



New Business Application for Mediator Professional Liability Insurance

This application is for a claims-made and reported policy. Please read your policy carefully.

Applicant Firm Information (attach all letterheads used by the firm)

1. Full name of firm or individual: _____
 2. Mailing address: _____
 3. Physical address (if different than above): _____
 4. Secondary location address: _____
 5. Does the firm have any additional secondary locations? Yes No If yes, list on additional sheet.
 6. Telephone: _____ Facsimile: _____ Website: _____
 7. Policy Contact name and email address where we may send reissue documents, policy documents and invoices. All policy documents and correspondence will be sent via email to the below address. Check here to continue receiving paper copies instead.
- Name: _____ Email: _____

Applicant Information

8. Verify and complete for all full-time and part-time applicants (e.g., Partners, Associates and Employed Lawyers), including Of Counsel, Independent Contractors and Contract Lawyers.

Name	Hours/Week	NC License: Year - Bar #	Other Licenses: State - Year - Bar #	Work Email

9. Is any applicant a Partner, Associate, Employed Lawyer, Of Counsel, Independent Contractor or Contract Lawyer of a firm other than the applicant firm?
Yes No If yes, list applicant name, law firm and hours/week.

10. Is any applicant an Independent Contractor, Contract Lawyer or Employee of any other entity not listed above?
Yes No If yes, list applicant name, employer, nature of employment and hours/week.

11. Has any applicant been refused admission to practice, reprimanded, disbarred or suspended (including voluntary suspension) by any court or State Bar during the past five years?
Yes No If yes, attach a detailed explanation.
12. Has any applicant been convicted of a felony or a crime involving moral turpitude during the past five years?
Yes No If yes, attach a detailed explanation.
13. Is any applicant aware of a grievance filed, or sanction awarded against them, with any court, administrative agency, State Bar or other regulatory body during the past five years?
Yes No If yes, attach documentation, including any final orders. If previously submitted, provide grievance number or complainant's name.

14. Is any applicant aware of any claim(s) or suit(s) made against the firm or any of its predecessors in business, or any of the past or present Insureds during the past five years?
Yes No If yes, attach documentation. If previously submitted, provide Lawyers Mutual claim number(s) or client/claimant's name.

15. Is any applicant aware of any circumstance, act, error, omission or offense which may result in a claim being made against the firm or any of its predecessors in business, or any of the past or present Insureds, that has not been reported above (question 14), regardless of whether any such claim would be meritorious?

Yes No If yes, attach documentation. If previously submitted, provide Lawyers Mutual claim number(s) or client/claimant's name.

16. Do you have a practice of disclosing to parties any potential conflict of interest?

Yes No

Additional Information For Any Question (or attach additional sheet)

Limits Of Liability And Deductible

Limits Of Liability Per Claim/Aggregate

\$500,000/500,000

Deductible

\$1,000

Certification

On behalf of the applicant(s), I/we hereby declare that the foregoing statements and particulars are true and I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the contract with Lawyers Mutual (the Company); and it is agreed that all representations contained herein are material as a matter of law, and that I/we will immediately notify the Company, said representations being deemed continuing, of any change in facts occurring prior to the effective date of any insurance policy and the Company reserves the right to modify or withdraw any quote or pending policy.

On behalf of the applicant(s), I/we hereby authorize any State Bar, Bar Association, my/our present and prior professional liability insurance carriers or any other sources, to release to the Company any claims, underwriting or other information having a bearing upon my/our acceptability as a professional liability insurance risk, and agree and consent to the Company conducting whatever underwriting investigation it deems necessary in order to determine my/our insurability.

It is understood that this is an application for insurance and not an insurance binder. Any misstatement made in this application could invalidate any policy issued on the basis of this application.

Full name of firm or individual

Date

Signature

Print Name

Requested Effective Date: _____