



CorePointe Insurance Company
800 Superior Ave East
21st Floor
Cleveland, OH 44114

**SMALL FIRM RENEWAL
APPLICATION FOR LAWYERS PROFESSIONAL
LIABILITY INSURANCE (1 – 5 LAWYERS)
(Claims Made and Reported Policy)**

Administered by

GIG INSURANCE GROUP, INC.

THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED INSURANCE POLICY. IT IS IMPORTANT THAT YOU REPORT ANY KNOWN FACTS OR CIRCUMSTANCES THAT COULD REASONABLY BE EXPECTED TO RESULT IN A CLAIM TO YOUR CURRENT INSURER OR PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT IN ORDER TO PRESERVE COVERAGE FOR SUCH INCIDENTS.

Firm: _____

Contact: _____ Date Firm Established: _____

Address : _____

Phone: _____ Fax: _____ Email: _____

Fed ID: _____ No. Lawyers in Firm: _____ No. Support Staff: _____

Do you have other office locations? Yes No If yes, how many? _____ **Please provide a list showing each location and the number of attorneys at each location**

1. a. Is any member of the firm an officer, director, shareholder, member or exercise fiduciary control over an entity other than the applicant firm? Yes No
If yes, please complete an Outside Interest Supplement.

b. Does any firm member have an equity interest in an outside entity? Yes No
If yes, please complete an Outside Interest Supplement.

c. Is any firm member an employee of an outside entity? Yes No
If yes, please explain on firm letterhead.

d. Does any firm client make up more than 10% of firm billings? Yes No
If yes, please list all clients and percentage of the firm's gross receipts on firm letterhead and attach.

2. Has any member of the firm provided legal services involving publicly traded securities or securities that are not exempt from registration? Yes No

3. Has any member of the firm been involved in class action or mass tort litigation? Yes No

4. Does any firm member provide services to, or sit on the board of directors of, a financial institution? Yes No
If yes, please complete Financial Institution Supplement.

5. a. In the last 12 months, is any member of the firm aware of any incident, facts, circumstances, acts or omissions that could result in a professional liability claim against the firm or predecessor firm? Yes No
If yes, has this been reported to the Company? Yes No

b. In the last 12 months, has there been any change in status of a claim or incident that was reported to a prior carrier? Yes No
If yes, a complete Supplemental Claim form must be provided for each claim or incident.

6. In the last 12 months, has any member of the firm been the subject of any reprimand or disciplinary action or refused admission to the bar or any bar association, court or administrative agency? Yes No
If yes, please explain in detail on a separate attachment.

7. In the last 12 months, has any professional liability claim been made or suit brought against the firm or predecessor firm or any member of the firm or predecessor firm? Yes No
If yes, has this been reported to the Company? Yes No

8. Please complete the Firm Profile below for each attorney associated with your firm.

Attorney Name	Position P, A, OC, I	Hire Date	Date First Admitted to State Bar	Ave. Hours/ Week	Areas of Practice

P = Partner/Owner/Member A = Associate/Employee OC = Of Counsel I = Independent Contractor

9.	Total firm revenues last fiscal year:	Current fiscal year revenues:
10.	a. In the last 12 months, how many attorneys have left your firm?	
	b. In the last 12 months, how many attorneys joined your firm? NOTE: If you have not already done so, please complete a Mid Term New Lawyer Supplement for each new attorney.	
	c. Are all cases brought in by new attorneys from prior firms reviewed for potential conflicts of interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. How many attorneys does the firm plan to add during the next 12 months?	
	e. In the last 12 months, how many non-lawyer employees have left your firm?	
	f. In the last 12 months, how many non-lawyer employees have joined your firm?	
11.	Does your firm have a system for detecting and avoiding conflicts of interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Have any suits for fees have been filed against clients in the last five years? If yes, please complete the Fee Suits supplement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	a. Does the firm maintain a docket control system with at least two independent date controls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Is the docket control system maintained by two individuals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Does the firm routinely use engagement and non-engagement letters?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Do you share office space with other attorneys? If yes, please complete the Office Sharing supplement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Do you share any of the following with other attorneys? Letterhead <input type="checkbox"/> Cases <input type="checkbox"/> If yes, please list all such lawyers on firm letterhead and describe their relationship to the firm.	
17.	If you are a sole practitioner, who handles your cases in the event of your incapacitation or vacation? (Please Note: If a policy is issued in reliance upon this application, it shall not apply to the attorney noted below): Name of backup attorney:	

