

NLADA Insurance Program
Administered by NLADA Service Corporation

RENEWAL APPLICATION

Professional Liability Insurance

NOTICE: If a policy is issued, it will be on a claims made and reported form. The limit of liability will be reduced by payments of judgments, settlements and/or damages, as well as defense costs and/or claims expenses as specifically provided in such policy. The deductible or retention will be reduced by payments of judgments, settlements and/or damages as specifically provided in such policy

INSTRUCTIONS:

- A. Please complete the application and any supplemental applications or forms which are required.
- B. If you need more space to answer any question fully, please continue on a separate sheet of paper and indicate the questions number.
- C. All questions must be answered accurately and completely. Please type or print clearly. If any questions are considered not applicable, please explain why.

APPLICANT INFORMATION

Policy Expiration Date: _____

1. Applicant Name: _____

2. (a) Principal business address: _____

City: _____ State: _____ Zip Code: _____

(b) Telephone Number: _____ Facsimile Number: _____

3. Please check the following category that best describes the Applicant:

- | | |
|--|--|
| <input type="checkbox"/> Civil Legal Services Organization | <input type="checkbox"/> Contract Defender (organization or sole pract.) |
| <input type="checkbox"/> Public Defender Agency | <input type="checkbox"/> Assigned Counsel (Court Appointed) |
| <input type="checkbox"/> Pro Bono Program | <input type="checkbox"/> Public Interest, Civil Rights/Liberties or Social Service |
| <input type="checkbox"/> Legal Clinic/Law School | <input type="checkbox"/> Other (Please describe) _____ |

4. Please describe the mission of the Applicant and its operation: _____

5. Does the Applicant provide any services, other than legal? No Yes If yes, please describe below:

6. Indicate the total number of staff by category:

Attorneys: _____	Investigators/Social Workers _____
Paralegals _____	Support/Administrative Staff _____
Law Clerks/Students _____	Other (Describe) _____
Total Full-Time Staff _____	Part-Time Employees (Describe) _____

7. Do you have attorneys working for your organization who are not employees (ie. contract or volunteer attorneys)? No Yes If yes, please complete the following:

Attorney Name	State	Years Admitted	Hours per Month
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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8. List the names, states and years of admission for all attorneys: (Attach separate sheet if necessary)

Attorney Name	State	Years Admitted	FT/PT Percentage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Has Applicant undergone any name change, structural change or change in the nature of its operations within the last 12 months? If yes, please provide details. No Yes

10. Has any attorney for whom coverage is sought been the subject of a disciplinary complaint or refused admission to practice, disbarred, suspended, reprimanded, sanctioned, or held in contempt by any court, administrative agency or regulatory body in the past 12 months? No Yes

11. Has any professional liability claim or suit been made in the past 12 months against any current or former attorney of the Applicant and/or the Applicant itself or any predecessor entity? No Yes

12. After inquiry, does any individual lawyer, employee, member or volunteer of the Applicant have knowledge or information of any occurrence or incident which may give rise to a claim? No Yes

If the answer to questions 10, 11 or 12 was "Yes", please complete the Supplemental Claim Form.

COVERAGE INFORMATION

(Renewal quotations will be for coverages "as expiring". Optional quotations will be provided if requested below)

The following optional limits and/or coverages are available. If you would like quotations for any of the following options that are not already included on your policy, please check the appropriate box:

(a) Lawyers Professional Liability Limits (each claim/in the aggregate)

- \$100,000/\$300,000 \$250,000/\$500,000 \$500,000/\$500,000
 \$1,000,000/\$1,000,000 Other (Specify): _____

(b) Optional Coverages:

- Management Liability Errors & Omissions Primary Pro Bono
 Employment Practices Liability Outside Practice of Law
 Punitive Damages Criminal Defense
 Additional Insured(s): _____

(c) Optional Deductible (applies separately to each coverage part)

- \$1,000 \$2,500 \$5,000 Other (Specify): _____

Please indicate the name and title of the individual to whom correspondence regarding this Application and/or related insurance matters should be directed.

Name: _____ Title: _____

Applicant understands that the information submitted herein becomes a part of the professional liability insurance application and is subject to the same representations and conditions. *(Must be signed by the Applicant, Chief Executive Officer, Executive Director or Officer of the Applicant)*

Signature: _____ Date: _____

Print Name: _____ Title: _____

Please return completed application to: NLADA Service Corp., 1140 Connecticut Avenue, 9th Floor, Washington, DC 20036
 Tel: (800) 725-4513 or (202) 452-9870 Fax: (202) 452-9879

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SUPPLEMENTAL CLAIM FORM

1. Applicant Name: _____

2. Name(s) of the attorneys involved in the claim or incident: _____

3. Name(s) of potential/actual claimant(s): _____

4. Indicate whether incident claim lawsuit disciplinary complaint/action

5. Date of alleged act, error or omission: _____

6. Date claim or incident reported to Applicant's insurer: _____

Name of Insurer: _____

7. If closed, total amount paid, including settlements, judgments, loss and defense costs: _____

Was this amount paid for: judgement arbitration award settlement defense costs.

8. Current status of the claim or incident: open closed

9. Description of claim or incident (attach appropriate documentation): _____

Applicant understands that the information submitted herein becomes a part of the professional liability insurance application and is subject to the same representations and conditions.

Signature: _____ Date: _____

Print Name: _____ Title: _____

(Must be signed by the Applicant, Chief Executive Officer, Executive Director or Officer of the Applicant)

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