



**ATTORNEYS
INSURANCE
MUTUAL**
of the South®

Our aim is your peace of mind.

200 Inverness Parkway
Birmingham, Alabama 35242-4813
P 205-980-0009 | F 205-980-9009
www.AttorneysInsuranceMutual.com

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY POLICY

(This is an application for a claims-made and reported policy.)

You may submit this form by doing one of the following:

- Email to: info@attorneysinsurancemutual.com.
- Fax to 205-980-9009.
- Print and mail to 200 Inverness Parkway, Birmingham, AL 35242-4813.

1. Full name of applicant (show name of firm) _____

EFFECTIVE DATE INSURANCE REQUESTED _____

2. Address of principal office _____

City _____ County _____ State _____ Zip Code _____

3. When was the firm established? _____

(a) Has the name or ownership of the applicant changed in the past five years or has any other entity been acquired, merged, consolidated or liquidated with or by the applicant in the past five years?

____ Yes ____ No If yes, please give full particulars: _____

(b) List full names of all predecessor firms of applicant. Set forth number of partners, officers, directors and employed lawyers. NOTE: The applicant must be a successor to the assets and liabilities of any named firm to be evaluated for prior acts coverage. State whether applicant is successor to assets and liabilities of each firm listed. _____

4. Please complete the following information for all firm members. If space is insufficient, please attach additional page(s).

Attorney's Full Name & Email Address	State Bar ID No.	Law School and Graduation Year	Date of Birth	Admitted to Bar / State / Month / Year	Years in Practice	Date of Hire	Member in good standing of the following State Bar Assoc.
Of Counsel Full Name & Email Address							

5. State number of: (a) ____ Law Clerks (b) ____ Secretarial & Office help (c) ____ Abstractors (d) ____ Investigators
 (e) ____ Accountants (f) ____ Paralegal Personnel (g) ____ Debt Collectors
 Individual coverage is not provided for non-lawyer persons in the above categories.

6. Is the applicant or any partner or lawyer of the firm a salaried employee, partner, officer, director or owner of any organization other than the firm? If yes, please give full details. _____

7. If you are a sole proprietor, are you engaged in full-time, independent, private practice?
 ____ Yes ____ No If no, please explain. _____

8. Does the firm have an office sharing or expense sharing arrangement or have any other law partner, associate or employed lawyer other than those listed in Question 4? ____ Yes ____ No If yes, please describe and identify those with whom such arrangements exist. _____

9. If your Area of Practice contains an (*), please complete the Supplemental Application. Describe your practice by showing the approximate percentages based on gross billable dollars generated in the last fiscal year from the practice devoted to:

Area of Practice	%	Area of Practice	%
Admiralty / Marine - Defense		Labor and Employment Management	
Admiralty / Marine - Plaintiff		Labor - Union	
Anti-trust		Labor and Employment - Employee	
Arbitrator / Mediator		Litigation	
Banking		Bodily & Personal Injury - Defense*	
Bankruptcy		Bodily & Personal Injury - Plaintiff*	
Business Transactions		Class Action / Mass Torts - Defense*	
Corporate Business Organizations		Class Action / Mass Torts - Plaintiff*	
Gaming & Casinos		Insurance Defense	
General Commercial - Defense		Insurance Other - Coverage - Regulation	
General Commercial - Plaintiff		Insurance Other - Coverage - Subrogation	
Mergers & Acquisitions		Medical Legal Malpractice- Defense*	
Civil Rights / Discrimination		Medical Legal Malpractice- Plaintiff*	
Collections- Consumer		Product Liability	
Criminal		Workers Compensation - Defense	
Entertainment		Workers Compensation - Plaintiff	
Environmental		Oil & Gas	
ERISA / Pension / Employee Benefits		Public Utilities	
Estate Planning		Real Estate	
Estate, Wills, Probate, Trust		Commercial Real Estate	
Family Law		Foreclosures	
Adoption		Landlord / Tenant	
Divorce		Residential Closings*	
Elder Law		Syndications / Ltd. Partnerships	
Guardianship / Juvenile		Title / Abstracting*	
Foreign Practice		Zoning & Planning	
Govt. Representation / Contracts		Securities Law*	
Healthcare - Regulatory, Compliance		Social Security / Disability	
Immigration / Naturalization		Taxation	
Intellectual Property - Copyright / Trademark		Tax Shelters	
Intellectual Property - Patent		Other	
International Law		Total should equal 100 %	

10. Number of years firm has had continuous coverage: _____ Current policy effective date: _____
 Current carrier: _____ Current firm prior acts date: _____
 Current policy limits: _____ Deductible: _____
11. Has any professional liability insurance for the applicant, present partners or predecessors or any lawyer named in Question 4 been declined or cancelled, refused replacement coverage or accepted only on special terms within the last seven years? If so, please give full details.

