



## Application for Employed Lawyers Professional Liability Insurance

### Claims-made Policy Application

(This application will attach to and become a part of any policy issued.)

**PART I** Full Name of Employer

\_\_\_\_\_

Partnership  Individual  Professional Corporation  Professional Association  Limited Liability Corp or Partnership

Nature of Operations:

\_\_\_\_\_  
\_\_\_\_\_

**PART II** Employers Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Federal Tax I.D. # \_\_\_\_\_

Telephone No. \_\_\_\_\_

Contact Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**PART III** Date policy to be effective: \_\_\_\_\_

**PART IV** Limits of Liability: (you may select multiple choices)

\$1,000,000 / \$1,000,000 \_\_\_\_\_

\$2,000,000 / \$2,000,000 \_\_\_\_\_

Deductible: (Includes claims expenses)

\$10,000 \_\_\_\_\_

\$25,000 \_\_\_\_\_

\$50,000 \_\_\_\_\_

*The following can be submitted on a separate page, if necessary:*

**PART V** \*Employed Lawyers must be employed by the Employer (Part I); include all such lawyers.

A. Individual Attorney:

Name	States Admitted	OBA Number	Email Submit each Attorneys Email	Yr. & Mo. Admitted

- B. Does Employer named in Part I have any other associated or employed lawyers not listed in Part V?  
 YES  NO
- C. Please indicate number of persons (non-lawyers) employed in following capacities:  
 Paralegals: \_\_\_\_\_ Legal Secretary: \_\_\_\_\_

**PART VI**

- A. Has any lawyer listed in Part V ever been reprimanded by or refused admission to practice, disbarred or suspended from practice before any court or administrative agency, subject of a grievance or any complaint filed with the Oklahoma Bar Association or any other Bar organization?  
 YES (Submit details)  NO  ONLY THOSE PREVIOUSLY REPORTED
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- B. Has any lawyer listed in Part V submitted his or her resignation pending disciplinary proceedings in Oklahoma or before any regulatory authority in another jurisdiction, or resigned from any Bar Association in any jurisdiction to avoid being subjected to possible disciplinary proceedings?  
 YES  NO

**PART VII**

- A. Is any lawyer/applicant involved in or act in the capacity of any of the following?
- |                              |                              |                             |
|------------------------------|------------------------------|-----------------------------|
| (a) Insurance agent/broker   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (b) title abstractor         | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (c) title insurance agent    | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (d) real estate agent/broker | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (e) accountant               | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
- B. Does any lawyer/applicant issue oil and gas title opinions or Division Order Opinions?  
 YES  NO

**PART VIII**

*Calendar / Work Control System:*

- A. Does any lawyer/applicant provide legal services as a salaried employee of a city, county, governmental agency, or for any person, organization other than employer listed in Part I?  
 YES  NO   
 If yes, please describe and note percentage of time devoted to this activity: (coverage will not apply)
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- B. Does any applicant provide legal services presently, or in the past 5 years, to any financial institution?  
 YES  NO   
 If yes, please describe and note percentage of time devoted to this activity: (coverage will not apply)
- 
-

C. Does any lawyer/applicant or employer, manage, own (have interest in) or financial control of, or is any attorney employed by a bank, trust company, mortgage and loan association, title guaranty or real estate company?

YES  NO

If yes, please describe: \_\_\_\_\_

**PART IX**

Is any lawyer/applicant serving as a director, officer, trustee, partner, shareholder or employee of any entity other than the employer in Part I?

YES  NO

If YES, please provide the following information:

Attorney's Name	Name of Business	Position Held	% Equity Interest	Firm Client Yes/No	Director/Officer Insurance

**PART X**

A. Does Employer in Part I carry Directors & Officers liability insurance?

YES  NO

If YES, please provide proof of coverage (Declarations Page or Certificate of Insurance): \_\_\_\_\_

B. Is any lawyer/applicant aware of any pending or prior D&O claims or litigation involving directors or officers of Employer listed in Part I?

YES  NO

**PART XI**

Is any lawyer/applicant serving as an officer or director of Employer (or any wholly or partly owned subsidiary of Employer)?

YES  NO

**PART XII**

Does any lawyer employed by the Employer provide/issue legal opinions to clients of the Employer or other outside parties?

YES  NO

If yes, please describe: \_\_\_\_\_

**PART XIII** (Please complete all sections)

A. Has any lawyer/applicant provided written opinions or advice on behalf of the Employer to clients or prospective clients in the following area:

- |                           |                              |                             |
|---------------------------|------------------------------|-----------------------------|
| (a) Antitrust             | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (b) Environmental         | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (c) Merger or Acquisition | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (d) Securities            | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

B. Is any activity in the above areas contemplated by any lawyer/applicant on behalf of the Employer during the next 18 months?

YES  NO

\* If yes, coverage does not apply

**PART XIV**

Is any lawyer/applicant engaged in private practice?

YES  NO

\* If yes, coverage does not apply

**PART XV**

Has any lawyer/applicant or Employer's professional liability insurance been cancelled or non-renewed?

YES  NO

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PART XVI**

A. Has any lawyer/applicant been treated for substance abuse?

YES  NO

B. Has any lawyer/applicant been charged with or convicted of a criminal offense involving moral turpitude or of a felony?

YES  NO

**PART XVII**

A. Has any professional liability claim been asserted or action filed against any applicant or Employer in the past 5 years?

YES  NO

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

B. Does any lawyer/applicant know of any circumstance, act, or omission which could result in a claim?

YES  NO

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PART XVIII**

A. Do you have a planned system for docket/calendar control?

YES  NO

B. Briefly describe your method of docket/calendar control: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART XIX**

A. Does Employer have a committee or officer responsible for approving letters to auditors?

YES  NO

B. Are major opinion letters approved by more than one person employed by Employer?

YES  NO

C. Does Employer have an employee handbook with procedures regarding conduct, training and handling of material/information?

YES  NO

**PART XX**

A. Is any lawyer/applicant serving as a director, officer, partner, shareholder or employee of any client?

YES  NO

B. Has any lawyer/applicant acted as advisor to any client?

YES  NO

C. Has any lawyer/applicant exercised fiduciary control on behalf of any client?

YES  NO

**Part XXI** Financial Information of Employer (last 3 years)

**\*\*\* Please submit most recent financial statement with this application. \*\*\***

Year	Total Assets	Total Liabilities	Total Revenues	Net Income	Retained Earnings

I/We hereby authorize OAMIC to make independent investigation with any and all regulatory agencies of the Oklahoma Bar Association or the other State agencies or private source with impunity to any right of privacy under law or otherwise.

I/We declare that the above statements and particulars are true and that I/We have not suppressed or misstated any material facts and I/We agree that this application shall be the basis of the contract with the Company

Completion of this application does not bind the Company to issue or the applicant to purchase the insurance.

\_\_\_\_\_  
NAME OF EMPLOYER (print or type)

\_\_\_\_\_  
SIGNATURE OF APPLICANT/AUTHORIZED AGENT OF APPLICANT

\_\_\_\_\_  
DATE

**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 fake, incomplete or misleading information is guilty of a felony. O.S 36, Sec 3613.1