



# APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY COVERAGE

Return Applications to:  
**FOX POINT PROGRAMS, INC.**  
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**NOTICE:** THIS IS A CLAIMS-MADE FORM: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY WHILE THE POLICY IS IN FULL FORCE. PLEASE REVIEW THE POLICY CAREFULLY. COVERAGE IS WRITTEN ON A SURPLUS LINES BASIS.

## 1. GENERAL INFORMATION

Applicant Name \_\_\_\_\_

Business Address \_\_\_\_\_ Do you operate from a residence? . . .  Yes  No

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_ Years in Business \_\_\_\_\_ Years Experience \_\_\_\_\_

Type of Entity:  Corporation  Individual  Partnership  Other (describe): \_\_\_\_\_

Is the Applicant a sole practitioner? . . .  Yes  No *If "Yes", who is responsible for the practice if the Applicant is unable to work for an extended period?* \_\_\_\_\_

## 2. FINANCIAL AND BUSINESS INFORMATION

- a. Total receipts, last 12 months \$ \_\_\_\_\_ Total receipts projected, next 12 months \$ \_\_\_\_\_
- b. Please provide the following information for all attorneys affiliated with the Applicant firm. *Attach separate sheets if needed.*

LAWYER NAME	TYPE: O—Officer P—Partner E—Employed Lawyer OC—Office Counsel	HOURS WORKED PER WEEK	YEAR ADMITTED TO BAR	DATE JOINED APPLICANT	SEPARATE INSURANCE?
	<input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> OC				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> OC				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> OC				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> OC				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> OC				<input type="checkbox"/> Yes <input type="checkbox"/> No

- c. Provide a breakdown of Applicant's total staff by the following classifications:
- |                                      | No. Currently Employed | No. Left Applicant Last Year |
|--------------------------------------|------------------------|------------------------------|
| Lawyers . . . . .                    | _____                  | _____                        |
| Paralegals . . . . .                 | _____                  | _____                        |
| Other Administrative Staff . . . . . | _____                  | _____                        |
- d. Does the Applicant have:
1. Full-time office administrator? . . . . .  Yes  No    2. Management/Executive Committee? . . .  Yes  No
- e. Does any attorney applying for this coverage currently serve as a director, officer, trustee, or partner of any entity which is a client of the firm? . . .  Yes  No *If "Yes", a Supplement for Outside Interests form must be completed.*
- f. In the past five years, has any attorney applying for this coverage held an equity or financial interest in a client? . . . . .  Yes  No

g. Is any attorney applying for this coverage:

1. An employee of any organization, entity, or governmental body other than the Applicant? . . . . .  Yes  No  
 2. Engaged in any other professional/business activity other than the practice of law? . . . . .  Yes  No

If "Yes", explain: \_\_\_\_\_

**3. OPERATIONS**

- a. Does the Applicant's docket control system include:  Single Calendar  Computer  Tickler Cards  
 Dual Calendar  Master Listing  Other: \_\_\_\_\_  
 How frequently are deadlines crossed-checked?  Daily  Weekly  Monthly

- b. Which of the following tools are used to avoid conflicts of interest:  lawyer recollection  computer  index file  
 conflict committee  written procedure  Other \_\_\_\_\_

- c. Does the Applicant utilize client communication letters? . . . . .  Yes  No If "Yes", are such letters used as:  
 1. An engagement letter when accepting representation? . . . . .  Yes  No  
 2. A non-engagement letter when declining to represent a client? . . . . .  Yes  No

- d. Does the Applicant accept cases where the cause of action arises and is adjudicated outside of the Applicant's local jurisdiction? . . . . .  Yes  No  
 If "Yes", does the Applicant refer such cases to local counsel? . . . . .  Yes  No

- e. Has the Applicant outsourced any work in the past two (2) years, either domestically or internationally?  Yes  No

- f. Does the Applicant have any single client or group of related clients that represent in excess of 25% of total revenues during the last 24 months? . . . . .  Yes  No

If "Yes", identify the client and the services performed on their behalf: \_\_\_\_\_

- g. In the last five (5) years, has the Applicant accepted client securities or other forms of compensation in lieu of fees? . . .  Yes  No If "Yes", provide details: \_\_\_\_\_

h. Indicate percentage of gross revenues derived from the following areas of practice:

