



## APPLICATION

Applicant Instructions: Carefully read all statements and questions on this application. Answer all questions in ink. If a question does not apply, state "N/A". If space is insufficient to answer all questions fully, use separate sheets of paper. Application and all attachments must be signed and dated by named applicant, partner or officer. A copy of your business stationery must be attached.

Effective Date Requested For This Application \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Limits of Liability Desired: \$\_\_\_\_\_ Deductible Desired \$\_\_\_\_\_

1. a. Name of Applicant (Firm Name): \_\_\_\_\_
- b. Name of Designated Contact: \_\_\_\_\_
- c. Physical Address: \_\_\_\_\_  
(Street) (City) (County) (State) (Zip)
- d. Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Facsimile Number: (\_\_\_\_\_) \_\_\_\_\_

2. Date Firm Established \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

- [illegible]

4. During the past six (6) years, has the number of lawyers in the firm been altered by more than 30% in any one year? If Yes, provide additional information on the Detail Information Addendum. .... Yes ☐ No ☐

5. List all predecessor firms of Applicant. If not applicable, state N/A. A predecessor firm is any legal entity, which is engaged in the practice of law to whose financial assets and liabilities the applicant is the majority successor in interest.

Name of Firm	Date Established	Date of Merger

6. Does the applicant:
- a. have any additional office locations? ..... Yes ☐ No ☐
- b. share office space with lawyers who are not a part of the applicant firm? ..... Yes ☐ No ☐
- c. share secretarial service/staff with others who are not a part of the applicant firm? ..... Yes ☐ No ☐
- d. share letterhead with non-firm members?..... Yes ☐ No ☐
- If Yes to any of the above, provide details on the Detail Information Addendum and supply a sample of the letterhead.

- 7 If the Applicant is a sole practitioner, is a backup lawyer available in the applicant's absence? ..... Yes ☐ No ☐

Name and address of backup attorney: \_\_\_\_\_

8. Number support staff: \_\_\_\_\_ Law clerk/paralegal \_\_\_\_\_ Secretarial/clerical \_\_\_\_\_ Other: \_\_\_\_\_  
 If ratio of staff to attorneys is greater than 2:1, provide details on the Detail Information Addendum.

9. List below, all LAWYERS of the firm. Attach a separate sheet if additional space is required.  
 "O" Owner/Officer/Director "P" Partner "E" Employed lawyer "OC" Of Counsel "IC" Independent Contractor

Name of Attorney	Designation	States of Admission	Year Admitted	Date of hire with applicant or predecessor firm	Number hours CLE in the past 12 months

If additional space is needed, complete the Attorney Detail Supplement.

10. Complete the following for each Part-time Attorney, Of Counsel, Independent Contractor, or Per Diem hired by the firm.

Name of Attorney	Designation	Date of Hire	Hours worked per week for applicant	Separate Professional Liability Insurance?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

11. Is any lawyer proposed for this insurance an employee of any organization other than the applicant? ..... Yes ☐ No ☐  
 If Yes, provide details on the Detail Information Addendum.

12. Has any lawyer proposed for this insurance provided any professional services as an Accountant, Realtor, Investment Advisor, Insurance Agent, Professional Agent or other non-legal capacity?..... Yes ☐ No ☐  
 If Yes, provide details on the Detail Information Addendum.

13. Does any lawyer proposed for this insurance:

a. act as a director, officer, partner or trustee for, or exercise any form of managerial or fiduciary control over, any business enterprise of a client other than the applicant? ..... Yes ☐ No ☐

b. own, manage, have financial control over, or equity interest in, any business enterprise of a client other than the applicant or its predecessor firms? ..... Yes ☐ No ☐

If Yes to a or b above, complete the Outside Interests Supplemental Application.