12. After inquiry of each lawyer named in Question 4, has any lawyer named in Question 4 been reinstated, reprimanded by, or refused admission to practice, disbarred, sanctioned or suspended from practice before any court or administrative agency or been subject to disciplinary actions or sanctions within the last seven years? If yes, give details.

13. After inquiry of each lawyer named in Question 4, have any claims or suits been made against any lawyer named in Question 4, or their predecessors in business within the last seven years? _____ Yes _____ No
 If yes, complete Supplemental Claim Information form.
14. After inquiry of each lawyer named in Question 4, does any lawyer named in Question 4 know of any circumstances, act, error, omission or personal injury that could result in any claim being made against them, or their predecessors in business or any of the present partners? If so, please give details.

15. DOCKET CONTROL – (Calendars, tickler systems, etc.) Please explain date reminders and due date controls used in your office, including who has responsibility for entry of items assigned. Please provide details of the system.

- (a) Advise of your firm's procedures to determine the firm's conflict of interest.

- (b) Does the firm use engagement letters? _____ Yes _____ No If no, please advise why. _____

16. (a) Does applicant's practice also involve acting in the capacity of or licensed for any of the following?
 (1) Insurance agent or broker _____ Yes _____ No
 (2) Accountant _____ Yes _____ No
 (3) Real estate agent or broker _____ Yes _____ No

(b) Does applicant's practice involve acting in the capacity of any of the following title work categories listed in 16(b)(1)-(3) below? Yes No If yes to 16(a), indicate the percent of practice devoted to each category and whether separate professional liability insurance is carried for this work.

(1) Title abstractor % Separate professional liability insurance carried Yes No

(2) Title agent % Separate professional liability insurance carried Yes No

If yes to 16(b)(2), list all title insurers for whom applicant is, or has applied to be, an agent:

(3) Other title work % Separate professional liability insurance carried Yes No

Please describe other title work: _____

17. Has any lawyer been treated for alcohol or drug abuse during the past three years? Yes No
If yes, attach authorization letter for release of information from treating professional or organization.

(a) Does any lawyer abuse alcohol or use illegal drugs? Yes No

18. Limits of Liability requested:

100,000 each claim / 300,000 annual aggregate _____

250,000 each claim / 500,000 annual aggregate _____

500,000 each claim / 500,000 annual aggregate _____

1,000,000 each claim / 1,000,000 annual aggregate _____

2,000,000 each claim / 2,000,000 annual aggregate _____

3,000,000 each claim / 3,000,000 annual aggregate _____

4,000,000 each claim / 4,000,000 annual aggregate _____

5,000,000 each claim / 5,000,000 annual aggregate _____

Higher limit requested:

_____ each claim / _____ annual aggregate _____

(a) Deductible requested:

1,000 each claim _____

2,000 each claim _____

3,000 each claim _____

4,000 each claim _____

5,000 each claim _____

10,000 each claim _____

_____ each claim _____

Higher deductible requested: each claim _____

WARRANTY OF APPLICANT

I/We warrant that the information contained herein is true and that it shall be used as the basis of the policy of insurance and deemed incorporated therein, should Attorneys Insurance Mutual of the South, Inc., evidence its acceptance of this application by issuance of a policy. I/We hereby authorize the release of claim information from any prior insurer to Attorneys Insurance Mutual of the South, Inc.

NOTICE OF APPLICANT

In applying for coverage, I/We agree that in the event of covered losses, I/We will be required to be defended by mutually agreed counsel and that the deductible shall apply to loss and claim expenses, adjusting expenses, investigation costs, and legal fees. If I/We elect to defend, negotiate, settle or in any way handle a claim or incident that could give rise to a claim without the prior written consent of Attorneys Insurance Mutual of the South, Inc., then I / We acknowledge and agree that no coverage for such claim or incident is afforded the Applicant under the policy.

I/We understand and accept that the policy applied for provides coverage on a "claims-made" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD and that coverage ceases with the termination of the policy unless I/We exercise options available and in accordance with the terms of the policy.

