



- NAVIGATORS INSURANCE COMPANY (NAV)
- NAVIGATORS SPECIALTY INSURANCE COMPANY (NSIC)

**Notice: This is an application for a "Claims-made" policy. Coverage for prior acts and claims made after termination of this policy may be restricted. Please read the policy carefully.**

## LAWYERS PROFESSIONAL LIABILITY – RENEWAL APPLICATION

Firm Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Inconsistencies between your firm's letterhead and this application, including attorney's named, address, other offices, etc., should be explained on a separate sheet of your firm's letterhead.

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

CURRENT	DESIRED
Limits: _____	Limits: _____
Deductible: _____	Deductible: _____
Policy # _____	Expiration Date of Current Policy: _____

**Complete the Schedule of Lawyers section on Page 4 of 5 and supply a current sample of firm letterhead.**

Number of:      \_\_\_\_\_ Attorneys                      \_\_\_\_\_ Of Counsel                      \_\_\_\_\_ Independent Contractors (lawyers)  
                          \_\_\_\_\_ Clerks                                      \_\_\_\_\_ Paralegals                      \_\_\_\_\_ Legal Secretaries  
                          \_\_\_\_\_ Law Clerks                                      \_\_\_\_\_ Office Administrator                      \_\_\_\_\_ Other

1. Has the firm's name changed? . . . . .  YES  NO  
*If yes, complete Predecessor Firms section on Page 4 of 5.*
2. Has the firm assumed, by merger or acquisition, the liabilities of another lawyer or law firm? . . . . .  YES  NO  
*If yes, complete Predecessor Firms section on Page 4 of 5.*
3. In the last 12 months has the firm opened, closed or made staff changes to any office locations? . . . . .  YES  NO  
*If yes, please provide a detailed narrative.*
4. In the last 12 months, how many attorneys have joined the firm? \_\_\_\_\_ Departed from the firm? \_\_\_\_\_
5. What was the firm's revenue for the past 12 months? \$ \_\_\_\_\_
6. In the past 12 months, has the firm made any changes to its docket/calendar systems, conflict procedures or usage of client communication letters? . . . . .  YES  NO  
*If yes, please provide a detailed narrative.*
7. In the past 12 months, has the firm or any attorney in the firm:
  - a. Handled the issuance, offering, or sale of securities or bonds? . . . . .  YES  NO
  - b. Served as a Director, Officer, Trustee, Partner, or Employee or had an ownership interest in any entity? . . . . .  YES  NO
  - c. Had a financial interest or any outside interest in any entity? . . . . .  YES  NO
  - d. Maintained an equity interest in a Title agency? . . . . .  YES  NO
  - e. Handled class action or mass tort litigation? . . . . .  YES  NO
  - f. Served as regulatory, advisory or general counsel to a financial institution? . . . . .  YES  NO
  - g. Served as a board member or participated in a loan committee for a financial institution? . . . . .  YES  NO
  - h. Been the subject of a bar complaint or disciplinary action? . . . . .  YES  NO

***If yes to any of the foregoing, please complete all applicable supplements.***

8. Has the firm shared with another firm:

- a. Office Space? . . . . .  YES  NO  
 b. Letterhead? . . . . .  YES  NO

- c. Support Staff? . . . . .  YES  NO  
 d. Cases?. . . . .  YES  NO

**If yes to any of the foregoing, please provide a detailed narrative.**

9. Has the firm acted as:

- a. Co-Counsel? . . . . .  YES  NO  
 b. Local Counsel? . . . . .  YES  NO

- c. Pro Hac Vice Counsel? . . . . .  YES  NO  
 d. Referring attorney? . . . . .  YES  NO

**If yes to any of the foregoing, please provide a detailed narrative.**

10. Please complete the following chart for your five largest clients based upon either your:

- Gross Revenue       Billable Hours (check one)

Name	Industry	Area of Legal Service for Client	Percent of Your Revenue Derived from Client	No. of Years You've Represented

11. In the past three years, how many times has the firm entered into arbitration, or sent outstanding client bills to a collection agency in order to collect fees? \_\_\_\_\_