14. Has any lawyer proposed for this insurance ever been denied the right to practice, suspended from practice, disbarred, reprimanded or had other disciplinary action taken against him or her by any court or administrative agency? If Yes, provide details on the Detail Information Addendum. .... Yes ☐ No ☐

15. List All Lawyers Professional Liability Insurance carried during the past consecutive five (5) years for the applicant and/or any predecessor firm thereof. If no current coverage is in force, check the box: ☐

Policy Inception	Policy Expiration	Insurance Company	Policy Limits	Deductible	Annual Premium	Number Attorneys

16. Insurance Details:

a. Inception date of the applicant's first continuous claims made professional liability insurance: ..... \_\_\_\_\_

b. Does the current policy have a retroactive/prior acts date applicable to the applicant? ..... Yes ☐ No ☐  
 If Yes, provide exact date. .... \_\_\_\_\_

c. Does the current policy have any limiting endorsements or exclusions? ..... Yes ☐ No ☐  
 If Yes, provide details: \_\_\_\_\_

d. Has the applicant, its predecessor firms, or any lawyer proposed for this insurance, purchased an Extended Reporting Period (ERP) Endorsement?..... Yes ☐ No ☐  
 If Yes, please complete: Effective from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

17. Indicate the percent of the Applicant's income derived from the following types of practice. (MUST TOTAL 100%)

DEFENSE	%	Ad Valorem Tax – Commercial		Provide Additional Information*	%
Admiralty		Ad Valorem Tax – Residential		Corporate General	
Arbitration / Mediation		Administrative Law		Environmental	
BI/PI		Adoptions		Fiduciary	
Civil Rights / Employment		Antitrust Trade Regulations		Investment Cnslng / Money Mgt	
Class Action / Mass Tort		Bankruptcy		Mergers & Acquisitions	
Commercial Litigation		Collection		Oil and Gas	
Criminal		Communication		Other: _____	
Insurance Company		Construction		Venture Capital	
Medical Malpractice		Corporation Formation			
Product Liability		Divorce		<b>Complete Additional Supplement</b>	
Workers Compensation		Estate Planning		Abstracting / Title	
		ERISA		Banking / Financial Institutions	
<b>PLAINTIFF</b> (complete supplement)		Family Law (other than Divorce)		Bonds	
Admiralty		Foreclosures		Copyright	
BI/PI Plaintiff		Health		Entertainment	
Civil Rights / Employment		Housing Court		Limited Partnerships	
Class Action / Mass Tort		Immigration		Patent	
Commercial Litigation		International		Private Placements	
Medical Malpractice		Labor – Employee / Union		Real Estate – Residential	
Product Liability		Labor – Management		Real Estate – Commercial	
Workers Compensation		Local Government / Municipal		Real Estate Development	
		Public Utilities		Securities – Federal	
TAX – Individual Preparation		Social Security		Securities – State	
TAX – Commercial Preparation		Water Law		Syndications	
TAX – Opinions		Wills and Trusts		Trademark	

\* Provide additional information on the Detail Information Addendum or complete the appropriate supplement.

18. Within the past six (6) years has the applicant or any attorney proposed for this insurance:

- Provided any legal services for or on behalf of any financial institution? ..... Yes ☐ No ☐
  - Provided any legal services for or in connection with any IPO, Bond, Private Placement, Syndication or any Securities related matter? ..... Yes ☐ No ☐
  - Provided any legal services for or on behalf of any Class Action matter?..... Yes ☐ No ☐
  - Provided any legal services for any Entertainment client or the Entertainment industry? ..... Yes ☐ No ☐
  - Provided any legal services for or in connection with any Copyright, Patent or Trademark matter?..... Yes ☐ No ☐
  - Provided any legal services for or in connection with any Environmental matter? ..... Yes ☐ No ☐
- If Yes to any of the above, complete the appropriate Supplement.

19. Do you require Title Insurance Coverage?..... Yes ☐ No ☐

- Number of lawyers who are Title Agents: .....
- Name of Title Company Represented: .....
- Do you require coverage for a Title Agency (provide name)? .....
- If Yes, is the agency wholly owned by the firm and/or its members?..... Yes ☐ No ☐

20. Gross Revenue for the past three (3) years:

Most Recent Twelve (12) months	One (1) Year Prior	Two (2) Years Prior

21. Within the past six (6) years, has any one client generated 20% or more of gross revenue? ..... Yes ☐ No ☐  
 If Yes, complete the following table.