(Date)

(Signature of Applicant)

(Title)

SIGNING THIS APPLICATION AND TENDERING PREMIUM DOES NOT BIND ATTORNEYS INSURANCE MUTUAL OF THE SOUTH, INC., TO ISSUE, NOR THE APPLICANT TO PURCHASE THE INSURANCE. Application MUST be signed to be considered for quotation.



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PLAINTIFF SUPPLEMENTAL APPLICATION

Plaintiff cases are defined as: Bodily Injury & Personal Injury, Class Action / Mass Tort Product Liability and Professional Malpractice.

1. Total number of all open and closed plaintiff cases in the past 12 months _____
2. Average number of plaintiff cases each attorney in the firm handles per year _____
3. Percentage of cases: Settled before Trial _____ Cases tried to conclusion _____
4. Percentage of cases referred to your firm by other law firms _____
5. Percentage of cases you refer to other firms and maintain an economic interest _____
6. Does your firm refer cases to other firms located in other states? _____ Yes _____ No
If yes, please list all states and the percentage of cases in each state. _____

7. Average dollar value of open and closed cases: Less than \$100,000 _____% \$100,000 to \$300,000 _____%
\$300,000 to \$500,000 _____% \$500,000 to \$1,000,000 _____% Greater than \$1,000,000 _____%
8. Describe the firm's procedure for tracking the Statute of Limitations for each case.

9. Provide a written statement regarding all class action / mass tort cases the firm has handled or had any involvement with in the past five years. Include the jurisdiction, number of cases, number of clients in each case, overall case value, statutes and nature of cause of action. _____

I declare that the information submitted herein is true and I understand that it becomes a part of my Application for Lawyers Professional Liability Policy, subject to the same warranty and conditions.

(MUST BE SIGNED BY OWNER, PARTNER OR OFFICER OF THE FIRM)

(Date)

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SECURITIES SUPPLEMENTAL APPLICATION

1. Firms practicing before the Securities and Exchange Commission:
Applicant is involved in S.E.C. work ____ Yes ____ No
If yes, answer remainder of this question:
 - (a) Number of lawyers involved and experience of each in S.E.C. work; Qualifications and where obtained; Experience as S.E.C. staff member – identify and give details. _____

 - (b) Gross income for S.E.C. work for:
(1) Last twelve months _____ (2) Estimate for next twelve months _____
 - (c) Give details as to S.E.C. registrations and other work involving S.E.C. handled by the firm during the past three years and the major areas of commerce and/or industry involved. _____

 - (d) Has any lawyer ever been the subject of a complaint by the S.E.C. or state securities commission in respect of his representation in any securities transaction? If yes, please give details.

 - (e) Has the firm been involved in any disciplinary proceeding or received any type of warning, caution or disqualification from the S.E.C. or state securities commission relative to securities transactions? ____ Yes ____ No
If yes, please give details. _____

 - (f) In respect of securities offerings handling by the applicant:
 - (1) Do you represent sellers? ____ Yes ____ No
 - (2) Do you represent underwriters? ____ Yes ____ No
 - (3) Are you representing any of these clients in any securities litigation? ____ Yes ____ No
 - (4) Is any lawyer named in Question 4 serving as director of the client? ____ Yes ____ No
 - (5) Do you represent regional underwriters in state registrations? ____ Yes ____ No
 - (6) Do you represent national underwriters in state registrations? ____ Yes ____ No
 - (7) Do you handle speculative stock? ____ Yes ____ No

(g) Describe in narrative form what steps are taken by the applicant to satisfy the “due diligence” requirement under Section 11 of the Securities Act of 1933? _____

(h) Describe any other professional services including investment counsellor services you render that make you liable to claims under the Securities Act of 1933 or 1934 and amendments thereto, and the extent to which you render such services. _____

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SUPPLEMENTAL APPLICATION FOR FINANCIAL INSTITUTIONS AND REAL ESTATE PRACTICE

Please answer the following questions about your practice in the areas of real estate and banking law (including your representation as an attorney which involves financial institutions). Your responses are part of your application.

