ #Closed in favor of firm: \_\_\_\_\_ #Closed in favor of client: \_\_\_\_\_
16. In the past five years, has Applicant accepted client securities or other forms of compensation in lieu of fees? If "yes" please provide full details on firm letterhead. Yes \_\_\_\_\_ No \_\_\_\_\_
17. a) Does Applicant share office space with any other lawyer? Yes \_\_\_\_\_ No \_\_\_\_\_
- b) If yes, is letterhead shared? Yes \_\_\_\_\_ No \_\_\_\_\_
- c) What staff, if any, is shared? \_\_\_\_\_
- d) How is the phone answered? \_\_\_\_\_

**Controls (All firms)**

18. Does Applicant have written personnel procedures and guidelines regarding vacation time, absences, performance reviews and employee complaints? Yes \_\_\_\_\_ No \_\_\_\_\_
19. a) Which of the following are incorporated in Applicant's docket control system?  
 \_\_\_single calendar \_\_\_dual calendar \_\_\_Master Listings \_\_\_Tickler system \_\_\_computer system  
 \_\_\_verification of completion of events \_\_\_provisions for accident or illness \_\_\_Immediate entry of all dates
- b) How frequently are deadlines cross-checked? Daily \_\_\_ Weekly \_\_\_ Monthly \_\_\_
- c) Does the system produce a daily or weekly calendar? Yes \_\_\_\_\_ No \_\_\_\_\_
20. a) Does Applicant maintain a system to avoid potential conflicts of interest? Yes \_\_\_\_\_ No \_\_\_\_\_  
 \_\_\_oral/memory \_\_\_computer \_\_\_index file \_\_\_conflict committee
- b) Indicate the items captured by this system:  
 \_\_\_client name \_\_\_clients principals \_\_\_client subsidiaries \_\_\_opposing party \_\_\_opposing counsel  
 \_\_\_related individuals \_\_\_other \_\_\_\_\_ \_\_\_Predecessor firm conflict information

21. For what percentage of matters does Applicant:
- a) when accepting a representation, send an engagement letter? \_\_\_\_\_ %
- b) when declining a representation, send a non-engagement letter \_\_\_\_\_ %
- c) when ceasing a representation, send a disengagement letter? \_\_\_\_\_ %
22. Where Applicant provides legal services, does Applicant have a policy forbidding its attorneys from participating as a partner, officer, or director in any entity other than Applicant? (If special circumstances exist as to why the firm does not have such a policy please explain on letterhead.) Yes \_\_\_\_\_ No \_\_\_\_\_

**Controls (firms with 10 or more full time attorneys)**

23. Does Applicant have a full time Office Manager? Yes \_\_\_\_\_ No \_\_\_\_\_
24. Does Applicant have a Management/Executive Committee? If yes, answer the following: Yes \_\_\_\_\_ No \_\_\_\_\_
- a) How many members comprise such committee? \_\_\_\_\_
- b) How often does such committee meet? \_\_\_\_\_
25. Does Applicant have a formal training program for attorneys joining the firm? Yes \_\_\_\_\_ No \_\_\_\_\_
26. Does Applicant undergo internal (risk management) audits on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_
27. Are CPA-audited financial statements produced on at least a yearly basis? Yes \_\_\_\_\_ No \_\_\_\_\_

**Outside Interests**

28. In the past five years has any attorney proposed for this coverage served or does any attorney proposed for this coverage currently serve as director, officer, trustee or partner of any entity which is or was a client at the time of service? If yes, please complete a PROMARC® Outside Interests Supplement. Yes \_\_\_\_\_ No \_\_\_\_\_
29. In the past five years has any attorney proposed for this coverage held an equity or financial interest in a client? If yes, please complete a PROMARC® Outside Interests Supplement. Yes \_\_\_\_\_ No \_\_\_\_\_
30. Is any attorney proposed for this coverage an employee of any organization, entity or governmental body other than Applicant? If yes, please provide details on firm letterhead. Yes \_\_\_\_\_ No \_\_\_\_\_
31. Is any attorney proposed for this coverage engaged in any professional/business activities other than the private practice of law? If yes, please provide details on firm letterhead. Yes \_\_\_\_\_ No \_\_\_\_\_

