

NEW ATTORNEY APPLICATION

NATIONAL LIABILITY & FIRE INSURANCE COMPANY

POLICY NUMBER _____

COMPANY USE ONLY



PLEASE PRINT LEGIBLY AND ANSWER ALL QUESTIONS. IF A QUESTION IS NOT APPLICABLE, STATE "N/A".
IF ADDITIONAL SPACE IS NEEDED, PLEASE USE SUPPLEMENTAL FORM WITH A REFERENCE TO THE QUESTION.

A. **APPLICANT** _____ **POLICY NUMBER** _____

NAME OF NEW ATTORNEY
_____/_____/_____
DATE JOINED APPLICANT _____ **REQUESTED EFFECTIVE DATE OF COVERAGE** _____
MM/DD/YYYY MM/DD/YYYY

B. **NUMBER OF YEARS THE NEW ATTORNEY HAS BEEN PRACTICING LAW:** _____

C. **STATES IN WHICH NEW ATTORNEY IS ADMITTED TO THE BAR:** _____

D. **NUMBER OF HOURS WORKED PER WEEK ON BEHALF OF THE APPLICANT:** _____

E. **FORMER FIRM/EMPLOYER NAME:** _____

F. **HAS THE NEW ATTORNEY OR HIS/HER FORMER FIRM MAINTAINED LAWYERS PROFESSIONAL LIABILITY COVERAGE DURING THE PAST FIVE YEARS?** ☐ YES ☐ NO

IF YES, PLEASE COMPLETE THE FOLLOWING:

PAST YEARS	PROFESSIONAL LIABILITY CARRIER	POLICY NO.	PRIOR ACTS EXCLUSION DATE	LIMITS OF LIABILITY		POLICY PERIOD	
				PER CLAIM	AGGREGATE	EFFECTIVE MM/DD/YYYY	EXPIRATION MM/DD/YYYY
1							
2							
3							
4							
5							

G. **POSITION IN APPLICANT (PLEASE CHECK ONE):**
☐ PARTNER, OWNER, OFFICER, PRINCIPAL OR SHAREHOLDER ☐ ASSOCIATE OR EMPLOYED LAWYER
☐ OF COUNSEL ☐ INDEPENDENT CONTRACTOR

H. **DID THE NEW ATTORNEY OR HIS/HER PREVIOUS FIRM(S) PURCHASE AN ENDORSEMENT TO EXTEND THE CLAIMS REPORTING PERIOD (I.E. TAIL, ERP, ETC.)?** ☐ YES ☐ NO

IF YES, PROVIDE:
1. EFFECTIVE DATE OF ENDORSEMENT ____/____/____ 2. LENGTH OF REPORTING PERIOD _____
MM DD YYYY

I. **HAVE ANY PROFESSIONAL LIABILITY CLAIMS BEEN MADE AGAINST THE NEW ATTORNEY IN THE LAST FIVE YEARS OR IS THE NEW ATTORNEY AWARE OF ANY INCIDENT, ACT, ERROR OR OMISSION ARISING OUT OF THEIR PERFORMANCE OF LEGAL SERVICES TO OTHERS THAT MIGHT REASONABLY BE EXPECTED TO BE THE BASIS OF A CLAIM OR SUIT?** ☐ YES ☐ NO

IF YES, A CLAIMS SUPPLEMENT MUST BE COMPLETED FOR EACH CLAIM, POTENTIAL CLAIM OR INCIDENT.

J. **HAS THE NEW ATTORNEY EVER BEEN DISBARRED, REFUSED ADMISSION TO PRACTICE LAW, SUSPENDED, SANCTIONED, FINED, PLACED ON PROBATION, HELD IN CONTEMPT OF COURT, OR BEEN THE SUBJECT OF A REPRIMAND, DISCIPLINARY ACTION OR INVESTIGATION OF ANY KIND BY A COURT, ADMINISTRATIVE, OR REGULATING BODY?** ☐ YES ☐ NO

IF YES, ATTACH AN ADDENDUM EXPLAINING THE CIRCUMSTANCES AND ATTACH COPIES OF SUCH ACTIONS.

K. **ARE YOU AN EMPLOYEE OF ANY ENTITY OR ORGANIZATION OTHER THAN THE APPLICANT?** ☐ YES ☐ NO

IF YES, PLEASE ATTACH AN ADDENDUM EXPLAINING THE DETAILS.

L. **PLEASE CHECK ANY OF THESE AREAS OF PRACTICE IN WHICH NEW ATTORNEY PRACTICES:**
☐ SECURITIES ☐ ENTERTAINMENT ☐ FINANCIAL INSTITUTIONS ☐ INTELLECTUAL PROPERTY
☐ REAL ESTATE ☐ PERSONAL INJURY/PROPERTY DAMAGE PLAINTIFF

PLEASE FILL OUT THE APPLICABLE SECTIONS OF THE AREAS OF PRACTICE SUPPLEMENT FOR EACH AREA OF PRACTICE CHECKED ABOVE.

