

Welcome to the Ahern Insurance Brokerage eForms.

After completing this application please follow these simple instructions:

- 1) Click "Save Application," navigate to your desktop and save a copy of the completed application
- 2) Print & sign the application
- 3) To expedite the application process, email or fax a copy of the completed application to AIB

Fax: (858) 571-9010

Email: Info@AhernInsurance.com

- 4) Please mail the original to:

Ahern Insurance Brokerage
9655 Granite Ridge Drive
Suite 500
San Diego, CA 92123

For additional support you can email techsupport@aherninsurance.com or consult the help file at: <http://www.aherninsurance.com/applications/help.htm>

IMPORTANT!

Once you have filled out your application completely, you must **PRINT, SIGN AND MAIL THE ORIGINAL**



APPLICATION FOR LAWYERS
PROFESSIONAL LIABILITY INSURANCE
(CLAIMS MADE BASIS)

Producer's Name and Address: Telephone No. ()
FAX No. ()

INSTRUCTIONS:

- A. All questions must be answered. If "none" or "not applicable" is the answer, then such answer should be noted.
B. Where space is insufficient, attach additional sheets.
C. Where directed, appendix sheets must be completed.
D. This application and the completed appendix sheets must be signed by a Partner, Director, or Officer of the firm.
E. Please remember to enclose a copy of your current letterhead as requested in question 26 below.

1. Name of Firm: _____

Date Established: _____

2. Principal Address: _____

3. Branch Office(s) _____

4. Is coverage required for any firm or entity other than the one identified in the answer to question 1 above?
Yes No

Identify each additional firm or entity and the date each was established (including predecessor firm(s) if coverage is required. Use separate sheet, if necessary.)

Table with 2 columns: NAME OF FIRM OR ENTITY, DATE ESTABLISHED

5. The applicant firm is a: (Check One)
a) Sole Practitioner b) Partnership
c) Professional Corporation d) Professional Association
e) Other (Please Explain)

6. In the last five (5) years, has the firm:
a) merged with any firm? Yes No b) acquired control of any firm? Yes No
c) otherwise changed its business structure or location? Yes No
Please provide full details for any yes answer.

7. Please indicate the number of staff at the firm for each of the following:
a) Attorneys f) Title Agents
b) Paralegals/Investigators g) Insurance Agents
c) Abstractors h) Other Professionals*
d) Accountants i) Clerical
e) Real Estate Agents j) Total Staff (7a-7i)
*Please identify the professions.

8. On a gross billing basis for the last fiscal year, indicate the percentage of revenue derived from the following specialties and complete the indicated appendix if the firm has Attorneys who practice that specialty.

Category A

Admiralty/Maritime	_____ %	Entertainment	_____ % (Appendix 3)
Anti-Trust/Trade Regulations	_____ %	General Litigation	_____ %
Bankruptcy	_____ %	Immigration	_____ %
Bodily Injury-Defense	_____ %	Insurance Company Defence	_____ %
Bodily Injury-Plaintiff	_____ %	International/Foreign	_____ % (Appendix 5)
Collections/Repossession	_____ %	Labor-Relations	_____ %
Communications/F.C.C.	_____ %	Municipal-Retained Attorney	_____ %
Copyright/Patent/Trademark	_____ %	-Prosecutor	_____ %
Corporate-General	_____ %	Oil/Gas/Mining	_____ % (Appendix 8)
Corporate	_____ %	Public Utilities	_____ %
Corporate Mergers/Acquisitions	_____ %	Real Estate	_____ % (Appendix 7)
Criminal	_____ %	Wills/Estate Planning/Probate	_____ %
Domestic Relations	_____ %	Workers' Compensation	_____ %
Other (Please explain)	_____ %	Environmental	_____ % (Appendix)

Category B

On a gross billing basis for the last fiscal year, indicate the percentage of revenue derived from the following specialties and complete the appropriate appendix.

