



**APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
VALUE PLAN - NEW BUSINESS**

THE POLICY YOU ARE APPLYING FOR IS A CLAIMS-MADE AND REPORTED POLICY, AND SUBJECT TO ITS PROVISIONS, APPLIES ONLY TO ANY CLAIM BOTH FIRST MADE AGAINST AN INSURED AND REPORTED IN WRITING TO THE COMPANY DURING THE POLICY PERIOD, NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT, THE EXTENDED REPORTING PERIOD APPLIES. DEFENSE COSTS, AS WELL AS ANY LOSSES REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

ABOUT THE FIRM

The precise name of the applicant firm to be insured, as reflected on the firm's letterhead:

Name: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____ Web site Address: _____

ELIGIBILITY

- 1. All members of the firm are licensed attorneys. True False
- 2. The firm's professional staff is two (2) attorneys or less. True False
- 3. The firm's gross annual revenue this fiscal year is / will be less than \$35,000 per attorney. True False
- 4. The firm does not practice in any of the following areas of practice:
Securities; Intellectual Property; Personal Injury Plaintiff; Entertainment Law;
Class Action; Mass Tort True False
- 5. The firm does not practice in multiple states. True False
- 6. The firm does not desire coverage for predecessor firms. True False
- 7. No individual to be insured has ever been non-renewed, cancelled or declined
professional liability coverage True False

During the past 5 years:

- 8. The firm has been claims-free. True False
- 9. No member of the firm has been suspended or been the subject of any disciplinary action. True False
- 10. No member of the firm has been or is aware of any act or omission that may reasonably be
expected to be the basis of a claim against them, the firm, any predecessor firm, or against any
current or former attorney of the firm while they were affiliated with the firm. True False

If your firm has responded "True" to all statements in the "Eligibility" section above, your firm may qualify for the CNA Lawyers Professional Liability Value Plan. Complete the information on Page 2, sign, currently date and return the application and any requested information.



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COVERAGE SELECTION

Limits of Liability (per claim/aggregate):

- \$100,000/\$300,00
\$250,000/\$250,000
\$500,000/\$500,000
\$1,000,000/\$1,000,000

Deductible (per claim):

- \$0
\$1,000
\$5,000

Note: Limits of liability include defense costs and claim expenses.

SIGNATURE AND REPRESENTATION

Applicant hereby represents, after inquiry, that the information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete and that no material facts have been suppressed or misstated.

Further, Applicant understands and acknowledges that:

- 1. If a policy is issued, the Company will have relied upon, as representations: this application, and any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof.
2. This application will be the basis of the contract and will be incorporated by reference into and made part of such policy; and
3. Applicant's failure to return to its current insurance company any claim made against it during the current policy term, or act, omission or circumstance which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage.

Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant.

FRAUD NOTICE - WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

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 MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (for New York residents only: 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.) (For Pennsylvania Residents only: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.) (For Tennessee Residents only: Penalties include imprisonment, fines and denial of insurance benefits.)

Applicant:

By SIGNATURE OF OFFICER OR PARTNER OF THE FIRM PRINT NAME OF OFFICER OR PARTNER DATE