**Claims and Disciplinary**

32. During the past five years has any attorney proposed for this coverage been the subject of a disciplinary complaint, or been investigated, disciplined, reprimanded, sanctioned, suspended from practice, refused admission to practice, or disbarred by any court, administrative agency or bar association? If yes, please provide full details on firm letterhead. Yes \_\_\_\_\_ No \_\_\_\_\_

33. During the past five years, has any professional liability claim been made against Applicant or any past members of the firm or Predecessor Firm? **If yes, please complete a PROMARC® Claim/Incident Supplement.** Yes \_\_\_\_\_ No \_\_\_\_\_
34. At this time, does Applicant know of any act, omission or circumstance that could reasonably give rise to a professional liability claim against any of the following: the firm, any past or present attorneys in the firm, or any Predecessor Firm? **If yes, please provide full details on firm letterhead.** Yes \_\_\_\_\_ No \_\_\_\_\_
35. Have all claims, potential claims and incidents been reported to the firm's current or former professional Liability insurer? **If no, why haven't they been reported? Please provide details on firm letterhead.** N/A \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

**Employment Practices Questionnaire**

36. During the past five years have any claims for wrongful termination, employment discrimination or violation of any law or ordinance pertaining to employee benefits for any employee been made against Applicant? **If yes, please provide details on letterhead.** Yes \_\_\_\_\_ No \_\_\_\_\_
37. Does Applicant know of any act, omission or circumstance that could reasonably give rise to a claim for wrongful termination, employment discrimination or violation of any law or ordinance pertaining to employee benefits for any employee against the firm, any predecessor in business, or any past or present attorney(s) in the firm? **If yes, please provide details on firm letterhead.** Yes \_\_\_\_\_ No \_\_\_\_\_
38. During the past five years, has there been any grievance proceeding or other administrative hearing before any federal or state commission, board, or agency, brought against Applicant in connection with the violation of any civil rights law or act or labor relations law or act concerned with employment discrimination? **If yes, please provide details on firm letterhead.** Yes \_\_\_\_\_ No \_\_\_\_\_
39. Does Applicant know of any act, omission or circumstance that could reasonably give rise to a grievance proceeding or other administrative hearing before any federal or state commission, board, or agency, in connection with the violation of any civil rights law or act or labor relations law or act concerned with employment discrimination against the firm, any predecessor in business or any past or present attorney(s) in the firm? **If yes, please provide details on firm letterhead.** Yes \_\_\_\_\_ No \_\_\_\_\_

**Past Insurance**

40. Provide Applicant's insurance history for the last three years:

Policy Period (MDY to MDY)	Carrier	Limits (per claim/agg)	Deductible (per claim or agg)	No. of attorneys	Premium

41. With respect to Lawyers Professional Liability insurance, has any attorney proposed for this insurance been cancelled, declined, non-renewed, or received notice of non-renewal? **If yes, please provide details on firm letterhead.** Yes \_\_\_\_\_ No \_\_\_\_\_
42. Does Applicant's current policy contain any endorsement that restricts or modifies coverage (other than a prior acts endorsement)? **If yes, please attach a copy of any such endorsement(s).** Yes \_\_\_\_\_ No \_\_\_\_\_
43. a) Effective date of first professional liability policy covering Applicant \_\_\_/\_\_\_/\_\_\_  
 b) Has your firm, predecessor firms, or any individual members of your firm ever purchased an Extended Reporting Period ("ERP")? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, effective date if ERP \_\_\_/\_\_\_/\_\_\_ Term of ERP \_\_\_\_\_
44. What is your current policy's retroactive date \_\_\_/\_\_\_/\_\_\_ (Provide copy of current Declarations Page and Prior Acts endorsements, if any)