Securities/S.E.C.	_____ % (Appendix 1)
Limited Partnerships/Syndications	_____ % (Appendix 2)
Taxation	_____ % (Appendix 4)
Financial Institution/Banking	_____ % (Appendix 10)
Categories A&B must total 100%	0

Has the firm derived any revenue from the Category B specialties in the past five (5) years? Yes No. If yes, please complete the appropriate appendix.

9. On a gross billing basis for the last fiscal year, indicate the percentage of revenue derived from representing:
 a) Plaintiffs _____ % b) Defendants _____ % c) Others _____ %

10. Does any Attorney in the firm act as:
 a) a Public Defender? Yes No b) a Prosecuting Attorney Yes No
 Please provide full details for each yes answer.
 c) an in-house Attorney of any Corporation or Municipal or State Department?
 Please provide full details for each yes answer. Yes No

11. Please complete Schedule 1 for all Attorneys at the firm.

12. Is any Attorney listed in the answer to question 11:
 a) a Director, Officer, Trustee, or Partner of any entity with whom such Attorney or the firm has had an Attorney/Client relationship within the last five (5) years? Yes No If yes, complete Appendix 9.
 b) a shareholder or an owner of any equity interest in any entity with whom such Attorney or the firm has had an Attorney/Client relationship within the last five (5) years? Yes No If yes, complete Appendix 9.

13. Has any Attorney listed in the answer to question 11 above ever been subject to a reprimand or disciplinary action, been refused admission to a Bar Association, or been convicted of a felony? Yes No If yes, provide details.

14. Has the firm or any Attorney listed in the answer to question 11 above ever had a claim or suit made against him/her/it in the last five (5) years alleging professional negligence or a breach of the professional standard of care (irrespective of the outcome of such action)? Yes No If yes, complete Appendix 11.

15. Does the firm or any Attorney listed in the answer to question 11 above have the knowledge of any circumstances, acts, errors, or omissions which could result in a claim against an applicant (irrespective of the actual validity of such action)? Yes No If yes, complete Appendix 12.
16. Does the firm anticipate any major change in its client base or practice specialties or other material change(s) in the way it currently conducts business? Yes No If yes, provide details.
17. With respect to the firm's docket control system:
- Does the firm utilize a computerized retrieval system? Yes No
 - Does the system include both litigated and non-litigated items? Yes No
 - Are two (2) or more independent cross reference systems utilized? Yes No Please provide a short narrative description of each of the *independent* systems.
 - Who is responsible for data entry/retrieval with respect to the docket control system?
- _____
- e) Please describe on a separate sheet the system used when the person identified in the answer to question 17 d) above is away from the office.
18. a) Do suits for collection of fees have to be approved by a committee of partners? Yes No
- b) How many suits for collection of fees have been filed by the firm during the past three (3) years?
- _____
- c) How many of these suits have been resolved successfully? _____
19. With respect to your firm's conflict of interest system:
- Does the firm have written procedure for maintaining client lists and identifying actual or potential conflicts of interest? Yes No
 - Is the conflict of interest search run prior to accepting a client? Yes No
 - Is a senior member of the firm assigned to review all conflicts discovered by the review? Yes No
 - Have firm members disclosed to the firm, in writing, all actual conflicts of interest and all conflicts they reasonably believe may exist as a result of their role as a Shareholder, Director, Officer, Trustee, or Partner of any entity or individual other than the applicant firm? Yes No
 - Do firm members disclose to their client, in writing, all actual conflicts of interest and conflicts they reasonably believe may exist? Yes No
 - Upon disclosure of actual or potential conflicts, do firm members always obtain from their client written consent to perform ongoing legal services for the clients? Yes No
20. Do any members of the firm or entity listed in the answer to questions 1 and/or 4 of this application share office space or staff with any other entity? Yes No If yes, provide details.
21. a) Has the firm been continuously insured for the last five (5) years? Yes No
- b) Please provide the following information regarding the firm's professional liability insurance for the past five (5) years.

