

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**

Instructions:

- All questions must be answered. Please indicate if the answer to any question is "NONE" or "NOT APPLICABLE."
- If space is insufficient to answer any question fully, attach a separate sheet.
- Application must be completed, signed and dated by an authorized representative of the law firm and the insurance agent.
- Please attach a sample of your current letterhead and a copy of your current carrier's long-form new business application.

LAW FIRM INFORMATION:

List additional locations on the law firm's letterhead

- Law Firm Name: _____
- Law Firm FEIN number: _____
- Contact/Administrator Name: _____ Email Address: _____
Your email address will never be sold. It will be used to send you important notices.
- Contact Telephone No.: _____ Contact Fax No.: _____
- Address: _____
Address City State County Zip
- Billing Address: _____
(If different than practice address)
- Law Firm Web Address: _____

GENERAL INFORMATION:

- List the current professional liability insurance purchased by the law firm:

| Insurer | Limits of Liability | Deductible | Coverage Dates | Claims Expense Inside or Outside | Loss Only Deductible? |
|---------|---------------------|------------|----------------|----------------------------------|--|
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please submit a copy of the current declarations page, all endorsements and any attachments indicating the retroactive dates for the law firm, as well as all insured lawyers.

- Date the current law firm was established: _____
- What was the law firm's gross revenue in the last completed fiscal year? _____
- Estimate the law firm's gross revenue for the current fiscal year: _____

DISCIPLINE AND CLAIMS INFORMATION:

- Has any lawyer in the law firm;
 - Been treated for alcohol addiction in the past 5 years; or ever been treated for a narcotics or gambling addiction? Yes No
 - Been charged with or convicted of a criminal offense other than traffic violations in the past 5 years; or ever been convicted of a felony or a crime involving moral turpitude? Yes No
 - Ever been refused admission to practice, disbarred or suspended from practice; been reprimanded, sanctioned or disciplined by any court or administrative agency, or are any such proceedings currently in progress? Yes No

If you answered yes to any of the above, provide a detailed explanation on the law firm's letterhead, including any supporting documentation from the appropriate treatment facility, court or agency.
- After inquiry of all lawyers and employees of the law firm, including independent contractors, Of Counsel and any other affiliated lawyers, is any such person aware of:
 - A professional liability claim made in the past 5 years (either still opened or closed)? Yes No
 - An act or omission that might reasonably be expected to be the basis of a claim? Yes No

If yes, please complete an Incident/Claim Supplement for each claim, suit or incident.

AREAS OF PRACTICE: Please round to the nearest whole percent.

1. Please provide the percentage of the law firm's billable hours in past 12 months for the areas of practice below:

| | | | | | |
|---------------------------------|---------|---------------------------------|---------|---------------------------------|---------|
| Admiralty/Marine | _____ % | Employment Law | _____ % | Public Utilities | _____ % |
| Anti-Trust/Trade Regulation | _____ % | - employee/union | _____ % | Real Estate* | _____ % |
| Arbitration/Mediation | _____ % | - management | _____ % | - Abstract/Title | _____ % |
| Banking/Financial Institutions* | _____ % | Entertainment /Agent Practice* | _____ % | - Commercial <\$5 million | _____ % |
| Bankruptcy – Personal | _____ % | Environmental/Regulatory | _____ % | >\$5 million | _____ % |
| Civil Litigation | _____ % | Estates/Wills/Trusts | _____ % | - Residential <\$2 million | _____ % |
| Civil Rights/Discrimination | _____ % | - <\$1million | _____ % | >\$2 million | _____ % |
| Corporate/Business | _____ % | - \$1 million - \$5 million | _____ % | Schools/education - no finance | _____ % |
| - Admin/ organization | _____ % | - >\$5 million | _____ % | Securities* | _____ % |
| - Formation | _____ % | General Practice | _____ % | Social Security | _____ % |
| - Merger/Acquisition | _____ % | Government Contracts/Claims | _____ % | Taxation | _____ % |
| Creditor Rights - General | _____ % | Immigration | _____ % | - Individual preparation | _____ % |
| - Collection/Consumer Claims | _____ % | Intellectual Property* | _____ % | - Estate | _____ % |
| Construction/Building contracts | _____ % | International Law | _____ % | - Opinions | _____ % |
| Defense | _____ % | Investment Counsel/Money Mgt | _____ % | Other: | _____ % |
| - Bodily/Personal Injury | _____ % | Municipal - no finance or bonds | _____ % | - Provide a written description | _____ % |
| - Commercial/Corporate Genl | _____ % | - including finance/bonds | _____ % | | |
| - Criminal Defense | _____ % | Oil & Gas/Mineral Rights | _____ % | | |
| - Insurance Carrier* | _____ % | Plaintiff* | _____ % | | |
| - Workers' Compensation | _____ % | - Class Action | _____ % | | |
| Domestic | _____ % | - Medical Malpractice | _____ % | | |
| - Elder Law | _____ % | - Personal or Bodily Injury | _____ % | | |
| - Family/Juvenile/Divorce | _____ % | - Workers Compensation | _____ % | | |
| Employee Benefit Plans/ERISA | _____ % | - Other | _____ % | Total (must equal 100%) | _____ % |