**Quotations requested:**

		<u>Yes</u>	<u>No</u>
Limits:	Deductible: _____	Loss Only Deductible? * _____	_____
100/300 _____	1,000 _____	Claims expenses outside limits? * _____	_____
250/250 _____	2,500 _____	*if available	
250/500 _____	5,000 _____		
500/500 _____	7,500 _____		
500/1M _____	10,000 _____		
750/750 _____	15,000 _____		
1M/1M _____	20,000 _____		
1M/2M _____	25,000 _____		
2M/2M _____	50,000 _____		
3M/3M _____	Other: _____		
Other: _____	_____		

**Additional Details**

Please Indicate Question Number

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**IMPORTANT WARNINGS**

**Colorado** – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Florida** – Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**Kentucky** – 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, commits a fraudulent insurance act, which is a crime.

**New York** – 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, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio** – Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma** – Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania** – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Tennessee** – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Applicant hereby declares that the above statements and particulars are true and that Applicant has not omitted, suppressed or misstated any material facts and Applicant agrees that this application and all supplements thereto shall be the basis of the contract with the Company and that this application and supplements shall be incorporated into that contract. Applicant further agrees that it has a continuing obligation to report to the Company any material change in the circumstances of Applicant's practice of law, including the addition or deletion of attorneys, and any acts or circumstances that have given or may give rise to a claim.

It is understood and agreed that the completion of this application and supplements thereto does not bind the Company to issue nor Applicant to purchase insurance.

\_\_\_\_\_  
NAME OF FIRM

\_\_\_\_\_  
DATE OF APPLICATION

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_





**Real Estate:**

1. Title Work

Do you act as a title agent? Yes\_\_\_ No\_\_\_

If Yes, answer the following questions:

- a. What is the total number of title insurance policies issued in the past 12 months:\_\_\_\_\_
- b. What is the total commission income from all title policies issued in the past 12 months:\$\_\_\_\_\_
- c. After inquiry, is Applicant aware of any defect in title that was not reported in a title insurance policy issued by Applicant? Yes\_\_\_ No\_\_\_ If Yes, provide full details on a PROMARC Claim/Incident Supplement.
- d. After inquiry, is Applicant aware of any demand claim or suit made within the past five years against insured Applicant under a title insurance policy issued by Applicant? Yes\_\_\_ No\_\_\_  
If yes, provide full details on a PROMARC Claim/Incident Supplement

2. Do you require title agency coverage (available only for entities which are wholly owned by Applicant) Yes\_\_\_ No\_\_\_  
If Yes, complete a PROMARC Title Insurance Agency Questionnaire.

3. Residential Real Estate

- a. What is the total number of Residential transactions handled by the firm in the past 12 months:\_\_\_\_\_

4. Commercial Real Estate

- a. What is the total number of Commercial transactions handled by the firm in the past 12 months:\_\_\_\_\_
- b. What is the dollar value of the three largest commercial transactions handled by the firm in the past 12 months:  
1) \$\_\_\_\_\_ 2) \$\_\_\_\_\_ 3) \$\_\_\_\_\_

5. What % of Applicant's gross billings for the last year were derived from the following:

Residential closings _____	Commercial closings _____
Condo conversions _____	Escrow Agent _____
Landlord/Tenant _____	Syndication/Development _____

6. Is anyone in the firm involved in Speculative Real Estate? (Speculative real estate means representation of developers or principals in their endeavors to attract investors. Services include the preparation of promotional documents, procuring potential investors on behalf of the developer or principal, and similar services.)  
Yes\_\_\_ No\_\_\_  
If Yes, please provide a summary of such activities. Include % of gross billings from that activity.