M. **IN THE PAST FIVE YEARS HAS THE NEW ATTORNEY SERVED AS A OFFICER, DIRECTOR OR EMPLOYEE OF A FOR-PROFIT OR NON-PROFIT ENTERPRISE OTHER THAN THE APPLICANT OR THE NEW ATTORNEY'S FORMER FIRM OR EMPLOYER, OR HAD ANY KIND OF DEBT, EQUITY OR OWNERSHIP IN A CLIENT OF THE APPLICANT OR ENGAGED IN ANY BUSINESS VENTURE WITH A CLIENT OF THE APPLICANT?** ☐ YES ☐ NO

IF YES TO ANY PART OF THE QUESTION, COMPLETE THE OUTSIDE INTEREST SUPPLEMENT.

MISSOURI APPLICANTS/AGENTS DO NOT ANSWER THE FOLLOWING QUESTION:

N. **DURING THE PAST FIVE YEARS HAS THE NEW ATTORNEY HAD LAWYERS PROFESSIONAL LIABILITY COVERAGE DECLINED, CANCELLED, NON-RENEWED?** ☐ YES ☐ NO

IF YES, ATTACH AN ADDENDUM EXPLAINING THE CIRCUMSTANCES.

IMPORTANT NOTICE

THIS INSURANCE IS FOR A CLAIMS-MADE AND REPORTED POLICY. THIS INSURANCE IS LIMITED TO LIABILITY FOR INJURIES FOR WHICH CLAIMS ARE FIRST MADE DURING THE POLICY PERIOD ARISING OUT OF INCIDENTS OR ACTS ON BEHALF OF THE NAMED INSURED THAT FIRST OCCURRED ON OR AFTER THE APPLICABLE RETROACTIVE DATE. PLEASE READ AND REVIEW THE POLICY CAREFULLY.

PLEASE READ AND SIGN

APPLICANT SHALL IMMEDIATELY INFORM THE COMPANY IF ANY STATEMENTS MADE ON THIS APPLICATION (INCLUDING ATTACHMENTS) WERE INACCURATE OR MISLEADING WHEN SUBMITTED, OR ARE NO LONGER ACCURATE, OR HAVE BECOME MISLEADING. IN THE EVENT THAT THE APPLICANT'S STATEMENTS ARE REASONABLY DETERMINED BY THE COMPANY TO BE UNTRUE OR MISLEADING, THEN IT SHALL HAVE THE RIGHT TO VOID THE POLICY AS OF THE DATE OF THE INCORRECT OR MISLEADING STATEMENT. IT SHALL ALSO HAVE THE RIGHT TO INCREASE THE PREMIUM, DEDUCTIBLES OR RETENTIONS CONSISTENT WITH HOW IT MIGHT HAVE RESPONDED IF FULLY ACCURATE AND NON-MISLEADING INFORMATION HAD BEEN SUBMITTED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE OR OBLIGATE THE COMPANY TO OFFER COVERAGE. THE COMPANY'S RECEIPT OF APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE COVERAGE MAY BE BOUND AND THE POLICY ISSUED.

THE APPLICANT AGREES TO COOPERATE WITH THE COMPANY IN IMPLEMENTING AN ONGOING PROGRAM OF LOSS CONTROL AND WILL ALLOW THE COMPANY TO REVIEW AND MONITOR SUCH PROGRAMS THAT THE APPLICANT UNDERTAKES IN MANAGING ITS PROFESSIONAL INSURANCE EXPOSURES.

THE APPLICANT HEREBY AUTHORIZES AND DIRECTS ANY PERSON OR ORGANIZATION WHATSOEVER TO RELEASE AND FURNISH TO THE COMPANY, AND ITS AGENTS OR REPRESENTATIVES, ANY AND ALL INFORMATION REQUESTED WHICH MAY RELATE TO INSURABILITY UNDER THE POLICY. THE APPLICANT FURTHERMORE AUTHORIZES THE RELEASE OF ALL SUCH INFORMATION BY THE COMPANY AS REQUIRED BY LAW TO ANY GOVERNMENTAL AGENCY OR PROFESSIONAL SOCIETY OR ASSOCIATION.

THE APPLICANT FURTHERMORE RELEASES AND AGREES TO HOLD HARMLESS THE COMPANY, AND ALL OF ITS AGENTS AND REPRESENTATIVES, ANY PRIOR INSURER, GOVERNMENTAL AGENCY, OR PROFESSIONAL SOCIETY OR ASSOCIATION FROM ANY LIABILITY ARISING OUT OF THE RELEASE OR REVIEW OF ANY AND ALL INFORMATION RELEASED OR FURNISHED PURSUANT TO THIS AUTHORIZATION AND APPLICATION FOR INSURANCE, NOTWITHSTANDING THE FACT THAT THERE MAY BE ERRORS, OMISSIONS, OR MISTAKES CONTAINED IN SUCH RELEASED INFORMATION.

