

**MINNESOTA APPLICATION FOR A CLAIMS-MADE AND REPORTED
LAWYERS PROFESSIONAL LIABILITY INSURANCE POLICY**

PLEASE TYPE OR PRINT IN INK AND RETURN WITH A SAMPLE OF YOUR **LETTERHEAD**

<hr/> <p align="center">Firm/Applicant Name</p> <hr/> <p align="center">Principal Business Address</p> <hr/> <p align="center">City County State Zip</p>	<hr/> <p align="center">Business Phone with Area Code</p> <hr/> <p align="center">Business Fax with Area Code</p>	<hr/> <p align="center">E-mail Address</p> <hr/> <p align="center">Effective Date Requested</p>
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1. Please list all attorneys practicing on behalf of your firm. Add an attachment if necessary.

Attorney Name	Social Security Number	Years in Private Practice	Designation Code (See choices below)	Current Legal Malpractice Insurance Carrier	Current Retroactive Date

Designation Code: E = Member/Employee of the Firm, OC = Of Counsel/Independent Contractor and
 F = Full Time, P = Part Time (26 hours or fewer per week)

2. Have any members of your firm been reprimanded, censured, suspended or disbarred within the past five (5) years? If YES, provide full details on your letterhead. Yes No
3. Have any professional liability claim(s) or suit(s) been made against the applicant firm or any attorney(s) in the applicant firm or former attorney(s) in the applicant firm within the past five years? If YES, complete the Claim Supplemental Application. Yes No
4. After inquiry, are you or any attorney in your firm aware of any circumstances, incidents, acts or omissions that has led to a professional liability claim that has not yet settled or which could lead to a professional liability claim being made against your firm? If YES, complete the Claim Supplemental Application. Yes No

5. Please list the limit of liability and deductible currently carried and circle the appropriate type of limit and deductible. Select the limit and deductible requested.

CURRENT	DESIRED
Limit: \$ _____ Defense Costs Part of the Limit * Defense Costs Outside the Limit * Don't Know Deductible: \$ _____ Per Claim Aggregate Loss Only Premium: \$ _____	Limit: \$ _____ Defense Costs Part of the Limit * Defense Costs Outside the Limit * Don't Know Deductible: \$ _____ Per Claim Aggregate Loss Only

6. Please provide the percentage of gross billable dollars allocated to each Area of Practice. Please round to the nearest whole number. Total must equal 100%.

ADMIRALTY/MARITIME	%	GOVERNMENT-FEDERAL AND STATE	%
ANTITRUST	%	GOVERNMENT-LOCAL (NOT BOND WORK)	%
ARBITRATION/MEDIATION	%	IMMIGRATION/NATURALIZATION	%
BUSINESS TRANSACTIONS-CORPORATE AND COMMERCIAL	%	INTERNATIONAL LAW	%
BUSINESS TRANSACTIONS-ENTERTAINMENT	%	LABOR LAW	%
CIVIL RIGHTS/DISCRIMINATION	%	PI/PD-PLAINTIFF	%
COLLECTION/BANKRUPTCY	%	INSURANCE DEFENSE	%
CONSTRUCTION LAW (BUILDING CONTRACTS)	%	WORKERS COMPENSATION-DEFENSE	%
CONSUMER CLAIMS	%	WORKERS COMPENSATION-PLAINTIFF	%
BUSINESS ORGANIZATION:		NATURAL RESOURCES/OIL & GAS	%
Formation/Alteration and Mergers/Acquisitions	%	COPYRIGHT/TRADEMARK	%
Secured Transactions	%	PATENT	%
Administrative Law/Record Keeping	%	REAL ESTATE	%
CRIMINAL	%	SECURITIES LAW	%
ENVIRONMENTAL LAW	%	State or Federal (both exempt and registered)	%
ESTATE/TRUST/PROBATE	%	Municipal Bonds	%
FAMILY LAW	%	TAXATION/TAX OPINIONS	%

BOLD INDICATES THAT A SEPARATE SUPPLEMENTAL APPLICATION IS REQUIRED.

The applicant represents that the above statements are true and correct to the best of his or her knowledge and that no material or relevant facts have been suppressed or misstated and agree that the policy, if issued, will be issued on the reliance of such representations.

Applicant acknowledges a continuing obligation to report to us as soon as practicable any material changes in the facts or statements above, and in each supplementary application, which applicant becomes aware after signing the application.

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD. A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

PLEASE NOTE THAT THE FOLLOWING SECTION ONLY APPLIES TO FIRMS WITH ONE OR TWO ATTORNEYS

There are many factors used by the company to evaluate an application for Lawyers Professional Liability Insurance. Such factors may include a law firm's areas of practice, loss history, risk management and an insurance score.

An insurance score is developed from a mathematical model that weighs and measures credit information obtained from a number of sources, including a consumer credit report. Credit information may include payment history, the number of collections, bankruptcies, outstanding debt, length of credit history, types of credit in use and the number of new applications for credit. These factors have been shown to correlate with insurance loss history.

You may be eligible for a premium discount based upon your insurance score. An insurance score will not result in a premium increase. The insurance score is also never the basis on which this company will accept or reject an application for an insurance policy.

If this is acceptable all members of the applicant firm must provide authorization.

Signature of Owner, Officer or Partner	Title	Date
Signature of Owner, Officer or Partner <hr/>	Title	Date

If you do not wish to have your insurance score computed check here