



LAWYERS PROFESSIONAL LIABILITY INSURANCE

APPLICATION FOR CLAIMS-MADE POLICY

Please complete this application to the best of the firm's knowledge and return it with any supplemental information to: P.O. Box 5590, Edmond, OK 73083 or email to apps@oamic.com

I. FIRM INFORMATION

Firm Name: _____

Individual Partnership Professional Corporation (PC) Professional Association LLC/Partnership

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Website: _____

Primary Contact Name*: _____ Primary Email: _____

**All application and policy documents and correspondence will be sent to the primary contact listed above.*

Communication Preference: Paper/Mail Paperless/Email to: _____

Billing Preference: Paper/Mail Paperless/Email to: _____

II. QUOTE OPTIONS

Limits of Liability Per Claim / Aggregate:

- \$100,000 / \$300,000
- \$200,000 / \$600,000
- \$500,000 / \$500,000
- \$1,000,000 / \$1,000,000
- \$1,000,000 / \$2,000,000
- \$1,000,000 / \$3,000,000
- \$2,000,000 / \$2,000,000
- \$3,000,000 / \$3,000,000
- \$4,000,000 / \$4,000,000
- \$5,000,000 / \$5,000,000
- \$6,000,000 / \$6,000,000
- \$7,000,000 / \$7,000,000
- \$8,000,000 / \$8,000,000
- \$9,000,000 / \$9,000,000
- \$10,000,000 / \$10,000,000

Deductibles:

- \$1,000
- \$2,500
- \$5,000
- \$10,000
- \$25,000
- \$50,000
- \$100,000

Requested Effective Date:

_____ *MM/DD/YY*

III. ATTORNEY ROSTER

List ALL lawyers practicing on behalf of the firm. If more space is needed, attach a sheet with a complete roster.

TOTAL NUMBER OF LAWYERS: _____

LAWYER NAME	DESIGNATION**	EMAIL	OBA NUMBER	ADMIT DATE

**Designation: "P" = Partner; "O" = Officer, Director or Shareholder; "E" = Employed Lawyer or Associate; "OC" = Of Counsel; "IC" = Independent Contractor

IV. QUESTIONNAIRE

Firm Management

1. Does the firm confirm in writing all matters for all clients regarding the following:
- a. Engagement letter on new matters, outlining scope of representation and billing procedures Yes No
 - b. Declination or non-engagement letter on new matters not undertaken Yes No
 - c. Scope of service letter for new matters handled for existing clients Yes No
 - d. Termination or disengagement letters at completion/termination of representation Yes No
 - e. Is an arbitration clause used? Yes No
If other than AAA, please describe and specify whether the group has arbitrators based in Oklahoma:

2. Does the firm use a system to cross reference clients to prevent potential conflicts of interest? Yes No
If yes, select one: Manual conflict check Computerized conflict check Other: _____

3. We require the firm has a calendaring system in place that meets the criteria of dual calendaring or dual access. This means either the use of multiple independent calendars OR the use of an electronic calendar that is synced across multiple devices such as computer and phone. Select all options below that best describe the firm's calendaring system in place to reduce the chance of a missed deadline.
 Lawyer calendar Matching staff calendar Computer/Phone Dual calendaring system NOT used

4. Does the ultimate responsibility for calendar/work rest with the attorney handling the matter? Yes No

5. We require the firm cross check calendars to reduce the chance of a missed deadlines? Are the calendars cross checked? Yes No
If yes, specify: Daily Bi-weekly Weekly Monthly Other: _____

6. For firms with two or more lawyers, does the firm maintain more than one trust account? Yes No N/A (solo practitioner)
If yes, please provide reconciliation details and confirm someone other than the lawyer named on the trust account performs those duties: _____

7. Does any applicant lawyer have an ownership interest in any client of the firm, excluding publicly traded companies? Yes No
If yes, provide name of client, percentage of ownership interest and services provided: _____

8. Is any firm member serving as a director, officer, trustee, partner, shareholder or employee of any entity other than the law firm? Yes No
If yes, please provide the following information:

ATTORNEY NAME	NAME OF BUSINESS	POSITION HELD	% EQUITY INTEREST	FIRM CLIENT (YES/NO)	D&O INSURANCE (YES/NO)

9. Is any applicant lawyer a partner, associate, employed lawyer, of counsel, independent contractor or contract lawyer of a law firm other than the applicant firm? Yes No
If yes, list applicant lawyer name, law firm and hours per week: _____

10. Does any applicant lawyer solicit and/or represent clients in matters or handle cases in states other than Oklahoma? Yes No
If yes, please provide the following information:

ATTORNEY	STATE(S)	# OF CLIENTS/CASES	TYPE OF LEGAL SERVICES OR AREA OF PRACTICE	% OF FIRM'S WORK

Claim Experience and Bar Discipline

11. After inquiry of all lawyers in the firm, does applicant have knowledge of any act, error, omission, disagreement, or circumstance which might reasonably give rise to a claim or suit? Yes No
If yes, explain: _____
12. Has any claim(s) been made against applicant or any current or former lawyers arising from the performance of professional services during the past 5 years? Yes No
If yes, explain: _____
13. Has applicant or any current or former lawyer at the firm ever withdrawn or had an application declined for any professional liability policy or ever had any such policy non-renewed, canceled, rescinded or coverage restricted? Yes No
If yes, explain: _____
14. Have any disciplinary proceedings been brought by the Oklahoma Bar Association or any other state bar against any current or former lawyer at the applicant firm? Yes No
If yes, explain: _____
15. How many lawsuits, for the collection of fees owed to the firm for legal services, have been filed in the last 12 months? _____
16. Has any lawyer at the firm been convicted of a felony or a crime involving moral turpitude in the last 5 years? Yes No
If yes, explain: _____

Area of Practice

Complete the table below based on the average billing during the last or anticipated fiscal year.