PRINT NAME

SIGNATURE OF NEW ATTORNEY

DATE

SIGNATURE OF AUTHORIZED INDIVIDUAL

TITLE

DATE

FRAUD NOTICE

UNDER THE LAWS OF YOUR STATE, IT MAY BE A CRIMINAL OFFENSE TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY. PENALTIES FOR FRAUD MAY RESULT IN ONE OR MORE OF THE FOLLOWING: IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS.

PLEASE INITIAL THE STATEMENTS ON THE FOLLOWING PAGES FOR THE STATES APPLICABLE TO THE COVERAGE BEING APPLIED FOR.

MANDATORY: ALL APPLICANTS MUST READ AND INITIAL THE FOLLOWING UNLESS IN ONE OF THE STATES BELOW:

ANY PERSON WHO KNOWINGLY 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 ALSO PUNISHABLE BY CRIMINAL AND/OR CIVIL PENALTIES IN CERTAIN JURISDICTIONS.

INITIAL HERE

FRAUD NOTICE - STATE STATUTORY REQUIREMENT

MANDATORY: ALL ARKANSAS APPLICANTS MUST READ AND INITIAL THE FOLLOWING:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

INITIAL HERE

MANDATORY: ALL COLORADO APPLICANTS MUST READ AND INITIAL THE FOLLOWING:

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATED AGENCIES.

INITIAL HERE

MANDATORY: ALL DISTRICT OF COLUMBIA APPLICANTS MUST READ AND INITIAL THE FOLLOWING:

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

INITIAL HERE

MANDATORY: ALL FLORIDA APPLICANTS MUST READ AND INITIAL THE FOLLOWING:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, FILES A STATEMENT OF A CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

INITIAL HERE

MANDATORY: ALL HAWAII APPLICANTS MUST READ AND INITIAL THE FOLLOWING:

FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

INITIAL HERE

MANDATORY: ALL KENTUCKY APPLICANTS MUST READ AND INITIAL THE FOLLOWING:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

INITIAL HERE

FRAUD NOTICE - STATE STATUTORY REQUIREMENT (continued)

MANDATORY: ALL LOUISIANA APPLICANTS MUST READ AND INITIAL THE FOLLOWING:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

INITIAL HERE

MANDATORY: ALL MAINE APPLICANTS MUST READ AND INITIAL THE FOLLOWING:

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

INITIAL HERE

MANDATORY: ALL MARYLAND APPLICANTS MUST READ AND INITIAL THE FOLLOWING:

ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

INITIAL HERE

MANDATORY: ALL NEW JERSEY APPLICANTS MUST READ AND INITIAL THE FOLLOWING:

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

INITIAL HERE

MANDATORY: ALL NEW MEXICO APPLICANTS MUST READ AND INITIAL THE FOLLOWING:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

INITIAL HERE

MANDATORY: ALL NEW YORK APPLICANTS MUST READ AND INITIAL THE FOLLOWING:

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.

INITIAL HERE

MANDATORY: ALL OHIO APPLICANTS MUST READ AND INITIAL THE FOLLOWING:

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

INITIAL HERE

MANDATORY: ALL OKLAHOMA APPLICANTS MUST READ AND INITIAL THE FOLLOWING:

WARNING: ANY PERSON, WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

INITIAL HERE

MANDATORY: ALL PENNSYLVANIA APPLICANTS MUST READ AND INITIAL THE FOLLOWING:

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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

INITIAL HERE

MANDATORY: ALL TENNESSEE APPLICANTS MUST READ AND INITIAL THE FOLLOWING:

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

INITIAL HERE

MANDATORY: ALL VIRGINIA APPLICANTS MUST READ AND INITIAL THE FOLLOWING:

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

INITIAL HERE

MANDATORY: ALL WASHINGTON APPLICANTS MUST READ AND INITIAL THE FOLLOWING:

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

INITIAL HERE

MANDATORY: ALL WEST VIRGINIA APPLICANTS MUST READ AND INITIAL THE FOLLOWING:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

INITIAL HERE

Compliance with Illinois Bulletin 2011-06
and
The Religious Freedom Protection and Civil Union Act

National Liability and Fire Insurance Company recognizes the rights afforded to individuals under The Religious Freedom Protection and Civil Union Act which states:

“The parties to a civil union are entitled to the same legal obligations, responsibilities, protections and benefits that are afforded or recognized by the laws of Illinois to spouses. The law further provides that a party to a civil union shall be included in any definition or use of the terms “spouse,” “family,” “immediate family,” “dependent,” “next of kin,” and other terms descriptive of spousal relationships as those terms are used throughout Illinois law. This includes the terms “marriage” or “married.” or variations thereon. If policies of insurance provide coverage for children, the children of civil unions must also be provided coverage. The Act also requires recognition of civil unions or same sex civil unions or marriages legally entered into in other jurisdictions.”