Name of Client	Services Provided	Percentage of Gross Revenue

22. Docket/Diary Control System:

a. Do you maintain a central docket control system? ..... Yes ☐ No ☐

b. Does the applicant have at least two (2) methods for docket control? ..... Yes ☐ No ☐

c. Does the applicant utilize a computer program for docket control? ..... Yes ☐ No ☐

d. Does the ultimate responsibility for docket control, including entry, rest with the handling lawyer? ..... Yes ☐ No ☐

e. Does the applicant crosscheck its docket controls? ..... Yes ☐ No ☐

f. If Yes, how frequently? ..... \_\_\_\_\_

**If No, provided details on the Detail Information Addendum.**

23. How many suits for fees were initiated by the Applicant against clients during the past 24 months? ..... \_\_\_\_\_

a. How many have been resolved? ..... \_\_\_\_\_

b. What percentage of fees are more than 90 days past due? ..... \_\_\_\_\_

c. How frequently are invoices provided to clients? ..... \_\_\_\_\_

24. Does the applicant utilize the following for **ALL** clients?

a. Engagement letters that include the scope of services & fee arrangements? ..... Yes ☐ No ☐

b. Non-engagement/declination letters? ..... Yes ☐ No ☐

c. Disengagement/closing letters? ..... Yes ☐ No ☐

**If No, provide details on the Detail Information Addendum.**

25. Does the applicant maintain a conflict of interest avoidance system? ..... Yes ☐ No ☐

**If No, provide details on the Detail Information Addendum.**

a. Systems used to check conflicts of interest: \_\_\_\_\_

b. How frequently are checks made for conflicts of interest? \_\_\_\_\_

c. How are conflict of interest situations addressed and disclosed to clients/potential clients? Check all that apply.

☐ Non-Engagement Letters ☐ Signed Waiver Obtained from all parties

☐ Oral Disclosure to all parties ☐ Referral to other lawyer / law firm

26. Does the applicant communicate with clients by electronic mail? ..... Yes ☐ No ☐

a. If Yes, are records maintained of all electronic mail communications? ..... Yes ☐ No ☐

b. Does the firm have guidelines restricting the types of communication over the internet? ..... Yes ☐ No ☐

27. Does the applicant have a website? ..... Yes ☐ No ☐

If Yes, provide the Web Address: \_\_\_\_\_

a. Does the website offer legal advice? ..... Yes ☐ No ☐

b. Does the applicant collect sensitive or confidential information at the web site? ..... Yes ☐ No ☐

c. Is all information collected kept confidential? ..... Yes ☐ No ☐

c. Does the applicant have a firewall installed to protect the network and prevent hacker attacks? ..... Yes ☐ No ☐

d. Does the applicant have virus-detecting software installed to protect against viruses? ..... Yes ☐ No ☐

e. Does the applicant have back-up and recovery systems in place? ..... Yes ☐ No ☐

28. Has any application for Lawyers Professional Liability Insurance on behalf of the applicant, its predecessor firms or any lawyers proposed for this insurance been declined, policy canceled or renewal of such insurance been refused? ..... Yes ☐ No ☐

**If Yes, provide details on the Detail Information Addendum.**

29. During the past five (5) years, has any claim or suit been filed against the applicant, its predecessor firms or any of the lawyers proposed for this insurance? ..... Yes ☐ No ☐

**If Yes, complete a Claim Supplement for each claim or suit.** Number? \_\_\_\_\_

30. After inquiry, is the applicant, its predecessor firms or any lawyer proposed for this insurance aware of:

a. any circumstance, act, error, omission or personal injury which could be the basis of a claim or suit? ..... Yes ☐ No ☐

b. any potential malpractice claim or suit reported to a previous insurance carrier? ..... Yes ☐ No ☐

c. any adverse judgment that could be the basis of a claim or suit? ..... Yes ☐ No ☐

d. any missed statute of limitations? ..... Yes ☐ No ☐

**If Yes to any of the above, complete a Claim Supplement for each.** Number? \_\_\_\_\_



**NOTICE:** To avoid loss of coverage, it is imperative that all known claims and/or circumstances, acts, errors or personal injuries that could result in a professional liability claim against the applicant, its predecessor firms or any lawyers in the firm be reported to your current insurer within the time period specified in your current policy.

The undersigned represents and warrants that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known, and agrees that this application and all supplements and attachments hereto shall become the basis of any coverage and a part of any policy that may be issued by the Company.

The execution of this application does not bind the undersigned to purchase any coverage offered, nor does the receipt and or review of this application bind the Company to offer coverage or issue a policy.

The undersigned understands and accepts that any policy issued will provide coverage on a **Claims Made and Reported** basis.