12. In the past 12 months, has the firm sued in order to collect fees? . . . . .  YES  NO

**If yes, please complete table below.**

	Client #1	Client #2	Client #3
<b>Name of Client</b>			
<b>Legal Services</b>			
<b>Date Suit Filed</b>			
<b>Amount of Dispute</b>			
<b>Has the SOL run?</b>			
<b>Status</b>			
<b>Date Suit Closed</b>			
<b>Outcome</b>			

- a. Have steps been taken to avoid a possible counter suit? . . . . .  YES  NO  
 b. Have steps been taken to prevent fee suits in the future? . . . . .  YES  NO

**Explain steps taken.** \_\_\_\_\_  
 \_\_\_\_\_

13. Are all client invoices maintained current within 90 days? (if no, % over 90 days: \_\_\_\_\_) .  YES  NO

14. Please provide the percentage of each area of practice in which the firm has engaged during the past 12 months. Note the combined total areas of practice must equal 100%. All litigation should be coded under their respective Area of Practice section; for example, "Tax Litigation" should be coded under "Taxation". **For each area of practice the firm engages in that is referenced by an \*, please complete the appropriate supplement available from your broker.** If the **Other** percentage is greater than 5%, please provide details.

_____ %	Administrative Law	_____ %	Government Contracts and Claims
_____ %	Admiralty Law	_____ %	Guardianship/Juvenile
_____ %	Adoption Law	_____ %	Immigration and Naturalization
_____ %	Antitrust/Trade Regulation	_____ %	Insurance Defense
_____ %	Arbitration/Mediation	_____ %	<b>I. P. Copyrights &amp; Trademarks*</b>
_____ %	Bankruptcy	_____ %	<b>I.P. Patents*</b>
_____ %	Business Transactions & Contracts	_____ %	International Law
_____ %	Civil Rights and Discrimination	_____ %	Labor – Management
_____ %	<b>Class Actions/Mass Tort*</b>	_____ %	Labor – Union/Employee
_____ %	<b>Collection/Repossession – Commercial*</b>	_____ %	Local Government (not bonds)
_____ %	<b>Collection/Repossession – Consumer*</b>	_____ %	Natural Resources (Oil & Gas)
_____ %	Commercial Litigation – Defense	_____ %	Personal Injury – Defense
_____ %	Commercial Litigation – Plaintiff	_____ %	<b>Personal Injury – Plaintiff*</b>
_____ %	Construction/Building Contracts	_____ %	<b>Real Estate – Commercial*</b>
_____ %	Consumer Claims	_____ %	<b>Real Estate – Land Use &amp; Zoning*</b>
_____ %	Corporate Administrative	_____ %	<b>Real Estate – Residential*</b>
_____ %	Corporate & Business Organization	_____ %	<b>Real Estate – Title /Abstracting*</b>
_____ %	Corporate Mergers and Acquisitions	_____ %	<b>Securities or Bonds*</b>
_____ %	Criminal	_____ %	Social Security
_____ %	Divorce – w/ Assets < \$1M	_____ %	<b>Taxation*</b>
_____ %	Divorce – w/ Assets \$1M - \$5M	_____ %	<b>Wills, Trusts &amp; Estates &lt; \$1M*</b>
_____ %	Divorce – w/ Assets > \$5M	_____ %	<b>Wills, Trusts &amp; Estates \$1M - \$5M*</b>
_____ %	<b>Entertainment*</b>	_____ %	<b>Wills, Trusts &amp; Estates &gt; \$5M*</b>
_____ %	Environmental Law	_____ %	Workers Compensation – Defense
_____ %	ERISA/Employee Benefits	_____ %	Workers Compensation – Plaintiff
_____ %	<b>Financial Institutions/Banking- Regulatory/GC*</b>	_____ %	Other: _____
		_____ %	<b>TOTAL</b>

15. Percentage of the firm's practice that falls within the defense area: \_\_\_\_\_%

16. If you are a sole practitioner, please give name and contact information for the attorney who will handle your cases in the event of your incapacitation or vacation? \_\_\_\_\_  
 Does the above referenced attorney carry professional liability insurance? . . . . .  YES  NO