* Please complete the applicable Area of Practice supplement for those marked with an asterisk.*

2. In the past 5 years, has the law firm or any lawyer in the law firm (regardless of what firm the lawyer was practicing with at the time):

- Represented issuers, underwriters or affiliates with regard to the issuance, offering or sale of securities or bonds? Yes No
- Handled any class action or mass tort litigation cases? Yes No
- Provided any copyright, trademark or patent services? Yes No
- Acted in the capacity as SEC counsel or general counsel to any Financial Institution? Yes No
- Provided any legal services for entertainment clients or public figures? Yes No

If yes to any of the above, complete the applicable Area of Practice Supplement.

Signature/Title of Law Firm Representative

Date

Signature of Agent

Date

For residents of CA: 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 or knowingly helps with intent to defraud, commits a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Professional liability insurance offered through Attorney Shield is underwritten by Professional Solutions Insurance Company, doing business as PSIC Insurance Company in CA.



Individual Lawyer and Office Staff Supplement

The policy limits of liability are shared by all Insured's under this policy.

1. List all lawyers practicing on behalf of the law firm. Attach a separate sheet for additional lawyers.

| Lawyer's Name | Position O – Owner P – Partner E - Employee | Primary State Bar # | States Admitted | Date First Admitted | Date of Hire | Retroactive Date | Total CE hours in the past 12 months | CE hours specific to Ethics |
|---------------|--|------------------------|--------------------|------------------------|-----------------|---------------------|---|-----------------------------------|
| | | | | | | | | |
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2. Provide the name of the owner or partner authorized to make changes to the policy: _____

3. List Of Counsel Lawyers and Independent Contractors:

| Name | Bar # | Average billable hours (annual) | Does this lawyer have separate insurance? |
|------|-------|----------------------------------|--|
| | | | <input type="checkbox"/> Yes (submit a copy) <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes (submit a copy) <input type="checkbox"/> No |

4. Enter the total number of non-lawyer staff in each category:

| Paralegals/Law Clerks | Clerical/Administration | Investigators/Abstractors | Other – Provide a list |
|-----------------------|-------------------------|---------------------------|------------------------|
| | | | |

5. In the last 12 months, how many lawyers have left the law firm? _____
 Approximately how many lawyers will be added in the next 12 months? _____

6. Does the law firm perform a background check on all lawyers and office staff prior to employment? Yes No

Signature and Title of Law Firm Representative

Date

Signature of Agent

Date

For residents of CA: 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 or knowingly helps with intent to defraud, commits a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Professional liability insurance offered through Attorney Shield is underwritten by Professional Solutions Insurance Company, doing business as PSIC Insurance Company in CA.