**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 is a crime and subjects the person to criminal and civil penalties.**

**Notice To Arizona Applicants:**

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Notice To California Applicants:**

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in prison. Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**Notice to Colorado Resident 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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 Delaware Applicants:**

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

**Notice To District Of Columbia Applicants:**

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, any insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Notice To Indiana Residents:**

A person who knowingly and with the intent to defraud an insurer files a statement of claims containing any false, incomplete or misleading information commits a felony.

**Notice To Nevada Applicants:**

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

**Notice To New Jersey Applicants:**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Notice to Ohio Resident Applicants:**

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.

**Notice To Pennsylvania Applicants:**

Any person who knowingly and with the 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 thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.

**Notice To Virginia Applications:**

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'S AUTHORIZATION AND CERTIFICATION**

The undersigned on behalf of the applicant firm and all members of the firm authorizes the release of all information to the Company from any past or present bar association of which any member of the firm is currently or has been a member; any person(s) who has information concerning any firm member's fitness to practice; any insurance company to which the applicant firm or any member of the firm has applied for professional liability insurance, whether such coverage was granted or not; and any employer for whom any member of the firm performed legal services, whether as an employee or an independent contractor.

The applicant firm and all members of the firm understand that the information requested by the Company may include, but not necessarily be limited to, any occurrence, incident, claim or suit in which any member of the firm may be or may have been involved; any denial, suspension, revocation or other disciplinary action taken by any bar association, governmental licensing authority, court, administrative agency or other appropriate authority; or any action of a civil or criminal nature taken against the firm or any member of the firm that resulted from or was alleged to have been a part of any professional activities. The applicant firm and all members of the firm understand that the information will be used in addition to the application in determining whether the Company will issue insurance to the firm.

The applicant firm and all members of the firm agree that the persons providing the information and their agents, directors and employees, shall not incur any liability as a result of any information released in good faith pursuant to this authorization including any errors, omissions or mistakes contained in such information.

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 Partner, Officer or Owner \_\_\_\_\_ Date \_\_\_\_\_

Print or Type Name \_\_\_\_\_ Title \_\_\_\_\_

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

**PROFESSIONAL LIABILITY INSURANCE FOR LAWYERS AND LAW FIRMS  
ATTORNEY DETAIL SUPPLEMENT**

Firm: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**Application Instructions:** Complete this section for **ALL** attorneys proposed for this insurance.

Name	Designation	State(s) of Admission	Year Admitted To Bar	Number CLE hours in the past 12 months	Date of Hire with Applicant Firm	Prior Firm Coverage Desired
1.						<input type="checkbox"/> Yes <input type="checkbox"/> No
2.						<input type="checkbox"/> Yes <input type="checkbox"/> No
3.						<input type="checkbox"/> Yes <input type="checkbox"/> No
4.						<input type="checkbox"/> Yes <input type="checkbox"/> No
5.						<input type="checkbox"/> Yes <input type="checkbox"/> No
6.						<input type="checkbox"/> Yes <input type="checkbox"/> No
7.						<input type="checkbox"/> Yes <input type="checkbox"/> No
8.						<input type="checkbox"/> Yes <input type="checkbox"/> No
9.						<input type="checkbox"/> Yes <input type="checkbox"/> No
10.						<input type="checkbox"/> Yes <input type="checkbox"/> No

“O” Owner/Officer/Director      “P” Partner      “E” Employed Lawyer      “OC” Of Counsel      “IC” Independent Contractor

**Complete for all Part-time, Of Counsel, Independent Contractors and Per Diem Attorneys**

Name	Designation	Specialty	Date of Hire	Hours Worked Per Week	Other Professional Liability Insurance?
1.					
2.					
3.					
4.					

**Predecessor Firms**

Name of Firm	Dates of Existence	Date of Merger or Purchase	Insurance Company	Attorneys
1.				
2.				
3.				
4.				

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or should be known, and agrees that this Attorney Detail Supplement will be included in the basis of any coverage and a part of any policy that may be issued by the Company.

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

\_\_\_\_\_  
Signature of Partner, Officer or Owner

\_\_\_\_\_  
Date

**PROFESSIONAL LIABILITY INSURANCE FOR LAWYERS AND LAW FIRMS  
DETAIL INFORMATION ADDENDUM**

Use this addendum to capture the detailed information requested in the Application. This addendum is a part of the application and will become a part of any policy issued. Any warranty or fraud statements on the signature page of the application are applicable to the information provided herein.

