Welcome to Pacific Legal Insurance Services eForms.

Working with eForms is simple if you follow these simple instructions:

1) Simply click into fields and type directly to fill out. Check boxes can be marked with a click as well.

2) You can tabe between fields to save time.

3) As you work with eForms, it is recommended that you save your work periodically to avoid data loss. Simply click on the SAVE & EMAIL button at the top of each eForm. This will generate a windo which will extract the data and save it to a mail message. You can email yourself the data file or send the file to a coworker to allow them to fill out the application from where you left off.
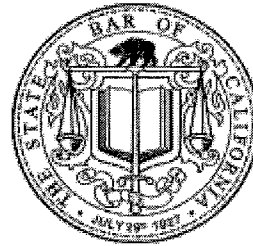
IMPORTANT!
Once you have filled out your application completely, you must:

CLICK THE SUBMIT TO PLIS BUTTON to email your application to Pacific Legal Insurance Services for immediate processing. The button will create a mail message – just hit SEND.

and

PRINT, SIGN AND MAIL THE ORIGINAL to the address below.

www.pacificlegalinsurance.com

425 California Street, Suite 1800, San Francisco, CA 94104 | Tel (415) 392-1059 | Fax (415) 392-2450 | License # OB15353

Arch
Insurance Group

Application For A Claims-Made And Reported
Lawyers Professional Liability Policy

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

Firm/Applicant Name	Business Phone with Area Code	E-mail Address
Principal Business Address	Business Fax with Area Code	Effective Date Requested
City County State Zip		

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)	
BUSINESS TRANSACTIONS-CORPORATE AND COMMERCIAL		IMMIGRATION/NATURALIZATION	
BUSINESS TRANSACTIONS-ENTERTAINMENT		INTERNATIONAL LAW	
CIVIL RIGHTS/DISCRIMINATION		LABOR LAW	
COLLECTION/BANKRUPTCY		PI/PD-PLAINTIFF	
CONSTRUCTION LAW (BUILDING CONTRACTS)		INSURANCE DEFENSE	
CONSUMER CLAIMS		WORKERS COMPENSATION-DEFENSE	
BUSINESS ORGANIZATION:	■	WORKERS COMPENSATION-PLAINTIFF	
Formation/Alteration and Mergers/Acquisitions		NATURAL RESOURCES/OIL & GAS	
Secured Transactions		**PATENT/TRADEMARK/COPYRIGHT (INTELLECTUAL PROPERTY)**	
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 to Applicant: **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 false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions.**

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/Partner _____ Date: _____

Print name: _____ Title: _____