

**APPLICATION
PARALEGAL/LAWYERS CLERICAL SERVICES ERRORS AND OMISSIONS INSURANCE
 CLAIMS MADE POLICY**

THIS IS AN APPLICATION FOR A POLICY WITH LIMITS OF LIABILITY WHICH INCLUDE BOTH DAMAGES AND CLAIM EXPENSES. IF THERE IS ANY QUESTION, PLEASE CONSULT WITH YOUR AGENT, BROKER, OR ATTORNEY.

QUESTIONS	ANSWERS												
1. Full name and address of Applicant.	1.												
2. Address(es) of Branch Office(s).	2.												
3. Date Established.	3. _____												
4. The Applicant is:	4. <input type="checkbox"/> Individual; <input type="checkbox"/> Partnership; <input type="checkbox"/> Corporation; <input type="checkbox"/> _____.												
5. Furnish the number of Partners and Staff: a) Principals/Partners; b) Paralegals; c) Investigators; d) Other Employees (Secretaries, Clerks, etc.).	5. <u>Full Time</u> <u>Part Time</u> a) _____ _____ b) _____ _____ c) _____ _____ d) _____ _____												
6. a) Furnish the following information on all principals and key employees:	6. a)												
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"><u>Full Name</u></th> <th style="width: 15%;"><u>No. Years Experience</u></th> <th style="width: 20%;"><u>Professional Qualifications</u></th> <th style="width: 25%;"><u>How Long a Principal</u></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	<u>Full Name</u>	<u>No. Years Experience</u>	<u>Professional Qualifications</u>	<u>How Long a Principal</u>									
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b) Attach resumes of the principals, key employees, and paralegal subcontractors.	b)												
c) Are any principals/partners/employees lawyers?	c) YES/NO												
d) Have any principals/partners/employees ever been lawyers?	d) YES/NO												
e) If "Yes," furnish full details.	e)												

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<p>7. a) Furnish estimated gross receipts for the NEXT fiscal year;</p> <p>b) Furnish gross receipts for the current year and the past TWO years.</p>	<p>7. a) \$ _____</p> <p>b) 19__ \$ _____</p> <p>19__ \$ _____</p> <p>19__ \$ _____</p>																																												
<p>8. a) Furnish the type and percentage of work done for the following:</p> <ol style="list-style-type: none"> 1) Bankruptcy; 2) Collections; 3) Copyrights and Trademarks; 4) Divorce; 5) Estate Planning; 6) Eviction and Eviction Defense; 7) Incorporations; 8) Investigations; 9) Legal Research; 10) Licenses and Approvals; 11) Mergers and Acquisitions; 12) Mortgage Matters; 13) Name Changes; 14) Personal Injury; 15) Process Serving; 16) Real Estate Closings; 17) Small Claims; 18) Social Security and Welfare Matters; 19) Tax Matters; 20) Title and Other Abstracting; 21) Wills and Trusts. <p>b) Is the work performed under the supervision of an attorney?</p>	<p>8. %</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%;">1) YES/NO</td><td style="width: 35%; text-align: center;">_____</td></tr> <tr><td>2) YES/NO</td><td style="text-align: center;">_____</td></tr> <tr><td>3) YES/NO</td><td style="text-align: center;">_____</td></tr> <tr><td>4) YES/NO</td><td style="text-align: center;">_____</td></tr> <tr><td>5) YES/NO</td><td style="text-align: center;">_____</td></tr> <tr><td>6) YES/NO</td><td style="text-align: center;">_____</td></tr> <tr><td>7) YES/NO</td><td style="text-align: center;">_____</td></tr> <tr><td>8) YES/NO</td><td style="text-align: center;">_____</td></tr> <tr><td>9) YES/NO</td><td style="text-align: center;">_____</td></tr> <tr><td>10) YES/NO</td><td style="text-align: center;">_____</td></tr> <tr><td>11) YES/NO</td><td style="text-align: center;">_____</td></tr> <tr><td>12) YES/NO</td><td style="text-align: center;">_____</td></tr> <tr><td>13) YES/NO</td><td style="text-align: center;">_____</td></tr> <tr><td>14) YES/NO</td><td style="text-align: center;">_____</td></tr> <tr><td>15) YES/NO</td><td style="text-align: center;">_____</td></tr> <tr><td>16) YES/NO</td><td style="text-align: center;">_____</td></tr> <tr><td>17) YES/NO</td><td style="text-align: center;">_____</td></tr> <tr><td>18) YES/NO</td><td style="text-align: center;">_____</td></tr> <tr><td>19) YES/NO</td><td style="text-align: center;">_____</td></tr> <tr><td>20) YES/NO</td><td style="text-align: center;">_____</td></tr> <tr><td>21) YES/NO</td><td style="text-align: center;">_____</td></tr> <tr><td colspan="2" style="text-align: right;">Total 100%</td></tr> </table> <p>b) YES/NO</p>	1) YES/NO	_____	2) YES/NO	_____	3) YES/NO	_____	4) YES/NO	_____	5) YES/NO	_____	6) YES/NO	_____	7) YES/NO	_____	8) YES/NO	_____	9) YES/NO	_____	10) YES/NO	_____	11) YES/NO	_____	12) YES/NO	_____	13) YES/NO	_____	14) YES/NO	_____	15) YES/NO	_____	16) YES/NO	_____	17) YES/NO	_____	18) YES/NO	_____	19) YES/NO	_____	20) YES/NO	_____	21) YES/NO	_____	Total 100%	
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<p>9. a) Is the Applicant a member of any State or National Paralegal or Legal Assistant Associations?</p> <p>b) If "Yes," furnish full details.</p>	<p>9. a) YES/NO</p> <p>b)</p>																																												
<p>10. Furnish the names of the THREE largest clients and the percentage of gross receipts derived from each.</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 75%; text-align: center;"><u>Client Name</u></th> <th style="width: 20%; text-align: center;"><u>%</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1)</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="text-align: center;">2)</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="text-align: center;">3)</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> </tbody> </table>		<u>Client Name</u>	<u>%</u>	1)	_____	_____	2)	_____	_____	3)	_____	_____																																
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<p>11. a) Does the Applicant hire paralegal subcontractors?</p> <p>b) If "Yes," furnish the following:</p> <p>1) The number of subcontractors hired in the last year;</p> <p>2) The percentage of gross receipts derived from the subcontractors work;</p> <p>3) Under what circumstances are the subcontractors hired?</p> <p>4) Furnish the qualifications required of the subcontractors by the Applicant.</p> <p>5) Are the subcontractors required to have their own errors and omissions insurance?</p>	<p>11. a) YES/NO</p> <p>b)</p> <p>1) _____</p> <p>2) _____%</p> <p>3)</p> <p>4)</p> <p>5) YES/NO</p>									
<p>12. a) Furnish the following information about the general liability insurance carried by the Applicant:</p> <p>b) Does the general liability insurance include personal injury coverage?</p>	<table border="0"> <tr> <td></td> <td style="text-align: right;">Policy</td> <td style="text-align: right;">Expiration</td> </tr> <tr> <td></td> <td style="text-align: right;">Insurance Co.</td> <td style="text-align: right;">Limit Date</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">_____</td> </tr> </table> <p>b) YES/NO</p>		Policy	Expiration		Insurance Co.	Limit Date	_____	\$	_____
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_____	\$	_____								
<p>13. a) Is the Applicant engaged in any other business or profession, or employed by any other firm, full or part-time?</p> <p>b) If "Yes," furnish full details.</p>	<p>13. a) YES/NO</p> <p>b)</p>									
<p>14. a) During the past FIVE years has the name of the Applicant been changed or has any other business been purchased, merged or consolidated with the Applicant?</p> <p>b) If "Yes," furnish full details.</p>	<p>14. a) YES/NO</p> <p>b)</p>									

