



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

Present Policy Number	Expiration Date (Month/Day/Year)
Firm Name	
CURRENT	DESIRED
Limit: \$ _____	Limit: \$ _____
Deductible: \$ _____	Deductible: \$ _____

1. Has the firm's name, principal address, telephone number, facsimile number or e-mail address changed?
 NO YES - If YES, provide a copy of the new letterhead.

2. Have any attorneys joined the firm since the previous application was completed?
 NO YES - If YES, an Add Attorney Form must be completed for each new attorney.

3. Have any attorneys left the firm since the previous application was completed?
 NO YES - If YES, provide the following information. Add an attachment if necessary.
 Name of attorney: _____ Date left firm: _____

4. During the past year, has any attorney in the firm been the subject of a reprimand, disciplinary action, or current investigation? If YES, please provide full details in an attachment on your letterhead. Yes No

5. Have any Professional Liability claim(s) or suit(s) been made against the applicant firm or attorney(s) in the applicant firm or former attorney(s) of the applicant firm within the past five (5) years? Yes No If YES, please complete the Claim Supplemental Application

6. For the last fiscal year, provide the percentage of gross billable dollars allocated to each Area of Practice. If no change from your previous application, check the box and do not complete the percentages.
 NO CHANGE - Failure to provide updated details will represent "No Change."

AREA OF PRACTICE Round to the nearest whole percent.	Prev %	New %	AREA OF PRACTICE Round to the nearest whole percent.	Prev %	New %
Admiralty/Maritime			Government -- Federal and State		
Antitrust			Government -- Local (Not Bond Work)		
Arbitration/Mediation			Immigration/Naturalization		
Business Transactions - Commercial Law			International Law		
Business Transactions - Entertainment			Labor Law		
Civil Rights/Discrimination			PI/PPD -- 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 & Mergers/Acquisitions			Patent/Copyright/Trademark		
Secured Transactions			Real Estate		
Administrative Law/Record Keeping			Securities Law		
Criminal			State or Federal (both exempt and registered)		
Environmental Law			Municipal Bonds		
Estate/Trust/Probate			Taxation/Tax Opinions		
Family Law			Total		

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.

Completion of this form does not bind coverage. Applicant's acceptance of company's quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance should a policy be issued and it will be attached to the policy.

Signature of Owner, Officer or Partner _____	Title	Date
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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.

(1) Signature _____ Date: _____

Print name: _____ Title: _____

(2) Signature _____ Date: _____

Print name: _____ Title: _____

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