AREA OF PRACTICE	%	AREA OF PRACTICE	%	AREA OF PRACTICE	%
1. Administrative/Regulatory		19. Defense/Insurance		31. Municipal Law	
2. Adoption		a. Bodily Injury		32. Native American Law	
3. Antitrust/Trade Regulations		b. Class Action/Mass Torts		33. Oil & Gas Litigation	
4. Appellate		c. Medical Malpractice		34. Oil & Gas Title	
5. Arbitration/Mediation		d. Product Liability		35. Plaintiff	
6. Banking/Financial Institutions		e. Workers' Compensation		a. Bodily Injury	
7. Bankruptcy/Creditor		20. Employee Benefit Plans/ERISA		b. Class Action/Mass Torts	
8. Bankruptcy/Debtor		21. Entertainment/Sports		c. Medical Malpractice	
9. Bonds		22. Environmental Law		d. Product Liability	
10. Business Transaction Commercial Law		23. Family law		e. Workers' Compensation	
11. Business Litigation		24. Foreclosure		36. Real Estate	
12. Cannabis		25. Government Contracts/Claims		37. Securities	
13. Civil Rights/Discrimination		26. Immigration/Naturalization		38. Social Security Disability	
14. Collection		27. Intellectual Property (patents, trademarks, copyrights)		39. Taxation	
15. Construction (Building Contracts)		28. Labor Management Representation		40. Wills, Estate, Trust, Probate & Planning < \$2 Million	
16. Consumer Claims		29. Landlord/Tenant/ Unlawful Detainer		41. Wills, Estate, Trust, Probate & Planning > \$2 Million	
17. Corporate Law - Business Organization		30. Mergers & Acquisitions		42. Other:	
18. Criminal					
			TOTAL (MUST EQUAL 100%)		100

V. ADDITIONAL PRODUCTS

Please review each of the sections below and mark accordingly. Some options pertain to the coverage for which you are applying with this form.

Employment Practices Liability

ATTENTION: Your policy will include EPL coverage at a cost of \$100 per attorney **unless coverage is declined**. EPL protects against exposures such as discrimination, harassment, wrongful termination and disability rights. Coverage applies to your employees and your clients. oamic.com/epl

- Check if the firm **declines** employment practices liability coverage at this time.

Workers Compensation Insurance

Workers compensation insurance can protect your business and its employees from financial hardships caused by work-related accidents, illness and even death. Oklahoma employers are required by law to carry workers compensation insurance. oamic.com/workers-comp

- Check if the firm is interested in a workers comp insurance quote.

Cyber and Data Breach Coverage

Coverage with basic limits is **included** free of charge on every lawyers professional liability policy. It covers legal forensic, PR, cyber extortion and regulatory defense penalties. Your included aggregate limit of liability for cyber coverage is \$100,000 (1-10 attorney firms) or \$250,000 (11+ attorney firms). oamic.com/cyber

- Check if the firm is interested in **additional** cyber liability coverage and select your desired quote option(s):
- \$250,000 aggregate limit of liability for cyber coverage
 - \$500,000 aggregate limit of liability for cyber coverage
 - \$1,000,000 aggregate limit of liability for cyber coverage

Office Package Policy

A comprehensive office package policy provides property and general liability coverage specifically for law firms - including property, valuable papers and records, computers, artwork or even intangibles like accounts receivable and loss of earnings. oamic.com/office-package

- Check if the firm is interested in an office package policy quote.

VI. ADDITIONAL COMMENTS

VII. CONFIRMATION

Application Checklist

- | | |
|--|---|
| <input type="checkbox"/> Application
Completed to the best of the firm's knowledge | <input type="checkbox"/> Additional Lists
If needed, see questions 8 and 10 of IV. QUESTIONNAIRE |
| <input type="checkbox"/> Letterhead
If applying for the first time or there have been changes to your physical address or attorney roster since last application | <input type="checkbox"/> Current Policy Information
If currently insured with a company other than OAMIC, include declarations page and/or any endorsement detailing a retroactive date of professional liability insurance |
| <input type="checkbox"/> Attorney Roster
If needed, see III. ATTORNEY ROSTER | |

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IMPORTANT: This is an application for a claims-made and reported policy. This application will attach to and become part of any policy issued. Prior acts coverage is available upon request and approval with submission of proof of current coverage.

It is understood and agreed that the completion of this application does not bind the Company to issue or the applicant to purchase the insurance.

I, on behalf of the firm and all lawyers named in this application, affirm that the information contained herein is true to the best of my knowledge. By signing this application, I hereby authorize any authorized agent of the Company to make an independent investigation with any and all regulatory agencies of the Oklahoma Bar Association, another state agency or private source with impunity to any right of privacy under law or otherwise. I also acknowledge that this application will serve as the basis of the contract with the Company.

Print Name: _____ Title: _____

Signature: _____ Date: _____