AREA OF PRACTICE	% REVENUE	AREA OF PRACTICE	% REVENUE	AREA OF PRACTICE	% REVENUE
Administrative Law		Entertainment		Municipal Law	
Admiralty Defense		Environmental Law		Oil & Gas Mining	
Admiralty Marine		ERISA		Oil & Gas Title	
Adoptions		Estate Planning		Patent, Trademark, Copyright Filing	
Arbitration/Mediation		Estate/Trust/Probate		Patent, Trademark, Copyright Litigation	
Banking		Family Law		Plaintiff BI/PD	
Bankruptcy		Fiduciary		Product Liability Plaintiff	
BI/PD Defense		Foreclosures		Real Estate Closings/General	
Bonds		Foreign Law		Real Estate Commercial Title	
Business Transaction		Guardianships		Real Estate Development	
Civil Rights		High Profile Divorce		Real Estate Investment Trusts	
Civil/General Litigation		Immigration/Naturalization		Real Estate Limited Partnership	
Class Action Plaintiff		Insurance Defense		Real Estate Residential Title	
Collection		International Law		Real Estate Syndication	

**Question "h" continued on next page . . .**

Question "h" continued from 2nd page—Indicate percentage of gross revenues derived from the following areas of practice:

AREA OF PRACTICE	% REVENUE	AREA OF PRACTICE	% REVENUE	AREA OF PRACTICE	% REVENUE
Commercial Defense		Investment Money Manager		Securities	
Commercial Law		Juvenile		Taxation Opinions	
Consumer Claims		Labor Unions		Taxation Preparation	
Construction Law		Labor/Employee		Taxation Representation	
Contracts		Labor Management		Traffic	
Corporate Formation		Landlord Tenant/Leases		Wills	
Corporate General		Lobbying		Workers Compensation	
Corporate Litigation		Local Government		Other (Describe below):	
Criminal Law		Medical Malpractice		_____	
Divorce		Mergers & Acquisitions		<b>TOTAL (both parts of Question "h")</b>	<b>100%</b>

**4. CURRENT/PRIOR INSURANCE**

a Does the Applicant currently have an Error & Omissions Insurance policy .....  Yes  No  
 Please provide the following information for any Errors & Omissions or Professional Liability Insurance during the last 3 years:

INSURANCE COMPANY (PLEASE ENTER FULL NAME)	LIMITS OF LIABILITY (PER CLAIM / AGG)	DEDUCTIBLE	PREMIUM	POLICY PERIOD (MM/DD/YYYY - MM/DD/YYYY)	RETRO DATE (MM/DD/YYYY)
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		

b Has any Errors & Omissions or Professional Liability Insurance issued to the Applicant ever been declined, cancelled, or non-renewed? .....  Yes  No  
**If the answer is "Yes", please explain on a separate sheet.**

**5. CLAIMS EXPERIENCE**

- a Do any principals, directors, officers, partners, employees, or independent contractors of the Applicant have knowledge or information of any actual or alleged acts, errors, omissions, offenses, or circumstances which might reasonably be expected to give rise to a claim against the Applicant? . . . . .  Yes  No
- b During the past five years, has the Applicant, or any of its predecessors in business, subsidiaries, or affiliates, or any of the principals, directors, officers, partners, employees, or independent contractors ever been subject to a disciplinary action as a result of professional activities? . . . . .  Yes  No
- c During the past five years, have any suits or claims been brought against the Applicant, any of its predecessors in business, subsidiaries, or affiliates, or any of the principals, directors, officers or employees? . . . . .  Yes  No

**If the answer to 5a, 5b, or 5c above is "Yes", complete the Supplemental Claims Questionnaire for each Claim, Notice, or Circumstance.**

**THE APPLICANT WARRANTS THAT THE STATEMENTS AND RESPONSES TO THE QUESTIONS ON THIS APPLICATION ARE TRUE AND COMPLETE. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY, NOR DOES IT OBLIGATE THE COMPANY TO ISSUE A POLICY. SUCH POLICY MAY BE CANCELLED BY THE COMPANY FROM INCEPTION UPON DISCOVERY THAT THE POLICY WAS OBTAINED THROUGH A FRAUDULENT STATEMENT, OMISSION, OR CONCEALMENT OF THE FACTS MATERIAL TO THE ACCEPTANCE OF THE RISK OR HAZARD ASSUMED.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (MUST be signed by an Owner, Partner, Director or Officer of the Named Insured. It is agreed the signer has authority to act on behalf of all insureds.) (MM / DD / YY)

Print Name \_\_\_\_\_ Print Title \_\_\_\_\_



# LAWYERS PROFESSIONAL LIABILITY TITLE AGENT SUPPLEMENTAL APPLICATION

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\*\*\* EVERY QUESTION BELOW MUST BE ANSWERED. RESPOND "N/A" TO ANY QUESTION THAT DOES NOT APPLY.\*\*\*

