



ZURICH

# Corporate Lawyers - Application for Professional Liability Insurance (NY)

## AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY

THIS APPLICATION IS FOR A CLAIMS MADE POLICY.  
IF ISSUED, PLEASE READ YOUR POLICY CAREFULLY.

### ELIGIBILITY INFORMATION AND INSTRUCTIONS

This application should only be completed by an individual who has a full time job (at least thirty-five (35) hours per week) that does not involve the practice of law and who practices law in a moonlighting capacity twenty-five (25) hours or less per week.

Please type or print clearly in ink. Answer all questions. If space is insufficient to answer any question fully, attach a separate sheet. This application must be signed and dated by the Applicant.

#### Calculate Your Eligibility

1. A. Average hours worked per week for your Employer:	_____	C. Your total Hours Worked (A + B):	_____
B. Average hours per week you engage in private practice:	_____	D. Percentage of Total Hours "Moonlighting" (B / C):	_____

**NOTE: If A. is less than 35 hours and/or B. is 26 hours or more, you must request and complete our standard application.**

### GENERAL INFORMATION

2. Full Name of Attorney: \_\_\_\_\_

3. Attorney ID #State: \_\_\_\_\_

4. Street Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Tel. Number: \_\_\_\_\_ 6. Fax Number: \_\_\_\_\_

7. E-Mail: \_\_\_\_\_ 8. Social Security Number: \_\_\_\_\_

9. Employer & Type of Business: \_\_\_\_\_ 10. Website Address: \_\_\_\_\_

11. Please provide the following information for the attorney that will handle your cases in your absence.

Name	_____	Address/City/Zip:	_____
Phone Number:	_____	Does he or she have professional liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### PRACTICE INFORMATION

12. When was the last day on which twenty-six percent (26%) or more of your average total work time was spent in private practice? \_\_\_\_\_

13. Have you ever had an insurance company or Lloyd's decline, cancel, refuse to renew or accept only on special terms any professional liability insurance except for loss of market? If YES, please explain.  Yes  No

14. Does your private moonlighting practice include any of the following areas of practice?

Class Action/Mass Tort	<input type="checkbox"/> Yes <input type="checkbox"/> No	Investment Counseling/Money	<input type="checkbox"/> Yes <input type="checkbox"/> No
Collections	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Malpractice ( Plaintiff or Defendant)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Copyright/Trademark	<input type="checkbox"/> Yes <input type="checkbox"/> No	Patent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Entertainment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Securities Law	<input type="checkbox"/> Yes <input type="checkbox"/> No
Environmental Law	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tax Shelters	<input type="checkbox"/> Yes <input type="checkbox"/> No

15. Please list the lawyers' professional liability insurance carried by you, your current employer or previous firms for the past four (4) years. If *NONE*, please state *NONE*.

Policy Period	Limit of Liability	Deductible	Insurer	Premium

16. Does your firm's Docket/Calendar Control system include the following? (Please check all applicable options.)

Single Calendar  Dual Calendar  Tickler Cards  Master Listing  Computer  Calendar

Other (explain) \_\_\_\_\_

16a. Indicate how frequently the time deadlines are cross-checked.  Daily  Weekly  Monthly  Never

**LOSS HISTORY**

IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, PLEASE COMPLETE THE CLAIMS SUPPLEMENTAL FORM INCLUDED WITH THE APPLICATION AND ATTACH ADDITIONAL SHEETS AS NECESSARY.

17. During the past ten (10) years has the attorney in Question 3 been the subject of a criminal action, a reprimand, disciplinary action, bar complaint, investigation, or other ethics proceeding?  Yes  No

18. During the past five (5) years has any claim or suit arising out of the rendition of legal services been made against the attorney in Question 3?  Yes  No

19. Is the attorney in Question 3 aware of any circumstances, incidents, acts, errors or omissions that could result in a claim or suit arising out of the rendition of legal services against the applicant?  Yes  No

**Please be advised that any matters answered in response to questions 16, 17 and 18 are not covered under the proposed coverage and should be reported to your current insurance carrier.**

20. Has the applicant initiated lawsuits or arbitration procedures during the past three (3) years to enforce collection of unpaid fees? If YES, how many matters? \_\_\_\_\_ How many of these matters are resolved? \_\_\_\_\_ How many of these matters are still unresolved? \_\_\_\_\_  Yes  No

21. Has the applicant had three (3) or more continuous years of full-time coverage with Zurich?  Yes  No

22. Does twenty-five percent (25%) or more of your revenue come from any form of fee sharing, subcontracting, or referral work?  Yes  No

Explanation: \_\_\_\_\_

The applicant represents that the above statements are true and correct to the best of his or her knowledge and that no material or relevant facts have been suppressed or misstated and agree that the policy, if issued, will be issued on the reliance of such representations. Applicant acknowledges a continuing obligation to report to us as soon as practicable any material changes in the facts or statements above, and in each supplementary application, which applicant becomes aware after signing the application.

I, the undersigned, do understand that the information submitted herein becomes part of the application for the Corporate Lawyers Professional Liability Insurance and is subject to the representations contained therein. Signing this form and tendering premium does not bind the Applicant or the Company to complete the insurance. It is agreed that this application shall be the basis of the contract of insurance should a policy be issued and it will be attached to the policy.

**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 state value of the claim for each such violation.**

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Applicant's Authorized Signature

Print Name

Date