Carrier	Policy Number	Limit of Liability	Policy Period	Deductible or SIR	Number of Attorneys Insured	Premium

c) Has the firm ever purchased Extended Discovery Period or Extended Reporting Period coverage ("tail") from any prior professional liability insurance? Yes No If yes, provide details on a separate sheet.

22. Has any insurance provider:

- a) declined to offer terms or refused renewal? Yes No If yes, provide details.
b) imposed special conditions to the firm's policy Yes No If yes, provide details.

23. Limits required Aggregate per Policy Period:

\$1,000,000	<input type="checkbox"/>	\$4,000,000	<input type="checkbox"/>	\$7,000,000	<input type="checkbox"/>
\$2,000,000	<input type="checkbox"/>	\$5,000,000	<input type="checkbox"/>	\$8,000,000	<input type="checkbox"/>
\$3,000,000	<input type="checkbox"/>	\$6,000,000	<input type="checkbox"/>	\$9,000,000	<input type="checkbox"/>
\$10,000,000	<input type="checkbox"/>				

24. Deductible (applicable to each and every claim):

\$25,000 \$50,000 \$100,000 Other

25. Date on which the firm wishes coverage to begin: _____

26. A copy of the firm's current letterhead is required as part of this application. Please confirm that such is enclosed and consistent with the answers provided to questions 1, 2, 3, 7, and 11.

- a) Letterhead enclosed? Yes No
b) Conforms to the answers to questions 1, 2, 3, 7, and 11. Yes No

27. Please indicate if any Attorney listed in the answer to question 11 is a member of any of the following:

- a) American Bar Association? Yes No b) American Trial Lawyers Association? Yes No
c) Federation of Insurance & Corporate Counsel Yes No

If yes, name of member: _____

- d) State Bar Association? Yes No If yes, please list.

NOTE: THIS APPLICATION IS SUBJECT TO THE FOLLOWING REPRESENTATIONS. PLEASE READ CAREFULLY.

The undersigned on behalf of the applicant firm and all members of the firm hereby declares that he/she is authorized to make the following declarations and representations on behalf of the firm and its members.

The firm declares that the above answers, statements, and particulars are true and that no material facts have been suppressed, omitted, or misstated.

The firm has made specific inquiry of all Attorneys in the firm as to their knowledge of any matters which could result in a claim against the firm in the future. All Attorneys have responded in the negative to such Attorneys have been reported to the firm's current insurers. All such matters are listed in appendices to this application, and the firm acknowledges, understands, and agrees that any and all claims arising out of such matters will be excluded from the Policy being applied for and any renewals of said Policy.

The firm understands that this is an application for insurance, not an insurance binder nor a guarantee of coverage. The firm understands and agrees that this application is material to the Company's underwriting process and will be made part of the Policy, if and when a Policy is issued.

The firm acknowledges, understands, and agrees that if a Policy is issued: (1) the Limits of Liability stated in the Declarations will be reduced by defense costs, (2) that such defense costs are also applicable against the Policy's Deductible. (3) that the firm and its members, in the event of a covered claim, will be defended by the company's appointed Attorney's, and (4) that no coverage will be provided by the Policy for any claim where the firm or any member of the firm elects to handle such claim without the Company's appointed Attorney.

If at any time during the Policy Period there is a change to the answers given to questions 8 and 12 of this application, the firm will provide written notice of such change to the Company within thirty (30) calendar days. Following receipt of such notice, the Company may at its sole discretion either cancel the Policy pursuant to the terms stated therein or may charge an additional premium.

ARKANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

COLORADO APPLICANTS IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUDE THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

DISTRICT OF COLUMBIA APPLICANTS: "IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

MAINE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

OHIO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR AN INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

OKLAHOMA APPLICANTS: 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 ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

SIGNING THIS FORM DOES NOT BIND THE APPLICANT FIRM OR THE COMPANY TO COMPLETE THE INSURANCE.

DATE _____ SIGNATURE _____

DATE _____ SIGNATURE _____

NAME OF BROKER _____

NAME OF AGENCY _____

ADDRESS _____

LICENSE NUMBER _____

SIGNED _____

