

## 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](mailto: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**



**CALIFORNIA 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**

_____ Legal Name of Firm	_____ 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's Name	Social Security Number	Designation Code (See choices below)	Years In Private Practice	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, **PT** = Part Time attorney working 20 hours or fewer per week.

\*If an attorney is requesting part time rates please provide the date that this attorney last practiced law full time.  
 \_\_\_/\_\_\_/\_\_\_\_\_. Also please be advised that this designation should include all hours worked as an attorney, including but not limited to billable hours, non-billable hours and time spent operating a part-time law practice.

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 have led to a professional liability claim that has not yet settled or which could reasonably be expected to 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			Limit: \$ _____ Defense Costs Part of the Limit * Defense Costs Outside the Limit * Don't Know		
Deductible: \$ _____ Per Claim                      Aggregate                      Loss Only			Deductible: \$ _____ Per Claim                      Aggregate                      Loss Only		
Premium: \$ _____					

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)	
ARBITRATION/MEDIATION		IMMIGRATION/NATURALIZATION	
BUSINESS TRANSACTIONS-CORPORATE AND COMMERCIAL		INTERNATIONAL LAW	
<b>BUSINESS TRANSACTIONS-ENTERTAINMENT</b>		LABOR LAW	
CIVIL RIGHTS/DISCRIMINATION		PI/PD-PLAINTIFF *	
COLLECTION/BANKRUPTCY		INSURANCE DEFENSE	
CONSTRUCTION LAW (BUILDING CONTRACTS)		WORKERS COMPENSATION-DEFENSE	
CONSUMER CLAIMS		WORKERS COMPENSATION-PLAINTIFF	
BUSINESS ORGANIZATION:		NATURAL RESOURCES/OIL & GAS	
Formation/Alteration and Mergers/Acquisitions		<b>COPYRIGHT/TRADEMARK</b>	
Secured Transactions		<b>PATENT</b>	
Administrative Law/Record Keeping		REAL ESTATE	
CRIMINAL		<b>SECURITIES LAW</b>	
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.**

\* If any member of the firm handles or has handled a mass tort/class action/multiple plaintiff case please provide a narrative describing the mass tort/class action/multiple plaintiff case. Description should include the capacity in which any attorney in the firm was involved in the case, the size of the class, and the amount of money involved.

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: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.**

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: \_\_\_\_\_

PLEASE NOTE THAT THE FOLLOWING SECTION ONLY APPLIES TO FIRMS WITH ONE OR TWO ATTORNEYS

There are many factors used by the company to evaluate an application for Lawyers Professional Liability Insurance. Such factors may include a law firm's areas of practice, loss history, risk management and an insurance score.

An insurance score is developed from a mathematical model that weighs and measures credit information obtained from a number of sources, including a consumer credit report. Credit information may include payment history, the number of collections, bankruptcies, outstanding debt, length of credit history, types of credit in use and the number of new applications for credit. These factors have been shown to correlate with insurance loss history.

You may be eligible for a premium discount based upon your insurance score. An insurance score will not result in a premium increase. The insurance score is also never the basis on which this company will accept or reject an application for an insurance policy.

**If this is acceptable all members of the applicant firm must provide authorization.**

(1) Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

(2) Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

**If you do not wish to have your insurance score computed check here**