

# American International Companies®

Name Of Insurance Company

To Which Application Is Made: \_\_\_\_\_  
(herein called the Company)

## APPLICATION FOR EMPLOYED LAWYERS PROFESSIONAL LIABILITY POLICY

PROFESSIONAL INDEMNITY INSURANCE FOR CORPORATE LEGAL STAFF WHICH RELATES, SUBJECT TO ITS TERMS AND CONDITIONS, TO CLAIMS MADE AGAINST THE INSURED DURING CURRENCY OF THE POLICY.

### THIS APPLICATION IS FOR A CLAIMS-MADE INSURANCE POLICY

**NOTICE: AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.**

1. Name of the Corporation: \_\_\_\_\_

2. Address of main office of the Corporation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Business of Corporation (Please append three copies of latest 10K, Annual Report, and/or other financial and descriptive information.)

Year Established \_\_\_\_\_.

Limits of Liability Requested:

Deductible:  
(includes claims expenses)

4.

1 mil/1 mil _____	4 mil/4 mil _____	1,000 _____	10,000 _____
2 mil/2 mil _____	5 mil/5 mil _____	2,500 _____	25,000 _____
3 mil/3 mil _____		5,000 _____	50,000 _____
			100,000 _____

Policy to be effective on \_\_\_\_\_.

5. (a) Please give number and names of all attorneys employed by the Corporation and by any other company controlled by the Corporation, in their capacity as such. \_\_\_\_\_  
\_\_\_\_\_

(b) Please give total number of staff supervised by attorneys including clerical and paralegal \_\_\_\_\_  
\_\_\_\_\_

6. Name of principal outside legal counsel of Corporation and nature of work referred. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. (a) Describe type of legal work undertaken by the legal department. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Describe internal controls and operating procedures for legal department, including procedures governing the issue of legal opinions, advices or recommendations. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. (a) Do attorneys of the legal department of the Corporation issue legal opinions with respect to registration statements filed with any securities commission? \_\_\_\_\_ YES NO

(b) Are these statements normally approved by outside counsel? \_\_\_\_\_ YES NO

(c) Do attorneys of the legal department of the Corporation ever sign registration statements of the Corporation or any affiliated company? \_\_\_\_\_ YES NO

9. Does the Corporation wish to eliminate coverage for attorneys acting other than in the course of their employment by the Corporation? \_\_\_\_\_ YES NO

10. Does the legal department perform personal legal services for any officer, director, employee, shareholder of the Corporation or other person? If so, please advise general policy of legal department concerning such activities and whether coverage is required for such activities. YES NO  
   
\_\_\_\_\_  
\_\_\_\_\_

11. Does the Corporation permit or require the legal department or any employed lawyer to issue opinions of counsel to parties outside the Corporation in conjunction with sales or acquisitions or other transactions where such opinion of counsel is requested or required? If so, state policy. YES NO  
   
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Does the Corporation permit or require employed lawyers to represent in court the Corporation or other parties in the course of employed lawyer's employment? If so, state the circumstances. YES NO

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13. (a) Is the Principal Legal Officer aware, after reasonable inquiry, of any professional liability claim made against any lawyer which the Corporation employs? If so, please give full details. YES NO

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(b) Is the Principal Legal Officer aware, after reasonable inquiry, of any circumstances which may be reasonably expected to give rise to a claim against an employed attorney? If so, please give full details. YES NO

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14. Has any application for any similar insurance relating to the Corporation or any employee or predecessors in business of the Corporation ever been declined or has such insurance ever been cancelled? If so, please give full particulars. YES NO

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15. Please give details of all similar insurance carried in the past 5 years, if any.

Carrier	Limits each claim/aggregate	Mo/Day/Year Effective Dates		Claims-Made Form Policy or Occurrence Form Policy
		from:	to:	

16. Has any attorney been in private practice anytime within the last five years? If so, please give full details. YES NO  
   
\_\_\_\_\_  
\_\_\_\_\_

17. Does the Corporation carry directors and officer's liability insurance? If not, please explain YES NO  
   
\_\_\_\_\_  
\_\_\_\_\_

**THE UNDERSIGNED DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.**

**SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE OR THE APPLICANT TO BUY THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.**

**ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE PART HEREOF.**

**NOTICE TO ARKANSAS APPLICANTS:** "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."

**NOTICE TO COLORADO APPLICANTS:** "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 FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE 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 REGULATORY AUTHORITIES."

**NOTICE TO FLORIDA APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE."

**NOTICE TO KENTUCKY APPLICANTS:** "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."

**NOTICE TO MAINE APPLICANTS:** "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 OR A DENIAL OF INSURANCE BENEFITS."

**NOTICE TO NEW JERSEY APPLICANTS:** "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

**NOTICE TO NEW MEXICO APPLICANTS:** "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."

**NOTICE TO NEW YORK APPLICANTS:** "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, 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."

**NOTICE TO OHIO APPLICANTS:** "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."

**NOTICE TO PENNSYLVANIA APPLICANTS:** "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."

**NOTICE TO VIRGINIA APPLICANTS:** "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."

*TO BE EXECUTED BY AN OFFICER OF THE CORPORATION*

Name of Corporation \_\_\_\_\_

BY \_\_\_\_\_

ITS \_\_\_\_\_

(Print Title)

AND (If other than above)

BY \_\_\_\_\_

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Principal Legal Officer

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

The Insured hereby acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

INSURED: \_\_\_\_\_

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_