FIRM AREAS OF PRACTICE (% of Revenues)

AREA OF PRACTICE	%	AREA OF PRACTICE	%	AREA OF PRACTICE	%
Admiralty (AM)		Entertainment/Agency*(EN)		Natural Resources/Oil & Gas (NR)	
Antitrust (AT)		Environmental* (ER)		Plaintiff Personal Injury* (PI)	
Appellate (AP)		Estate / Planning* (ES)		Plaintiff Medical Malpractice* (PI)	
Arbitration/Mediation (ADR)		Estate / Trust Admin* (ES)		Plaintiff Legal Malpractice* (PI)	
Bankruptcy* (BC)		Family Law / Divorce (FL)		Plaintiff Product Liability* (PI)	
Business Formation/M&A *(CF)		Family Law / Adoption (FL)		Plaintiff Class Action* (PI)	
Business Transactions *(CF)		General Civil Litigation(GL)		Real Estate* (RE)	
Civil Rights/Discrimination (CR)		Immigration (IM)		Securities* (SE)	
Collections* (CB)		Health Care (HC)		Tax, Tax Opinions (TX)	
Commercial Litigation (GL)		Insurance Defense (ID)		Workers Comp / Soc Sec ((WC/SS)	
Construction Law (CL)		Intellectual Property* (IP)		Other/ Describe:	
Criminal Defense (CD)		Labor / Employment (LE)		Other/ Describe:	
Employee Benefits (EB)		Municipal Law (ML)		TOTAL MUST EQUAL:	100%

* Completion of corresponding supplement is required

(1) Estate/Trust/Probate. In the last 24 months, please indicate the following:	
Average asset value of estates handled:	Highest asset value of estates handled:
Is any firm member a trustee of any client estate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please complete an Outside Interest Supplement
(2) Family Law. In the last 24 months, please indicate the following:	
Average value of property settlement handled:	Highest value of property settlement handled:
Does any firm member provide any of the following services?	
<input type="checkbox"/> Surrogacy contracts <input type="checkbox"/> Ovum or sperm donation contracts <input type="checkbox"/> Embryo donation agreements	

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.

APPLICANT'S AUTHORIZATION AND CERTIFICATION

The undersigned is an authorized representative of the prospective Named Insured, and acknowledges that the information provided with the application, including all supplements, attachments and replies to underwriter inquiries, and applications from other insurance companies which have been submitted to the Company and made a part of this application:

1. Will be relied upon by the Company in determining the acceptability of the Applicant and the premium amount to be charged;
2. Are true, accurate and complete; and
3. Will be incorporated into the policy, if issued.

The applicant firm and all members of the firm understand that this is an application for insurance, and shall not bind the Company to the issuance of insurance, nor shall it bind the firm to the acceptance of a policy.

THE UNDERSIGNED ON BEHALF OF THE APPLICANT FIRM AND ALL MEMBERS OF THE FIRM CERTIFIES THAT THE ABOVE APPLICATION HAS BEEN READ AND THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, MATERIAL AND COMPLETE. THE UNDERSIGNED UNDERSTANDS THAT: (1) IF THE POLICY IS ISSUED, THIS IS DONE BY THE COMPANY IN RELIANCE UPON THESE REPRESENTATIONS; AND (2) ANY COVERAGE OBTAINED BY FRAUD, MATERIAL MISREPRESENTATION OR OMISSION IS VOID.

Signature of Officer or Partner of Firm	Title	Date	
Print Name			
Agency:		Phone:	
Address:		Fax:	