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7. What % of gross billings for the last year were derived from:  
Limited Partnerships \_\_\_% Syndication Offerings \_\_\_%

8. Does anyone in the firm act in any role other than a legal representative? Yes\_\_\_ No\_\_\_

9. Does the firm offer advice or issue opinions on any matters related to zoning or environmental issues?  
Yes\_\_\_ No\_\_\_ If Yes, Please explain:

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**Energy/Natural Resources**

1. Please provide full description of energy/natural resources services:

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**Intellectual Property**

1. Indicate % for each of the following areas: Patent \_\_\_\_\_% Copyright \_\_\_\_\_% Trademark \_\_\_\_\_%

2. Describe the work performed in each area:

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**Fee Dispute**

For each suit filed against clients for unpaid legal fees filed in the past 24 months, provide the following information. If additional space is needed, continue on firm letterhead.

	Suit #1	Suit #2	Suit #3
Name of Client			
Date lawsuit filed			
Amount of claim			
Nature of underlying matter			
Status (open, closed in favor of client/firm, settled, etc.)			
Steps taken to avoid malpractice counterclaim			

**Entertainment/Sports**

Describe in detail services performed in these areas of law:

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**Securities or Utilities**

Describe in detail services performed in these areas of law:

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**Corporate/Personal Tax Opinions**

Describe in detail services performed in these areas of law:

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**Government/Municipal**

For each governmental entity represented, provide the following information. If additional space is needed, continue on firm letterhead.

Entity #1

Entity #2

	Entity #1	Entity #2
Name of Governmental Entity		
Name of attorney(s) providing services		
Describe Legal Services Provided		
Is/Are attorney(s) considered employees of Governmental entity? (Yes/No)		
Do attorney(s) seek Public Officials Coverage? (Yes/No)		
Describe attorney's involvement in Municipal Bond work on behalf of Governmental Entity:		

I understand information submitted herein becomes a part of my Professional Liability Application and is subject to the same representations and conditions.

\_\_\_\_\_  
AUTHORIZED PRINCIPAL OF APPLICANT

\_\_\_\_\_  
DATE

**Medmarc Casualty Insurance Company  
PROMARC® Preferred Lawyers Program**

**OUTSIDE INTERESTS SUPPLEMENT**

Name of Firm: \_\_\_\_\_

DESCRIPTION OF CLIENT		RELATIONSHIP TO APPLICANT					
NAME OF ENTITY	SPECIFIC NATURE OF BUSINESS	NAME OF ATTORNEY	POSITION	LEGAL SERVICES PROVIDED BY FIRM	% OF EQUITY INTEREST	\$ VALUE OF EQUITY or FINANCIAL INTEREST	DATE CLIENT RELATIONSHIP ESTABLISHED
			DATES				
			To				
			To				
			To				
			To				
			To				

I understand information submitted herein becomes a part of my Professional Liability Application and is subject to the same representations and conditions.

\_\_\_\_\_  
AUTHORIZED PRINCIPAL OF APPLICANT

\_\_\_\_\_  
DATE

# Medmarc Casualty Insurance Company

## PROMARC® Preferred Lawyers Program

### ADD ATTORNEY FORM

Firm Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

- This form is to be completed by the Insured for each new attorney joining the firm.
- If more than one attorney has joined the firm, complete a separate form for each new attorney.
- This form must be signed and dated by the new attorney and an owner, officer, partner or member of the firm.

1. Complete the following for the new attorney joining the firm:

Attorney Name	D/C*	Hours worked per week	Date of Birth (M/D/Y)	Bar Admission Date	Years in Practice	Date Joined Firm (M/D/Y)	Requested Prior Acts Exclusion Date**

\*\*If requested prior acts date pre-dates the date attorney joined firm, attorney must complete a PROMARC Career Coverage Questionnaire

Designation Codes (D/C):

- O Officers, Directors or Shareholders of the Corporation who are licensed as lawyers      P Partners of Partnership  
E Employed Lawyers (must be employee of applicant)      C Of Counsel, Contract or Per Diem  
PT Part-time Lawyers (must work less than 26 hours per week in the private practice of law solely on behalf of the applicant firm)