17. In the past 12 months, how many claims, potential claims, or disciplinary actions have been alleged against attorneys in the firm? \_\_\_\_\_ **For each, please complete a Claims supplement.**

18. In the past 12 months, have there been any changes to the status (**settlement, award, dismissal, etc.**) of claims previously reported to carriers other than Navigators? . . . . .  YES  NO  N/A  
**If yes, please provide an update using a Claims supplement.**

19. Are you or any member of the firm aware of any incident, act, error, or omission that may result in a claim or disciplinary action being brought against the firm, which you have not mentioned in questions 17 or 18? **If yes, please complete a Claims supplement.** . . . . .  YES  NO

**SUPPLEMENTAL APPLICATIONS ARE AVAILABLE FROM YOUR BROKER**

**SCHEDULE OF LAWYERS**

	<b>Name</b>	<b>Designation</b>	<b>OC/IC/R Annual Hours Worked for Applicant Firm</b>	<b>Date of Hire (mm/dd/yy)</b>	<b>Date Admitted to Bar (mm/dd/yy)</b>	<b>CLE Hrs.*</b>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Attach additional sheet if necessary

Designation:    O – Officer        OC – Of Counsel        P – Partner        IC – Independent Contractor  
                           S – Shareholder    R – Retired Partner        A – Associate

\*Provide number of CLE hours devoted to ethics, malpractice avoidance or law firm risk management in the attorney's reporting cycle.

**Predecessor Firms:**

List all firm name changes and the date of change.

List all Predecessor Firms and their dates of existence.

Predecessor Firms mean any firm no longer in existence for which the applicant firm obtained a majority interest in such Predecessor Firm's assets and liabilities.

<b>Name of Firm</b>	<b>Date Established (mm/dd/yy)</b>	<b>Confirm the following: 1. Dissolved 2. Name Change 3. Continue to Exist</b>	<b>Date Dissolved (mm/dd/yy)</b>	<b>Percentage (%) of Assets / Liabilities Applicant Firm Assumed</b>

**Fraud Warning:** 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 subjects such person to criminal and civil penalties. **Arkansas, Louisiana, New Mexico and West Virginia Fraud Warning:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Colorado Fraud Warning:** 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 benefits, and/or civil damages. In Colorado, 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 or regulatory agencies. **D.C. Fraud Warning:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. **Florida Fraud Warning:** 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. **Maryland Fraud Warning:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Minnesota Fraud Warning:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime. **New York Fraud Warning:** 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 Fraud Warning:** Any person who, with the intent to defraud or knowing that he 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. **Oregon Fraud Warning:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime. **Pennsylvania Fraud Warning:** 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 subjects such person to criminal and civil penalties. **Tennessee Fraud Warning:** 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. **Maine, Virginia and Washington Fraud Warning:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and a denial of insurance benefits.

**NOTICE TO APPLICANT – PLEASE READ CAREFULLY BEFORE SIGNING**

**THE APPLICANT AND FIRM ACCEPTS NOTICE THAT ANY POLICY ISSUED WILL APPLY ON A “CLAIMS-MADE” BASIS.** The undersigned is authorized by and acting on behalf of the Applicant and represents that all statements and particulars herein are true, complete and accurate and that there has been no suppression or misstatements of fact and agrees that this application shall be the basis of coverage.

**THE APPLICANT AND FIRM ACCEPTS NOTICE THAT THEY ARE REQUIRED TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OR ANY CHANGES TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE. THE APPLICATION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER, PRINCIPAL, OFFICER, OR MEMBER OF THE APPLICANT.**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**INCOMPLETE, UNSIGNED AND UNDATED APPLICATIONS WILL BE RETURNED FOR COMPLETION.**

BROKER NAME:	
AGENCY NAME:	
TAXPAYER ID NO.:	PRODUCER LICENSE NO. AND STATE:
PRODUCER'S ADDRESS (No., Street, City, State, and Zip:)	