

Southern Lawyers Insurance Program
This is a Claims Made Policy. Please read it carefully.
Lawyers Professional Liability Policy

RENEWAL APPLICATION

Policy # _____

Policy Expiration Date _____

Name: _____

Contact: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

The percentage of time, gross receipts or billable hours from the latest practice period devoted to:

- | | | |
|--|---|---|
| A. Administrative/
Government: _____% | L. Criminal: _____% | X. Securities*: _____% |
| B. Admiralty:
Plaintiff _____% | M. Entertainment/
Sports Law: _____% | Y. Taxation: _____% |
| Defense _____% | N. Environmental: _____% | Z. Workers
Compensation: _____% |
| C. Anti-Trust/Trade _____% | O. ERISA/Employee
Benefits: _____% | Claimant _____% |
| D. Appellate: _____% | P. Estate/Probate
Trust/Wills: _____% | Employer/Carrier _____% |
| E. Banking: _____% | Q. Family Law: _____% | AA. Arbitration/
Mediation: _____% |
| F. Bankruptcy: _____% | R. Immigration: _____% | ZZ. Other: - (describe
if over 5%): _____% |
| G. Collections/
Consumer Claims: _____% | S. Investment
Counseling/Money
Management: _____% | Total: _____% |
| H. Commercial -
Civil Litigation:
Plaintiff _____% | T. Labor Relations: _____% | (MUST ADD TO 100%) |
| Defense _____% | U. Personal Injury/
Property Damage:
Plaintiff _____% | If the percentages do not accurately
reflect the true nature of your practice,
please attach an explanation to this
application. |
| I. Communications
(FCC/FPSC): _____% | Defense _____% | *Supplemental Application Required |
| J. Copyrights/
Patent/TM: _____% | V. Public Utilities: _____% | |
| K. Corporate: _____% | W. Real Estate*: _____% | |

Active Lawyers in the firm (attach separate sheet for additional lawyers):

NAME OF LAWYER	STATE BAR #	YEARS IN PRIVATE PRACTICE	PERCENTAGE OF PRACTICE OUT OF STATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant's revenues for the past 12 months: _____

The undersigned hereby certifies that inquiry has been made of each lawyer and employee and that:

1. All information contained in this renewal application is true and complete;
2. All lawyers in the firm are members in good standing with the State Bar where licensed;
3. No lawyer in the firm has been the subject of an admonishment, reprimand or other disciplinary action by any court or administrative agency which has not been disclosed to the Underwriters.
4. There are no circumstances, acts, errors or omissions of which I am aware that have or could result in a professional liability claim.

By: _____ Title: _____ Date: _____
Partner, Director, Officer or Owner