2. Provide employment history for the past three (3) years: \_\_\_\_\_

3. Has the new attorney or attorney's previous firm purchased an endorsement to extend the claims reporting period? (e.g., tail, extended reporting endorsement, ERP, etc.)      Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, indicate:

Effective Date of Endorsement: \_\_\_\_\_ Length of Reporting Period (indicate years or months): \_\_\_\_\_

4. Is the new attorney aware of any professional liability or employment practice related claim made against him or her in past five (5) years, or any incident, act, error, or omission which might reasonably be expected to be the basis of a claim or suit arising out of employment related activities or for his or her performance of professional services for others? If Yes, complete a PROMARC Claim/Incident Supplement for each claim or incident.      Yes \_\_\_\_\_ No \_\_\_\_\_

5. During the past five (5) years, has the new attorney had coverage declined, canceled or nonrenewed by any professional liability insurer? If Yes, provide full details on firm letterhead.      Yes \_\_\_\_\_ No \_\_\_\_\_

6. During the past five (5) years has the new attorney been investigated, disciplined, reprimanded, sanctioned, suspended from practice, refused admission to practice, or disbarred by any court, administrative agency or bar association? If Yes, provide full details on firm letterhead.      Yes \_\_\_\_\_ No \_\_\_\_\_

7. During the past ten (10) years, has the new attorney had any equity interest or served as director, officer, partner, general counsel, or member of any committee of any entity which is a past or present client? If Yes, complete PROMARC Outside Interest Supplement.      Yes \_\_\_\_\_ No \_\_\_\_\_

8. During the past five (5) years, has the new attorney practiced in any of the following areas of law: Securities, Bond work, Intellectual Property, Financial Institutions (Regulatory), International (other than immigration), Antitrust, ERISA? If Yes, provide full details on firm letterhead.      Yes \_\_\_\_\_ No \_\_\_\_\_

It is agreed that the information contained herein is true and deemed incorporated into the Lawyers Professional Liability Application. Signing this form and tendering premium does not bind Applicant or the Company to complete the insurance. The application must be signed to be considered for coverage.

Signature of Owner, Officer, Partner or Member \_\_\_\_\_ Date (Month/Day/Year) \_\_\_\_\_

Signature of Added Attorney \_\_\_\_\_ Date (Month/Day/Year) \_\_\_\_\_



# Medmarc Casualty Insurance Company

## PROMARC® Preferred Lawyers Application

### Title Agency

Name of Title Agency: \_\_\_\_\_

1. Is the Title Agency 100% owned by the Applicant firm? YES \_\_\_\_\_ NO \_\_\_\_\_

2. What is the total number of title insurance policies issued in the past 12 months: \_\_\_\_\_

3. Indicate Title Agency's gross revenues for the past 12 months? \$ \_\_\_\_\_

4. Indicate the number of employees of the Title Agency who are NOT considered employees of the Applicant Law Firm \_\_\_\_\_

5. After inquiry, is Applicant aware of any defect in title that was not reported in a title insurance policy issued by Applicant? YES \_\_\_\_\_ NO \_\_\_\_\_

- If YES, complete a PROMARC Claim/Incident Supplement

6. After inquiry, is Applicant aware of any demand, claim or suit made within the past five years against the Title Agency under a title insurance policy issued by the Title Agency? YES \_\_\_\_\_ NO \_\_\_\_\_

- If YES, complete a PROMARC Claim/Incident Supplement

7. Describe your procedures to address situations where closings proceed with a known defect in title:

\_\_\_\_\_

8. List the names of all Title Insurance Carriers for whom you act as Title Agent:	% of total Gross Revenues (from Q. 3. above):
a.	
b.	
c.	

