

Clauss & Company

INSURANCE AGENCY

Firm Name _____ Year Established _____
 Street Address _____
 City _____ County _____ State _____ Zip Code _____
 Contact Person _____ Telephone _____ Email/Fax _____
 Policy Expiration Date: _____ Exclusion Date Retroactive or "Prior Acts": _____
 Current Limits: _____ / _____ Current Deductible: _____ Aggregate or Each Claim

OPTIONAL COVERAGES: Title Agency _____ Claim Expenses Outside Limit (CEOL) _____ First Dollar Defense _____
 Professional Liability Carrier _____ Years continuous coverage _____ Premium: _____

❖ Please provide information about the attorneys in your firm (If more than five (5) attorneys, please use a separate sheet of paper.)

Name of Attorney	Date Began Private Practice (MM/DD/YY)	Date Joined Firm (MM/DD/YY)	Status: Employee/Partner/ Of Counsel/Indep. Contractor	# Hours Worked per Week	Indicate individual retroactive exclusion date (MM/DD/YY) If applicable

❖ **Areas of Practice: Provide percentages of time devoted during the previous year in each area of practice (Must Total 100%).**

<input type="checkbox"/> Admiralty/Marine – Defense <input type="checkbox"/> Admiralty/Marine – Plaintiff <input type="checkbox"/> Anti-Trust/Trade Regulation <input type="checkbox"/> Arbitrator/Mediator <input type="checkbox"/> Banking/Financial Institutions <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Business Transactions/Corp. Law <i>Administrative</i> <i>Formation of Entities</i> <i>General Contract Negotiation</i> <i>Mergers & Acquisitions</i> <i>Secured Transactions</i> <input type="checkbox"/> Civil Rights/Discrimination <input type="checkbox"/> Collections <input type="checkbox"/> Construction (Building Contracts) <input type="checkbox"/> Consumer Claims (not class action) <input type="checkbox"/> Criminal <input type="checkbox"/> Entertainment/Sports money mgmt <input type="checkbox"/> Entertainment/Sports No money mgmt <input type="checkbox"/> Environmental Law <input type="checkbox"/> ERISA/Pension/Employee Benefits <input type="checkbox"/> Family Law <i>Adoption</i> <i>Divorce – Marital Assets < 1M</i> <i>Divorce – Marital Assets > 1M</i>	<input type="checkbox"/> Family Law, Continued <i>Elder Law</i> <i>Guardianship/Juvenile</i> <i>Social Security</i> <input type="checkbox"/> Govt. Contracts/Claims <input type="checkbox"/> Healthcare – Regulatory Compliance <input type="checkbox"/> Immigration/Naturalization <input type="checkbox"/> Intellectual Property * <input type="checkbox"/> International Law <input type="checkbox"/> Labor/Employment – Management <input type="checkbox"/> Labor/Employment – Employee <input type="checkbox"/> Labor/Employment – Union <input type="checkbox"/> Litigation <i>Class Action/Mass Tort – Defense</i> <i>Class Action/Mass Tort – Plaintiff *</i> <i>General Commercial – Defense</i> <i>General Commercial – Plaintiff</i> <i>Insurance Defense</i> <i>Personal Inj./Prop Damage – Defense</i> <i>Personal Inj./Prop Damage – Plaintiff</i> <i>Personal Inj/Med Mal -Plaintiff</i> <i>Work Comp – Defense</i> <i>Work Comp – Plaintiff</i> <input type="checkbox"/> Lobbying <input type="checkbox"/> Local Govt./Municipal (not bonds)	<input type="checkbox"/> Natural Resources/Oil & Gas <input type="checkbox"/> Real Estate <i>Abstracting/Title – Commercial</i> <i>Abstracting/Title – Residential</i> <i>Conveyance – Commercial</i> <i>Conveyance – Residential</i> <i>Foreclosures & Loan Workouts</i> <i>Landlord/Tenant</i> <i>Syndications/Ltd. Partnerships</i> <i>Zoning & Planning</i> <input type="checkbox"/> Securities * <input type="checkbox"/> Taxation <i>Business</i> <i>Individual</i> <i>Tax Litigation</i> <i>Opinions</i> <input type="checkbox"/> Wills, Estate, Trust, Probate <i>For assets < 1M</i> <i>For assets > 1M</i> <input type="checkbox"/> Other (please describe)
		Total

❖ **Please Tell Us About Your Law Firm:**

<input checked="" type="checkbox"/> Does the firm have a docket system with two independent date controls?	Yes No	<input checked="" type="checkbox"/> How many suits for fees have you filed against your clients in the last 2 years? _____
<input checked="" type="checkbox"/> Do you have a conflict of interest avoidance system?	Yes No	<input checked="" type="checkbox"/> Total number of employees including attorneys _____
<input checked="" type="checkbox"/> Do you use engagement/disengagement letters?	Yes No	<input checked="" type="checkbox"/> Firm Gross Revenue _____

Any Professional Liability claims or incidents reported against any of the attorneys' listed, prior partners or associates in the last 5 years?
 Yes* No * # Closed _____ # Open _____ If yes, please complete a Description of Claim or Incident on the attached claims supplement.
 Is the firm aware of any circumstance(s) or act(s) which may give rise to a claim?
 Yes* No * If yes, please complete a Description of Claim or Incident Supplement on the attached claims supplement.
 Have any of the firm's attorneys been the subject of any disciplinary action, for any reason other than non-payment of dues, within the last five years?
 Yes* No * If yes, please complete a description and include resolution letter from state bar.

NOTE: This Form is for Estimate Purposes Only. Coverage May Be Bound Only Upon Submission and Acceptance of a Completed Application

Attorney Signature: _____

Claims Summary

Firm Name: _____

Please complete the following for each claim/suit/Incidents filed against the firm in the past 5 years
(Attach separate sheet if necessary)

Full Name of Claimant	_____			
Date of Alleged Error	_____	Date Reported to The Insurance Company		_____
Status of Claim	Pre-Suit	In Suit	Closed	Date Closed _____
Total Damages Paid	\$ _____	Total Damages Reserved*		\$ _____
Total Expenses Paid	\$ _____	Total Expenses Reserved*		\$ _____

Description of claim, including likelihood of payment if pending (Please provide enough information to allow an evaluation), and allegation upon which claimant bases claim:

Full Name of Claimant	_____			
Date of Alleged Error	_____	Date Reported to The Insurance Company		_____
Status of Claim	Pre-Suit	In Suit	Closed	Date Closed _____
Total Damages Paid	\$ _____	Total Damages Reserved*		\$ _____
Total Expenses Paid	\$ _____	Total Expenses Reserved*		\$ _____

Description of claim, including likelihood of payment if pending (Please provide enough information to allow an evaluation), and allegation upon which claimant bases claim:

*If unknown, inquire of defense counsel or insurance company.