



# eKo Specialty Insurance Services, Inc.

www.eKoSpecialty.com

Please e-mail the completed and signed application to: eKo@eKoSpecialty.com

**APPLICANT'S INSTRUCTIONS:**

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

**PROFESSIONAL LIABILITY INSURANCE APPLICATION FOR LAW FIRMS**

Firm Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Limits Requested: \_\_\_\_\_ Deductible Requested: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**Firm Profile:**

Complete the Schedule of Lawyers section of the application and supply a current sample of firm letterhead.

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

1. On what date was your firm established? \_\_\_\_\_
2. Has your firm's name changed? Yes  No  If "Yes", complete Predecessor Firms section on Page 6 of 6.
3. Has your firm assumed, by merger or acquisition, the liabilities of another lawyer or law firm? If "Yes", provide a detailed narrative.
4. Does your firm share office space with another firm? Yes  No 
  - a. Letterhead  Yes  No
  - b. Support Staff  Yes  No
  - c. Cases  Yes  No
 If "Yes", provide a detailed narrative.
5. In the last 12 months, how many attorneys have joined the firm \_\_\_ departed from the firm? \_\_\_\_\_
6. What was your firm's revenue for the last 12 months? \_\_\_ in the 12 months before that? \_\_\_\_\_
7. List the earliest date from which you have had uninterrupted "claims made" coverage. \_\_\_\_\_
8. Has our firm or predecessor firm ever had a gap in coverage?  Yes  No  
If "Yes", please provide detailed narrative.
9. Does your current policy include a prior acts exclusion or retroactive date?  Yes  No  
Retroactive Date: \_\_\_\_\_  
If "Yes", please provide the endorsement or the Declarations page that documents this date.

10. Please provide the following information about your professional liability insurance for the previous 5 years.

Company	Policy Period	Limits/Deductible	Premium	No. of Attorneys

11. Describe your firm's system of calendar control and maintenance.

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12. Describe your firm's system for identifying and avoiding conflicts of interest.

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13. Does your firm have a written Risk Management Program?  Yes  No  
How is it enforced?

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14. Client Communications (Check all that apply and indicate percentage of use):

<input type="checkbox"/> Engagement letters on new matters presented to the firm		Estimate
		_____%
Do they clearly define who is being represented?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do they define service to be performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do they describe billing rate and procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you audit files to make sure they are used by attorneys?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Written fee agreement outlining the firm's billing procedures		_____%
<input type="checkbox"/> Declination or non-engagement letters on new matters that will not be undertaken		_____%
<input type="checkbox"/> Scope of service letters or engagement letters for new matters of existing clients		_____%
<input type="checkbox"/> Settlement Authority letters (when applicable)		_____%
<input type="checkbox"/> Termination or disengagement letters when completing or terminating representation		_____%

15. Approximately, what was the single highest value case the firm handled in the last 12 months? \_\_\_\_\_%

16. Please provide the percentage of each area of practice your firm engages in. Note the combined total of your practice areas must equal 100%. For each area of practice your firm engages in that is referenced by an \*, please complete the appropriate supplement.

___% Administrative Law	___% Domestic Relations	___% Oil & Gas
___% Admiralty Law	___% Environmental Law	___% Personal Injury-Plaintiff
___% Bankruptcy	___% Entertainment	___% Personal Injury-Defense
___% Business	___% ERISA/Employee Benefits	___% Residential Real Estate
___% Transaction/Contract	___% Estate, Trust, Probate	___% Commercial Real Estate
___% Civil Rights	___% Financial Institution	___% Securities
___% Consumer Debt		

___%	Collection	___%	Banking	___%	Tax
___%	Commercial Litigation-Plaintiff	___%	Government Contracts/Claims	___%	Workers Compensation – Defense
___%	Commercial Litigation – Defense	___%	Immigration & Naturalization	___%	Workers Compensation – Plaintiff
___%	Construction/Building Contracts	___%	Insurance Defense	___%	Other
___%	Corporate Administrative	___%	Intellectual Property*	___%	Other
___%	Corporate & Business Organization	___%	International Law	___%	Other
___%	Corporate Mergers & Acquisitions	___%	Labor Management	___%	
___%	Criminal	___%	Labor Union/Employees		
___%	Mass Tort/Class Actions	___%			

17. Does any one client account for 10% or more of your firms annual billings? If “Yes”, please name the client(s) and is it the services your firm provided them.  Yes  No

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18. In the past 5 years, has your firm or any lawyer in your firm represented issuers, underwriters, or affiliates of either with regard to the issuance offering or sale of securities or bonds?  
 Yes  No If “Yes”, please complete the Securities supplement.

19. In the past 3 years has any attorney in your firm served as a Director, Officer, Trustee, Partner, or Employee of any clients of the firm?  Yes  No If “Yes”, please complete the Outside Interest supplement.

20. Do any of your attorneys have a financial interest in a client of the firm?  Yes  No  
If “Yes”, please complete the Outside Interest supplement.

21. Does anyone affiliated with your firm maintain any equity interest in a Title Agency?  Yes  No

22. In the past 5 years, has anyone in your firm served as a Director, Officer, Trustee, Partner, or Employee of a Financial Institution?  Yes  No If “Yes”, please complete the Outside Interest Supplement.

23. In the past 3 years, has any attorney in your firm handled class action or mass tort litigation?  
 Yes  No If “Yes”, provide a narrative describing the class action or the mass tort litigation, the capacity in which your attorney was involved in the case, the size of the class, and the amount of money involved.

24. Please describe your firm’s policy regarding collection of your fees from clients.

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25. a. In the past 3 years, how many times have you sued or entered into arbitration with your clients to collect your fees. \_\_\_\_\_

b. In the past year, how many outstanding clients bills have you sent to a collection agency.

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26. Does any member of your firm currently suffer from an impairment that might hinder their professional ability to provide competent, courteous, and timely legal services?  Yes  No  
If "Yes", please describe the impairment.
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27. If you are a sole practitioner, who will handle your cases in the event of your incapacitation or vacation?
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28. In the past 5 years, has any attorney associated with your firm been the subject of a disciplinary action?  Yes  No If "Yes", please complete a Claims supplement.
29. In the past 5 years, how many claims have been alleged against attorneys in your firm (past and present)? \_\_\_\_\_ For each, please complete a Claims supplement.
30. Are you or any member of your firm aware of any incident, act, error or omission that may result in a claim or disciplinary action being brought against you, which you have not mentioned in questions 28 or 29?  Yes  No If "Yes", please complete a supplement. Will you report his to your insurer?  Yes  No  
Please note that any such matter will not be covered by a subsequently issued claims-made policy.

**NOTICE TO APPLICANT:** The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

**In New York: 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.**

**In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.**

**WARRANTY:** I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company, 7130 Glen Forest Drive, Richmond, VA 23226.

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

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Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Agent/Broker Name: \_\_\_\_\_

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