

## 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**

Present Policy Number	Expiration Date (Month/Day/Year)
Legal Name of Firm	
<b>CURRENT</b>	<b>DESIRED</b>
Limit: _____ Deductible: _____	Limit: _____ Deductible: _____

1. Has the firm's name, principal address, telephone number, facsimile number or e-mail address changed?  
 NO  YES - If YES, provide a copy of the new letterhead.
2. Have any attorneys joined the firm since the previous application was completed?  
 NO  YES - If YES, an Add Attorney Form must be completed for each new attorney.
3. Have any attorneys left the firm since the previous application was completed?  
 NO  YES - If YES, provide the following information. Add an attachment if necessary.  
  
 Name of attorney: \_\_\_\_\_ Date left firm: \_\_\_\_\_
4. After inquiry, are you or any attorney in your firm aware of any circumstances, incidents, acts or omissions, which have led to a professional liability claim or which could reasonably be expected to lead to a professional liability claim being made against your firm?  NO  YES - If YES, please report it immediately to Arch Insurance Company's Claim Department per the Claims Handling Procedures in your Lawyers Professional Liability Policy.
5. During the past year, has any attorney in the firm been the subject of a reprimand, disciplinary action, or current investigation? If YES, please provide full details in an attachment on your letterhead.  NO  YES
6. For the last fiscal year, provide the percentage of gross billable dollars allocated to each Area of Practice. If no change from your previous application, check the box and do not complete the percentages.  
 NO CHANGE - Failure to provide updated details will represent "No Change."

AREA OF PRACTICE Round to the nearest whole percent.	Prev %	New %	AREA OF PRACTICE Round to the nearest whole percent.	Prev %	New %
Admiralty/Maritime			Government -- Federal and State		
Antitrust			Government -- Local (Not Bond Work)		
Arbitration/Mediation			Immigration/Naturalization		
Business Transactions - Commercial Law			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 & 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**