1. Are you a member of a board of directors of a financial institution? _____ Yes _____ No
If yes, please list the financial institutions on whose boards you serve: _____

(a) Are you an attorney for a board of directors of a financial institution? _____ Yes _____ No
If yes, list all financial institutions whose boards you represent: _____

2. Please advise if your practice entails the following regarding real estate:
Trusts and estates _____ Yes _____ No
Real estate closings _____ Yes _____ No If yes, number of closings per year _____
Loan closings other than those secured by real estate _____ Yes _____ No
Loan policy advice _____ Yes _____ No
General corporate representation _____ Yes _____ No
Litigation _____ Yes _____ No
Other _____ Yes _____ No (If yes, please describe) _____

(a) Do you own more than 5% of the stock in any financial institution? _____ Yes _____ No
If yes, name the institution(s). _____

(b) Do you receive an annual retainer from any financial institution? _____ Yes _____ No

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SUPPLEMENTAL CLAIM APPLICATION

- This form is to be completed by Applicant or Insured who has been involved in any claim or suit or is aware of an incident which may give rise to a claim. COMPLETE ONE FORM FOR EACH CLAIM OR INCIDENT.
- If space is insufficient to answer any questions fully, attach separate sheet.
- Answer all questions COMPLETELY.
- If more than one form is needed, please visit our "Forms" page, and download a blank copy to complete in addition to this Application.

1. Full name of Applicant or Insured: _____
 2. Full name of individual(s) of firm involved in claim: _____
 3. Full name of Claimant(s): _____
 4. Indicate whether: Claim/Suit, or Incident _____
 5. Date and location of alleged error: _____
 6. Date of claim: _____
 7. Additional defendants: _____
 8. IF CLOSED: Total Loss Paid including Deductible: \$ _____
Indicate whether: Court judgment or Settlement
 9. IF PENDING: Claimant's settlement demand? \$ _____
Defendant's offer for settlement? \$ _____
Insurer's loss reserve? \$ _____
Deductible? \$ _____
- Is Claim in Litigation? ____ Yes ____ No If yes, amount of ad damnum \$ _____
- NOTE: For pending and/or closed claims, attach copies of complaints and answers.**
10. Name of insurer responding to this claim or incident: _____
Policy Number: _____
Limits of Liability: _____ Deductible: _____
Type of form: _____ claims-made or _____ occurrence

11. Description of claim. (Provide enough information to allow evaluation and attach a typewritten narrative summary, if necessary.)

A. Alleged act, error, omission or Personal Injury upon which Claimant bases claim:

B. Description of events:

C. Description of the type and extent of injury or damage allegedly sustained:

D. Did the claim arise from your performance of legal services for the firm or any predecessor firm?
If yes, please describe what activities gave rise to the claim or incident:

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SUPPLEMENTAL APPLICATION FORM FOR ALABAMA TITLE INSURANCE AGENTS

1. Is applicant, applicant's firm, or any person in applicant's firm, licensed as a title insurance agent by the State of Alabama, Department of Insurance under Ala. Code 1975, § 27-25-3? ___ Yes ___ No
 If "Yes" answer question 2 below.

2. List by category below, all persons and business entities of applicant that hold a title insurance agent's license issued by the State of Alabama, Department of Insurance. Attach additional sheets if necessary:

(a) Persons who are members of Alabama State Bar:

NAME	Title Agent's License Number	Expiration Date

(b) Persons who are not members of the Alabama State Bar:

NAME	Title Agent's License Number	Expiration Date

(c) Business entities of applicant:

NAME	Title Agent's License Number	Expiration Date

3. Has applicant, applicant's firm, or any person in applicant's firm, who is not already licensed as a title insurance agent by the State of Alabama, Department of Insurance, applied to become a licensed title insurance agent? ___ Yes ___ No
 If "Yes" complete table below (attach additional sheets if necessary):

Name	Check applicable description <input type="checkbox"/> Member Ala. State Bar <input type="checkbox"/> Non-member Ala. State Bar <input type="checkbox"/> Business entity	Date applied for license (Mo-Day-Year)
	<input type="checkbox"/> Member Ala. State Bar <input type="checkbox"/> Non-member Ala. State Bar <input type="checkbox"/> Business entity	
	<input type="checkbox"/> Member Ala. State Bar <input type="checkbox"/> Non-member Ala. State Bar <input type="checkbox"/> Business entity	

4. Does applicant, applicant's firm, or any person in applicant's firm, who is not already a title insurance agent, or has already applied to become a licensed title insurance agent, intend to apply to become a title insurance agent licensed by the State of Alabama, Department of Insurance? ___ Yes ___ No
 If "Yes" list all later intended applicants:

I declare that the information submitted herein is true and I understand that it becomes a part of my Application for Lawyers Professional Liability Policy, subject to the same warranty and conditions.

(MUST BE SIGNED BY OWNER, PARTNER OR OFFICER OF THE FIRM)

 (Date)

 (Signature of Applicant)

 (Title)