1. Changes in number of attorneys of more than 30% in any one (1) year during the past six (6) years:

2. Docket / Diary System:

3. Audit:

4. Fee Suits (include number resolved):

5. Conflict of Interest System:

6. Back-Up Attorney:

7. Engagement / Nonengagement / Disengagement Letters:

8. Web Site Details:

9. Support Staff:

Position	Number	Responsibilities

10. Office Sharing / Staff Sharing / Letterhead Sharing Details:

11. Additional Office Locations:

Address	Purpose	Number attorneys	Number Support Staff

12. Employee of an organization other than the applicant firm:

13. Other Professional Services Details:



**Pennock PRO**  
Your one Professional Source...

**Pennock Insurance, Inc.**  
2 Christy Drive, Suite 100  
Chadds Ford, PA 19317  
610.387.3799 Call  
sgregg@pennockins.com

14. Area of Practice Details:

a. Corporate General:

b. Environmental:

c. Fiduciary:

d. Investment Counseling / Money Management:

e. Limited Partnerships:

f. Mergers & Acquisitions:

g. Oil and Gas:

h. Other:

i. Venture Capital:

15. Disciplinary Action Details:

16. Declination / Cancellation / Non-renewal Details:

17. Additional Details:

The undersigned represents and warrants that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or that should be known, and agrees that this application and all supplements and attachments hereto will become the basis of any coverage and a part of any policy that may be issued by the Company.

**Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.**

Signature of Partner, Officer or Owner \_\_\_\_\_ Date \_\_\_\_\_

Print or Type Name \_\_\_\_\_ Title \_\_\_\_\_





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610.387.3799 Call  
sgregg@pennockins.com

**PROFESSIONAL LIABILITY INSURANCE FOR LAWYERS AND LAW FIRMS  
CLAIM INFORMATION SUPPLEMENT**

This form **must be** completed in **its entirety** for each claim or incident within the past seven (7) years:

1. Full Name of Applicant / Insured Firm: \_\_\_\_\_
2. Full Name of Attorney(s) Involved as Defendant(s) in Claim: \_\_\_\_\_  
\_\_\_\_\_
3. Name of Firm involved in Claim: \_\_\_\_\_
4. Additional Defendants: \_\_\_\_\_
5. Full Name of Claimant: \_\_\_\_\_
6. a. Indicate Type: Claim/Suit ..... ☐ Incident .... ☐  
b. Indicate Status: Open ..... ☐ Closed .... ☐
7. a. Date Claim/Incident made against Firm: \_\_\_\_\_  
b. Date Claim/Incident reported to Insurer: \_\_\_\_\_  
c. Name of Insurer Claim/Incident was reported to: \_\_\_\_\_
8. If Claim is **Closed**, answer a, b, & c below. If claim is **Open**, please go to Question 9.  
a. Out of Court Settlement: ..... Yes ☐ No ☐ ..... Date of Settlement: \_\_\_\_\_  
b. Court Judgment: ..... Yes ☐ No ☐ ..... Date of Judgment: \_\_\_\_\_  
c. Total defense costs paid: \$ \_\_\_\_\_ Total Indemnity paid: \$ \_\_\_\_\_ Deductible paid: \$ \_\_\_\_\_
9. If Claim is **Open**, answer each of the following (do not leave any blank):  
a. Claimants, settlement demand: \$ \_\_\_\_\_  
b. Defendants offer for settlement: \$ \_\_\_\_\_  
c. Insurer's Loss Reserve: \$ \_\_\_\_\_  
d. Insurer's Expense Reserve: \$ \_\_\_\_\_  
e. Defense Expenses to date \$ \_\_\_\_\_  
f. Applicant/Insured's estimate of settlement amount: \$ \_\_\_\_\_
10. Description of alleged act, error or omission upon which claimant bases the Claim. Include events leading to the Claim. **Please do not attach summons or complaint.** Use reverse or additional sheets for more details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Explain what action has been taken to prevent a recurrence of a similar Claim. Use reverse or additional sheets for more details.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, and agrees that this supplemental will be included in the basis of any coverage and a part of any policy that may be issued by the Company.

**Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.**

\_\_\_\_\_  
Signature of Partner, Officer or Owner

\_\_\_\_\_  
Date



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2 Christy Drive, Suite 100  
Chadds Ford, PA 19317  
610.387.3799 Call  
sgregg@pennockins.com

## PROFESSIONAL LIABILITY INSURANCE FOR LAWYERS AND LAW FIRMS OUTSIDE INTERESTS SUPPLEMENT

**Application Instruction:** Complete the following for any positions or equity interests outside of the Named Insured within the past six (6) years.

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

A. Name of Attorney	B. Position Held	C. Name of Business	D. Period of Service	E. Professional Services	F. Nature of Business	G. Highest % Equity Interest	H. Client of the firm?		I. D & O Insurance		J. Non-Profit Charitable or Civic Org.	
							Yes	No	Yes	No	Yes	No
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Due to the equity and/or position identified above, have all clients been advised of the potential conflict of interest? .....Yes ☐ No ☐
2. Has a signed waiver been obtained from all parties? .....Yes ☐ No ☐
3. Does the applicant have policies and procedures in place to protect against insider trading?.....Yes ☐ No ☐

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or should be known, and agrees that this Supplemental Application will be included in the basis of any coverage and a part of any policy that may be issued by the Company.

**Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.**

\_\_\_\_\_  
Signature of Partner, Officer or Owner

\_\_\_\_\_  
Date

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

Please complete this Supplement if any lawyer listed on the application shows a percentage in the Estate/Trusts area of practice.

1. Please list the five largest estates/trusts to which any member of the firm provided legal services in the last twenty-four (24) months.

Estate/Trust	Name of Attorney	Trustee/Executor/ Personal Rep Y/N	Co- trustee Y/N	Type of Trust	Size of Trust/Value of Assets	Date Services began	Annual Firm Billings	% of Firm Billings	Description of Services Provided

2. Is a written agreement of the duties as trustee in place? Yes ☐ No ☐
3. Does the firm use engagement letters that clearly define the scope of the services that will be provided? Yes ☐ No ☐
4. Does the firm have the authority to write checks, provide investment advice, make investments, or have discretionary control of funds? Yes ☐ No ☐
5. Does a second firm member review all trust and estate documents drafted by a firm member? Yes ☐ No ☐
6. Are dual signatures required on all trust documents? Yes ☐ No ☐
7. Is an independent audit of the trust conducted? Yes ☐ No ☐
8. Is a report to a court or outside authority required? Yes ☐ No ☐
9. Does the firm receive compensation from the purchase or sale in the form of a commission or fee? Yes ☐ No ☐
10. Do firm members acting as Trustees/Personal Representatives/Executors engage in the following:
- a. Use of Trust funds to invest in entities related in any way to the firm? Yes ☐ No ☐
- b. Employment by the Trust or anyone related in any way to a firm member? Yes ☐ No ☐
- c. Use of Trust funds as loans to any firm client, firm member or person related in any way to a firm member? Yes ☐ No ☐
- d. Delegation of Trustee duties to others? Yes ☐ No ☐
- If yes to any of the above, please explain in detail on a separate sheet of paper. Yes ☐ No ☐

Please describe on a separate sheet of paper the controls in place to monitor trust activity by a third party, trust beneficiaries, or other parties who are not trust beneficiaries. For the estates/trusts listed above, please provide on a separate sheet of paper a narrative description of the purpose of each trust.

\_\_\_\_\_  
 Name of Applicant Firm

\_\_\_\_\_  
 Signature of Owner, Officer or Partner

\_\_\_\_\_  
 Date



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**PROFESSIONAL LIABILITY INSURANCE FOR LAWYERS AND LAW FIRMS  
PLAINTIFF SUPPLEMENT**

1. For the firm's Bodily and Personal Injury, Workers Compensation, Civil Rights, and other Plaintiff practice, complete the following:

A. Type of Case	B. Percentage of Billings	C. Average Number of Cases Per Year	D. Percentage of cases settled before trial	E. Average Award or Settlement	F. Largest Award or Settlement
Automobile					
Class Action					
Employment related					
Mass Tort					
Medical Malpractice					
Other Malpractice					
Product Liability					
Slip and Fall					
Workers Compensation					
Other (Specify):					

