

*Renewal Application*

*Underwritten by The Hanover Insurance Company*

**NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.**

**INSTRUCTIONS**

Whenever used in this Application, the term **Firm** shall mean the **Named Insured** proposed for insurance, and **You** or **Your(s)** shall mean the persons and entities proposed for insurance unless otherwise stated.

**A. APPLICANT INFORMATION**

1. Full Legal Name of **Firm** (include all **Firm** names and DBAs under which the **Firm** operates): \_\_\_\_\_  
*Please explain if name differs from the Named Insured letterhead.*
2. **Firm's** Email Address: \_\_\_\_\_ Website: \_\_\_\_\_  
 Has the Firm's address changed? ☐ Yes ☐ No  
*If "Yes", please provide the **Firm's** address in the space below:*  
 \_\_\_\_\_
3. Is coverage sought for a Title Agency? ☐ Yes ☐ No  
*If "Yes", please complete the Title Agency Supplement for coverage consideration.*

**B. ATTORNEY ROSTER**

4. Roster of Lawyers (Use a separate sheet if needed)

Lawyer Name	Position*	Date of Hire	Retro Date (if other than Date of Hire)	Hours Worked per week	State(s) of Licensure	Date(s) Admitted
1.						
2.						
3.						
4.						
5.						

\* O – Owner    E – Employee    OC – Of Counsel\*\*    IC – Independent contractor\*\*

\*\* Coverage limited to work done for the **Firm**

**C. AREAS OF PRACTICE**

5. In the columns provided below, please estimate the percentage of hours per year the **Firm** works in each area of practice.

*Must total 100%. Please round to the nearest whole number.*

*If marked with "(Questionnaire)", please complete the corresponding Questionnaire for that Area of Practice.*

%	Area of Practice	Area of Practice	%
	Admiralty / Marine	Local Government / Municipal	
	Appellate	Mediation, Arbitration (other than Securities/FINRA)	
	Banking / Financial Institution (Questionnaire)	Mergers & Acquisitions	
	Bankruptcy (Questionnaire)	Oil & Gas, Mineral Rights (Questionnaire)	
	Civil / Commercial Litigation - Defense	Plaintiff Litigation - Class Action / Mass Tort (Supplement)	
	Civil / Commercial Litigation - Plaintiff	Social Security / Disability / Medicare	
	Civil Rights / Discrimination	Personal Injury Defense	
	Collections (Questionnaire)	Plaintiff Personal Injury > \$500K (Questionnaire)	
	Commercial Law / Business Transactions >\$1M	Plaintiff Personal Injury < \$500K (Questionnaire)	
	Commercial Law / Business Transactions <\$1M	Real Estate > \$1M (Questionnaire)	
	Construction Law	Real Estate < \$1M (Questionnaire)	
	Corporate Formation	Schools & Education (not finance)	
	Criminal Defense	Securities (Questionnaire)	
	Employee Benefit Plans, ERISA	Taxation - Corporate	
	Entertainment Law (Questionnaire)	Taxation - Individual	
	Environmental Regulatory (Questionnaire)	Tax Opinions	
	Family Law > \$2M	Tribal Law	
	Family Law < \$2M	Water Rights	
	Immigration	Wills / Estate / Trust / Probate > \$5M (Questionnaire)	
	Insurance Defense (Questionnaire)	Wills / Estate / Trust / Probate \$2M – \$5M (Questionnaire)	
	Intellectual Property -Copyright/Trademark (Questionnaire)	Wills / Estate / Trust / Probate < \$2M (Questionnaire)	
	Intellectual Property – Patent (Questionnaire)	Workers Compensation (Defense)	
	International/Foreign Law	Workers Compensation (Plaintiff)	
	Labor – Management Representation	Other _____ (Please provide a description)	
	Labor – Union Representation	Total:	%

**D. FIRM OPERATIONS & MANAGEMENT**

6. What is the total number of non-attorney staff? \_\_\_\_\_  
If staff to attorney ratio is greater than 3:1, please attach a roster of non-attorney staff.
7. Total Gross Billings:  
Most Recent Fiscal Year: \_\_\_\_\_ Previous Fiscal Year: \_\_\_\_\_
8. Do any of **You** serve as director, officer, trustee, consultant, or in any other capacity for a **Firm** client?  
If "Yes", please complete the *Outside Interest Questionnaire* ☐ Yes ☐ No
9. Does the **Firm** share letterhead with any lawyer (other than the attorneys listed in the roster above) or firm; or does **Your** name appear on the letterhead of any other lawyer or firm?  
If "Yes", please provide a copy of the letterhead(s). ☐ Yes ☐ No
10. How many suits for collection of delinquent fees have been filed by the **Firm** in the past year? \_\_\_\_\_  
If 3 or more, please complete the *Fee Suit Questionnaire*.
11. Since the completion of the last application, have there been any changes to the **Firm's** docket/calendar system, conflict of interest or client intake procedures, or the use of engagement/disengagement letters?  
Provide details for any "Yes" response: ☐ Yes ☐ No
- 
12. In the past 5 years, has the **Firm**, or any attorney with the **Firm**, provided legal services in any way related to the following areas of practice?
- |  |  |                                       |  |
|--|--|---------------------------------------|--|
| a. Class Action / Mass Tort                | <input type="checkbox"/> Yes <input type="checkbox"/> No | d. Patent                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Entertainment / Entertainment Clientele | <input type="checkbox"/> Yes <input type="checkbox"/> No | e. Securities (Public and/or Private) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Marijuana (Medical and/or Recreational) | <input type="checkbox"/> Yes <input type="checkbox"/> No | f. Water Rights                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- Please provide details for any "Yes" response:
- 
13. List the five largest clients to whom the **Firm** has provided legal services in the past twelve months.  
("Largest Case Value" refers to size/value of transaction, not amount billed by the **Firm**.)