## 6. GENERAL INFORMATION

Applicant Name \_\_\_\_\_

Business \_\_\_\_\_ Do you operate from a residence?...  Yes  No

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

## 7. SUBSIDIARIES, ACQUISITIONS, MERGERS, OR CONSOLIDATIONS

- a Are there any Subsidiaries for which coverage is desired? .....  Yes  No
- b Is the Applicant owned, controlled, or affiliated with any other entity? .....  Yes  No
- c Has the Applicant ever been the subject of any merger, acquisition, or consolidation? .....  Yes  No
- d During the past five years has the Applicant been engaged in any business or professional services other than the Nature of Business described in Question 1? .....  Yes  No  
*If "Yes", please explain on a separate sheet.*

e Title Companies Represented: \_\_\_\_\_

## 8. CONTRACTS

- a What percentage of the Applicant's services is provided under written agreement? ..... \_\_\_\_\_ %  
*If the answer to 3a is less than 100%, describe the instances when a written contract would not be used on a separate sheet.*
- b Are Applicant's contracts reviewed by legal experts prior to use? .....  Yes  No

## 9. CORPORATE GOVERNANCE

- a Does the Applicant have a process in place to handle and resolve client complaints? .....  Yes  No
- b Does the Applicant require continuing education for all professional employees? .....  Yes  No  N/A

## 10. SUBCONTRACTORS

- a Does the Applicant use subcontractors? .....  Yes  No
- b What percentage of the Applicant's business is subcontracted out? ..... \_\_\_\_\_ %
- c Does the Applicant require its subcontractors to maintain professional liability insurance? .....  Yes  No  N/A
- d Do contracts with subcontractors have hold harmless or indemnity agreements that inure to the benefit of the Applicant? .....  Yes  No  N/A
- e Does the firm use outside sources to perform title searches? .....  Yes  No  N/A  
*If "Yes", list all outside title search firms used. Attach additional sheet if necessary:*

Outside Source Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Years Experience in Abstracting/Searching Files \_\_\_\_\_

- f Do any of the contractors listed above maintain their own Errors & Omissions insurance? .....  Yes  No  N/A

**11. FINANCIAL AND BUSINESS INFORMATION**

**a** Total Gross Annual Revenue, last 12 months ..... \$ \_\_\_\_\_

**b** Total Gross Annual Revenue, next 12 months (estimated) ..... \$ \_\_\_\_\_

**c** Provide a Revenue Breakdown (by percent) for the last 12 months (**Must equal 100%**):

Title Agents ..... %

Escrow/Closing Agents ..... %

Examining/Searching/Abstracting ..... %

Notary/Witness Closing ..... %

Other (describe): \_\_\_\_\_ %

**d** Provide a Revenue Breakdown (by percent) for the last 12 months (**Must equal 100%**):

Residential ..... %

Commercial/Industrial ..... %

Agricultural ..... %

Oil/Gas/Precious Metals or Minerals .... %

Other (describe): \_\_\_\_\_ %

**e** Does the Applicant hold funds in escrow? .....  Yes  No

If "Yes", what is the average monthly balance of the Applicant's escrow account? ... \$ \_\_\_\_\_

**f** Does the Applicant currently have Fidelity Bond (Not Surety or Title Agent Bond) in place? .....  Yes  No

If "Yes", what is the face amount of the Bond? ..... \$ \_\_\_\_\_

**g** Does the Applicant maintain a Crime/Employee Dishonesty policy? .....  Yes  No

If "Yes", what is the policy limit? \$ \_\_\_\_\_ Policy deductible? \$ \_\_\_\_\_

**h** Indicate fiscal year end date: \_\_\_\_ / \_\_\_\_ (month/day)

**i** Do you anticipate any material changes to the nature of the Applicant's business in the next 12 months?  Yes  No

**If the answer is "Yes", please explain on a separate sheet.**

**12. ASSOCIATIONS**

Are you currently a member of any land title association? .....  Yes  No

If "Yes", please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>AGENT INFO</b>			
Agency Name _____	License No. _____		
Agent Name _____	Phone No. (____) _____		
Address _____			
City _____	State _____	Zip _____	

Applicant Signature \_\_\_\_\_ Date      /      /       
 (MM / DD / YY)



**\*\*COMPLETE ONLY IF YOU ANSWERED "YES" TO QUESTION 2e\*\***

**LAWYERS PROFESSIONAL LIABILITY INSURANCE  
OUTSIDE INTERESTS SUPPLEMENTAL APPLICATION**

THIS SUPPLEMENTAL FORM IS TO BE COMPLETED BY LAWYER PROFESSIONAL LIABILITY APPLICANTS SEEKING PROFESSIONAL LIABILITY AND SERVE AS A DIRECTOR, OFFICER, TRUSTEE, OR PARTNER OF ANY CLIENT THE APPLICANT REPRESENTS. PLEASE BE SURE TO ANSWER ALL QUESTIONS. FAILURE TO DO SO MAY DELAY PROCESSING OR RESULT IN THE SUBMISSION'S DECLINATION.