9. Describe the steps you take to prevent the Title Agency and its client(s) from becoming victims of fraud in real estate transactions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
NAME OF APPLICANT FIRM

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED PRINCIPAL

\_\_\_\_\_  
DATE



**Medmarc Casualty Insurance Company**  
**PROMARC® Preferred Lawyers Program**  
**CLAIM/INCIDENT SUPPLEMENT**

*Please do not attach Summons and Complaint*

Name of Firm: \_\_\_\_\_

Full name of attorney(s) and the firm involved in the claim: \_\_\_\_\_

List any additional defendants: \_\_\_\_\_

Full name of potential/actual claimant(s) \_\_\_\_\_

Date of alleged error: \_\_\_\_\_

Date reported to the insurance company: \_\_\_\_\_

To what insurance company did you report this matter: \_\_\_\_\_

Did Carrier (check one): a) Defend \_\_\_\_\_ b) Defend under a reservation of rights \_\_\_\_\_ c) Disclaim Coverage \_\_\_\_\_

Is this an: Incident \_\_\_\_\_ Claim \_\_\_\_\_ Suit \_\_\_\_\_

Status: Open \_\_\_\_\_ Closed \_\_\_\_\_ If closed, please provide date closed: \_\_\_\_\_

Total damages paid: \$ \_\_\_\_\_

Total expenses paid: \$ \_\_\_\_\_

If open, Claim demand: \$ \_\_\_\_\_

Expenses paid to-date: \$ \_\_\_\_\_

Settlement offer: \$ \_\_\_\_\_

Insurer's reserves: Expense \$ \_\_\_\_\_ Indemnity \$ \_\_\_\_\_

Description of the representation and the alleged act, error or omission upon which a claim is/could be based.  
Please provide enough information to allow a clear understanding of the matter.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was this the result of an attempt to collect fees? Yes \_\_\_\_\_ No \_\_\_\_\_

What procedures have been implemented to prevent/deter a recurrence of a similar claim or incident?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED PRINCIPAL OF APPLICANT

\_\_\_\_\_  
DATE

**Medmarc Casualty Insurance Company  
PROMARC® Preferred Lawyers Program**

**CAREER COVERAGE QUESTIONNAIRE**

**Attorney Name** \_\_\_\_\_ **Policy No.:** \_\_\_\_\_

Any Applicant-attorney seeking Career Coverage who has been with the Applicant-firm for less than five years must complete this Questionnaire.

1. Date Applicant firm was established: \_\_\_\_\_
2. Please provide your employment history for the past five-year period. *(Include only information for firms/entities other than the Applicant-firm.)*

Firm/Entity	City, State	Dates of Employment	
		From	To
1.			
2.			
3.			

3. Please list your primary area(s) of practice or responsibility for the past five-year period:  
\_\_\_\_\_
4. Requested retroactive date: \_\_\_\_\_
5. Have you been covered by Lawyers Professional Liability insurance continuously and without gaps from the date of this Questionnaire back to the retroactive date indicated in question 4? Yes\_\_\_No\_\_\_ If no, provide an explanation on firm letterhead.
6. Within the last five-year period, are you aware of any claim or any incident, act, or omission which might reasonably be expected to be the basis of a claim or suit, arising out of "Professional Services" for others made against you or any partner, associate, co-counsel or other co-worker relating to a project, assignment, or case that you were involved in while working for any of the firms/entities listed in question 2 that has not already been disclosed?  
Yes\_\_\_No\_\_\_ If yes, please complete a PROMARC® Claim/Incident Supplement.
7. In the past five years, have you practiced in any of the following areas of law: Securities, Bond work, Intellectual Property, Financial Institutions (Regulatory), International (other than immigration), Antitrust, ERISA? Yes\_\_\_No\_\_\_ If yes, provide full details on firm letterhead.

I hereby declare that the above statements and particulars are true and that I have not omitted, suppressed or misstated any material fact(s).

It is understood and agreed that the completion of this questionnaire and supplements thereto does not bind the Company to issue or the Applicant to purchase insurance.

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date