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<p>15. a) Has the named Applicant had errors and omissions insurance previously; either under their existing name, or that of any predecessor in business?</p> <p>b) If "Yes," furnish full details of errors and omissions coverage for the last THREE years.</p>		<p>15. a) YES/NO</p> <p>b)</p>																									
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<p>c) Is the Applicant's expiring policy a CLAIMS MADE policy?</p> <p>d) If "Yes," furnish the retroactive date and attach a copy of the expiring policy.</p>		<p>c) YES/NO</p> <p>d) _____</p>																									
<p>16. a) Has any application for this type of insurance made by the Applicant or their predecessors in business ever been declined, or has any similar insurance ever been canceled, non-renewed, refused, or had special terms imposed?</p> <p>b) If "Yes," furnish full details.</p>		<p>16. a) YES/NO</p> <p>b)</p>																									
<p>17. a) Has any Claim been made during the last FIVE years against the Applicant, any of their past or present owners, officers, partners, directors, or employees, either individually or otherwise on account of errors and omissions?</p> <p>b) If "Yes," furnish the following:</p> <ol style="list-style-type: none"> 1) Date the Claim was made; 2) Name of the Claimant; 3) Value of the Claim; 4) If the Claim is settled or outstanding; 5) Amount of the settlement; 6) Brief description. 		<p>17. a) YES/NO</p> <p>b)</p> <ol style="list-style-type: none"> 1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____ 																									

QUESTIONS	ANSWERS
<p>18. a) Is the Applicant aware of any circumstances, or any allegation or contentions, as to any incident which may result in a Claim being made against the Applicant or any past or present owners, partners, officers, employees, or predecessors in business?</p> <p>b) If "Yes," furnish the following:</p> <p>1) Date the Applicant first became aware of any such alleged negligent act, error or omission;</p> <p>2) Name of the potential Claimant;</p> <p>3) Estimated value;</p> <p>4) Brief description.</p>	<p>18. a) YES/NO</p> <p>b)</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p>
<p>19. a) Are there any other facts which, if disclosed to the Company, may influence their assessment of this Application?</p> <p>b) If "Yes," furnish full details.</p>	<p>19. a) YES/NO</p> <p>b)</p>
<p>20. Does the Applicant agree that this Application is for a CLAIMS MADE policy?</p>	<p>20. YES/NO</p>
<p>21. a) Limit of Liability required?</p> <p>b) Amount of deductible required?</p>	<p>21. a) \$ _____ Each Claim/Aggregate</p> <p>b) \$ _____</p>

I/We hereby declare that the above statements and particulars are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that this declaration shall be the basis of the contract between me/us and the Company and that this Application will form a part of the policy.

Name of Firm: _____

By: _____

(Owner, Partner, or Senior Officer)

Title: _____

Date: _____ 19 _____

**Signing this form does not bind the Applicant or the Company to complete the insurance.*