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

Provide the following information for each client. Use additional sheets if necessary:

NAME OF LAWYER HOLDING POSITION	POSITION HELD	NATURE OF SERVICES PROVIDED	% EQUITY INTEREST HELD	% TOTAL REVENUE	POSITION COVERED BY CLIENT'S D&O?
<b>CLIENT NAME</b>					
<b>CLIENT NAME</b>					
<b>CLIENT NAME</b>					

Have the clients listed above been notified in writing regarding the potential for conflict of interest resulting from the Applicant's involvement in the client's activities?.....  Yes  No *If "Yes", does the disclosure:*

1. Clearly describe the nature of the conflict? .....  Yes  No
2. Explain the circumstances under which client should seek independent legal advice? .....  Yes  No
3. Describe the potential consequences of having the Applicant withdraw as legal counsel in the event of a conflict? .....  Yes  No
4. Obtain the client's consent to continue to provide legal services? .....  Yes  No

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Date      /      /       
( M M / D D / Y Y )

\_\_\_\_\_  
Applicant's Authorized Signature



I AM REQUESTING PARALEGAL COVERAGE .....  Yes  No

## MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE PARALEGAL SUPPLEMENT APPLICATION

THIS SUPPLEMENTAL FORM IS TO BE COMPLETED BY THOSE APPLICANTS SEEKING PROFESSIONAL LIABILITY INSURANCE FOR PARALEGAL SERVICES. PLEASE BE SURE TO ANSWER ALL QUESTIONS. FAILURE TO DO SO MAY DELAY PROCESSING OR RESULT IN THE SUBMISSION'S DECLINATION. NOTE: THIS IS NOT AN APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE.

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

List the percentage of annual revenues derived from each of the consulting services listed below:

SERVICE PROVIDED	% REVENUES	SERVICE PROVIDED	% REVENUES	SERVICE PROVIDED	% REVENUES
Bankruptcy		Legal Research		SEC/Bonds/Private Placements	
Collections		Licenses and Permit Approvals		Small Claims	
Copyright and Trademarks		Mergers and Acquisitions		Social Security and Welfare	
Corporate Formation		Mortgage and related		Patent	
Divorce/Family		Name Changes		Tax Matters	
Estate Planning		Personal Injury/Litigation		Title or Other Abstracting	
Eviction (landlord or tenant)		Process Serving		Wills and Trusts	
Escrow		Real Estate Closings		Other ( <i>describe below</i> ): _____	
Investigations		Research/Drafting			

Provide a breakdown of staff by profession:

DESCRIPTION	NUMBER	DESCRIPTION	NUMBER	DESCRIPTION	NUMBER
Partners		Paralegals		Other Administrative Staff	
Principals		Investigators		<b>TOTAL</b>	

Have any Applicant staff members ever been licensed to practice law? .....  Yes  No

If "Yes", please list individual names: \_\_\_\_\_

**NOTE:** Lawyers Professional Liability coverage will not be afforded to these individuals under the terms of this policy in the event of issuance.

Does the Applicant retain independent contractors? ...  Yes  No If "Yes", are they required to maintain their own professional liability insurance?  Yes  No

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Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(MM / DD / YY)

\_\_\_\_\_  
Applicant's Authorized Signature



## **SUPPLEMENTAL CLAIM QUESTIONNAIRE**

THIS SUPPLEMENTAL FORM IS TO BE COMPLETED BY THOSE APPLICANTS WHO HAVE EITHER 1) BEEN THE SUBJECT OF A PROFESSIONAL LIABILITY CLAIM, OVER THE PAST TEN (10) YEARS, OR 2) ARE AWARE OF A SITUATION THAT MAY GIVE RISE TO A CLAIM IN THE FUTURE. PLEASE BE SURE TO ANSWER ALL QUESTIONS. FAILURE TO DO SO MAY DELAY PROCESSING OR RESULT IN THE SUBMISSION'S DECLINATION.

**COMPLETE ONE SUPPLEMENTAL APPLICATION FOR EACH CLAIM OR INCIDENT.**

**a** Applicant Name: \_\_\_\_\_

**b** Name of the Claimant(s) or potential Claimant(s): \_\_\_\_\_

Date of the alleged act, error, or omission: \_\_\_\_\_

Is this a:      Claim      Lawsuit      Administrative/Disciplinary Hearing      Incident (potential claim)

Is this matter settled?      Yes      No      *If "Yes," what was the final disposition (monetary award, administrative sanction, etc.?)*

What was the total indemnity amount paid? \$ \_\_\_\_\_

What were the total defense/legal costs paid? \$ \_\_\_\_\_

*If the matter is still pending, what remedy is being sought by the Claimant(s):* \_\_\_\_\_

**c** Provide a brief description incident being reported: \_\_\_\_\_

**d** Please describe procedures instituted to avoid like claims: \_\_\_\_\_

**e** Was the Applicant insured under a Professional Liability policy at the time of the incident?      Yes      No

*If "Yes", provide the insurance company name and policy number:*

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Authorized Signature