Client Name	Client's Industry	Area of Practice	Percentage of Firm's Annual Billings	Largest Case Value

\*Where a client's name may not be disclosed, please insert a number from 1-5 (as applicable) in the Client Name fields

#### E. LOSS INFORMATION AND FIRM'S REPRESENTATIONS

14. Since completion of the last application, has any professional liability claim or suit ever been made against the **Firm**, any **Predecessor Firm**, or any of the **Firm's** or any **Predecessor Firm's** current or former professional staff? ☐ Yes ☐ No  
*If "Yes", please indicate how many: \_\_\_\_\_ and submit 5 year loss runs.*
15. Do any of **You** know of any incident, negligent act, error or omission, or other circumstance that could result in a claim or suit against the **Firm** or any **Predecessor Firm** or any of the **Firm's** or any **Predecessor Firm's** current or former professional staff? ☐ Yes ☐ No  
*If "Yes" to 14 or 15 above, please complete a Claim Supplement for each matter.*
16. Since completion of the last application, have any of **You** been subject to any disciplinary inquiry, complaint, grievance, or proceeding, for any reason including non-payment of dues? ☐ Yes ☐ No
17. Have any of **You** ever been refused admission to practice, disbarred, suspended, formally reprimanded, or sanctioned in any other way? ☐ Yes ☐ No  
*If "Yes" to question 16 or 17 above, please complete the Disciplinary Questionnaire.*

**IMPORTANT:** Without prejudice to any of **Our** other rights and remedies, all of **You** understand and agree that if any such fact, circumstance or situation exists, which is not disclosed in response to the questions above, any claim or action arising from such fact, circumstance or situation is excluded from coverage under the proposed policy.

#### F. DECLARATIONS, NOTICE & SIGNATURE

The undersigned, acting on behalf of the **Firm**, represents that the statements set forth in this Application are true and correct and that thorough efforts were made to obtain requested information from all of **You** to facilitate the proper and accurate completion of this Application.

The undersigned agree that the information provided in this Application and any material submitted herewith are the representations of all of **You** and that they are material and are the basis for issuance of the insurance **Policy** provided by **Us**. The undersigned further agree that the Application and any material submitted herewith shall be considered attached to and a part of the **Policy**. Any material submitted with the Application shall be maintained on file (either electronically or paper) with **Us**.

It is further agreed that:

- If any of **You** discover or become aware of any material change which would render the Application inaccurate or incomplete between the date of this application and the **Policy** inception date, notice of such change will be reported in writing to **Us** as soon as practicable;
- Any **Policy** issued will be in reliance upon the truthfulness of the information provided in this Application.
- The signing of this Application does not bind the **Firm** to purchase insurance.

The information requested in this Application is for underwriting purposes only and does not constitute notice to **Us** under any policy of a **Claim** or potential **Claim**.

**GENERAL FRAUD NOTICE:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO ARIZONA AND MISSOURI APPLICANTS:** Claim Expenses are Inside the Policy Limits. All claim expenses shall first be subtracted from the limit of liability, with the remainder, if any, being the amount available to pay for damages.

**NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA APPLICANTS:** 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.

**NOTICE TO CALIFORNIA APPLICANTS:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO COLORADO APPLICANTS:** 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.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** 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.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO IDAHO AND OKLAHOMA APPLICANTS:** 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.

**NOTICE TO KANSAS APPLICANTS:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to, or by an insurer, purported insurer or insurance agent or broker, any written statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS:** 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.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MICHIGAN APPLICANTS:** Any person who knowingly and with intent to defraud an insurance company or another 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 act, which is a crime and subjects the person to criminal and civil penalties.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who knowingly includes any false or misleading information on an application for an insurance policy or files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NOTICE TO NEW HAMPSHIRE APPLICANTS:** 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.

**NOTICE TO NEW MEXICO AND RHODE ISLAND APPLICANTS:** 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 civil fines and criminal penalties.

**NOTICE TO OHIO APPLICANTS:** Any person who, with 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.

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and with intent to defraud or solicit another to defraud any insurance company: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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.

**NOTICE TO VERMONT APPLICANTS:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Note:** This Application must be signed by a representative of the **Firm** acting as the authorized representative of all of **You**.

**Date**

**Signature/Title**

\_\_\_\_\_  
(mm/dd/yyyy)

\_\_\_\_\_  
(Chief Executive Officer, President, Chief Financial Officer, Managing Partner or Owner)

Agent's Signature: \_\_\_\_\_

**Supporting Documentation: Please attach a copy of the following:**

- ☐ All copies of letterhead on which the **Firm** is listed.
- ☐ Questionnaires for areas of practice as required in Section C.
- ☐ Questionnaire for Outside Interest as required in Section D.