2. Average number of Plaintiff cases handled per attorney in the past twelve (12) months.....
3. Does the applicant accept referrals for any of the above? ..... Yes ☐ No ☐  
If Yes, average number of referrals received per year: .....
4. Does the applicant refer any Plaintiff matters to other law firms? ..... Yes ☐ No ☐  
If Yes, average number of referrals per year: .....
5. Does an attorney meet with prospective clients prior to agreeing to representation? ..... Yes ☐ No ☐
6. Are nonengagement letters, including notice of the applicable statutes of limitations, issued for all matters when representation is declined? ..... Yes ☐ No ☐
7. What is the applicant's average time frame for filing suit prior to the expiration of the statute of limitations?  
At least One Year prior: ☐ Six Months to One Year Prior: ☐ Three to Six Months Prior: ☐  
One to three Months Prior: ☐ Less than One Month Prior: ☐ Other: .....
8. Are all settlement offers provided to the client(s) in writing? ..... Yes ☐ No ☐
9. Are rejected settlement offers approved by the client(s) in writing? ..... Yes ☐ No ☐
10. Has the applicant been involved in any Class Action representation in the past six (6) years? ..... Yes ☐ No ☐

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, and agrees that this application shall be included in the basis of any coverage and a part of any policy that may be issued by the Company.

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

\_\_\_\_\_  
Name of Applicant/Insured Firm

\_\_\_\_\_  
Signature of Partner, Officer or Owner

\_\_\_\_\_  
Date

## LAWYERS PROFESSIONAL LIABILITY INSURANCE REAL ESTATE AREA OF PRACTICE SUPPLEMENT

1. For the firm's Real Estate practice, please complete the following:

Type of Representation	Commercial (C) Or Residential (R)	Percentage Of Practice	Number of Cases Per Year	Average Real Estate Value	Largest Real Estate Value
Closings					
Foreclosures					
Land Use/Development					
Leases					
Limited Partnerships					
New Construction					
Syndications					
Title Searches / Opinions					
Loan Modifications/Workouts					
Other:					

2. Does any lawyer doing Real Estate work have fewer than three (3) years of experience? ..... Yes ☐ No ☐
3. Do independent title examiners perform title searches for closings handled by the firm? ..... Yes ☐ No ☐
  - a. If yes, is proof of professional liability insurance required? ..... Yes ☐ No ☐
  - b. And, are they approved by the lenders for whom the firm does closings? ..... Yes ☐ No ☐
4. Are representation disclosures used at all closings? ..... Yes ☐ No ☐
  - a. If yes, please attach a sample of the representation disclosure used.
5. Does any lawyer in the firm have an interest in a title agency? ..... Yes ☐ No ☐
  - a. If yes, is the title agency wholly owned by the firm? ..... Yes ☐ No ☐
  - b. And, does the title agency have employees separate from the law firm? ..... Yes ☐ No ☐
  - c. And, does the firm have separate insurance coverage for the title agency? ..... Yes ☐ No ☐
6. Does any lawyer in the firm hold a Real Estate Broker's or Agent's license, or a license as a broker/dealer, registered representative, investment advisor, mortgage banker or broker or similar capacity? ..... Yes ☐ No ☐
  - a. If yes, please provide name of lawyer(s) and full details of use of each license on a separate sheet.
7. Does any lawyer in the firm perform "witness only" closings? ..... Yes ☐ No ☐
8. Does the firm review for potential environmental concerns? ..... Yes ☐ No ☐
  - a. Yes If, does the firm provide findings in a written report, including any limitations? ..... Yes ☐ No ☐
  - b. If No, are clients advised to seek an independent environmental evaluation? ..... Yes ☐ No ☐
9. Does the firm provide an engagement letter, for each representation, that clearly defines the scope of representation? ..... Yes ☐ No ☐
10. During the last six (6) years, has the firm or any attorney proposed for this insurance been involved in Real Estate Syndications, or the formation of Limited Partnerships? If yes, please explain on separate sheet.... Yes ☐ No ☐

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, and agrees that this application shall be included in the basis of any coverage and a part of any policy that may be issued by the Company.

**Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.**

\_\_\_\_\_  
 Name of Applicant Firm

\_\_\_\_\_  
 Signature of Owner, Officer or Partner

\_\_\_\_\_  
 Date