



TEXAS LAWYERS' INSURANCE EXCHANGE
APPLICATION TO RENEW ATTORNEYS' CLAIMS MADE
PROFESSIONAL LIABILITY INSURANCE POLICY

Note: Please Complete and Return in Prepaid Envelope

In Austin: (512) 480-9074
Texas Toll-Free: (800) 252-9332
FAX: (512) 482-8738
Street Address:
900 Congress Avenue
Suite 500
Austin, Texas 78701
Mailing Address:
P.O. Box 13325
Austin, Texas 78711
Website: www.tlie.org
Email: info@tlie.org

APP-R2-11/08

Name of Applicant: _____

Who should we contact first if we have a question about your application? _____

Taxpayer ID#: _____ Phone: (____) _____ FAX: (____) _____

Email Address: _____ Website Address: _____

1. Please review and correct the **Renewal Application Information Supplement form** reflecting the information we have about your firm. PLEASE MAKE CERTAIN ANY NEW ATTORNEYS OR NEW "OF COUNSELS" HAVE BEEN LISTED.
2. **ATTACH A COPY OF THE APPLICANT'S LETTERHEAD.** If new letterhead is not yet available, please attach a typed version of your anticipated letterhead.
3. **SINCE THE LAST APPLICATION**, have 75% or more of the attorneys with your firm completed a TLIE-sponsored seminar?
 Yes No Please send a copy of any documentation confirming that you took the course. This can include a copy of your bar MCLE statement (which is available online at texasbar.com on the MyBarPage tab at the top of the page).
4. **SINCE THE LAST APPLICATION**, has any attorney who was or is a member of the firm served as a director or officer of a financial institution or provided legal services to any financial institution?
 Yes No **If yes, complete a Supplemental Financial Institution Information Form for each institution for whom you have served as a director or officer or for whom you have provided legal services since your last application.**
5. **SINCE THE LAST APPLICATION**, has the Applicant participated in or owned an interest in a joint venture or subsidiary to provide specialized services to one or more clients that has not been previously reported to TLIE?
 Yes No **If yes you have an ownership interest, complete an Equity Interest Supplement form.**
If you have a joint venture, please also provide details on a separate sheet including the following information: the purpose of the joint venture, the firm/attorneys with whom you joint venture, the expected duration of the joint venture and whether the other parties maintain professional liability insurance. Note: Mere referral arrangements are not the intent of this question. How much time, expressed as a percentage of total firm time, is devoted to this activity? _____
6. **SINCE THE LAST APPLICATION**, has the Applicant or any firm member represented any client(s) in which firm members have an equity interest or for whom a firm member is an officer, director or employee, and which has not been previously reported to TLIE?
 Yes No **If yes, complete an Equity Interest Supplement form.**
7. **SINCE THE LAST APPLICATION**, has any firm member performed legal services as an employee of a governmental body, a company, or for any entity other than the Applicant?
 Yes No **If yes, provide the details of such employment on a separate sheet.**
8. **SINCE THE LAST APPLICATION**, has the firm changed its organizational structure?
 Yes No **If yes, check the applicable organizational form.**
 Individual L.L.P. Partnership P.L.L.C. P.C. Joint Venture Other (specify) _____
9. **SINCE THE LAST APPLICATION**, has any firm member acted as an investment manager or advisor for any client or had discretionary authority over the funds of a client?
 Yes No **If yes, provide details on a separate sheet.**
10. **SINCE THE LAST APPLICATION** has there been any change in the firm's policies and procedures as they apply to:
 - a. Scheduling of work, deadlines and appointments.
 Yes No **If yes, attach an explanation of the revised policy or procedure.**

- b. Utilization of engagement, non-engagement or disengagement letters.
 Yes No **If yes, attach an explanation of the revised policy or procedure.**
- c. Avoidance of conflicts of interest.
 Yes No **If yes, attach an explanation of the revised policy or procedure.**
- d. Filing suits against clients for fees.
 Yes No **If yes, attach an explanation of the revised policy or procedure.**

During the past 12 months has the firm filed any suits against clients for fees?

Yes No **If yes, how many suits have been filed?** _____

11. **SINCE THE LAST APPLICATION** has there been a change in any "Of Counsel" relationships?

Yes No **If yes, attach an explanation of that change including the addition or deletion of attorneys who act as "Of Counsel" to your firm or the addition or deletion of firms for whom a firm member serves as "Of Counsel." Be sure to include the "Of Counsels" on the Renewal Information sheet and complete the Supplemental Of Counsel Information form.**

12. INSURANCE LIMITS OF LIABILITY AND DEDUCTIBLES

TLIE offers the following policies: PLEASE NOTE THAT TLIE RESERVES THE RIGHT TO RESTRICT THE AVAILABILITY OF LIMITS OF LIABILITY AND DEDUCTIBLES DEPENDING UPON FIRM SIZE, PRACTICE AREA, CLAIMS EXPERIENCE, YEARS IN PRACTICE AND FIRM FINANCIAL STATUS. DEDUCTIBLES IN EXCESS OF \$10,000 MAY REQUIRE THE SUBMISSION OF AN ACCEPTABLE FINANCIAL STATEMENT. PLEASE CHECK ALL LIMITS AND DEDUCTIBLES FOR WHICH A QUOTE IS DESIRED.

Regular Policy													
<u>Limits of Liability</u> \$ Per Claim/Aggregate	<u>Deductible</u> \$ Per Policy Year												
100,000/100,000	1K	3K	5K	10K									
100,000/300,000	1K	3K	5K	10K									
200,000/600,000	1K	3K	5K	10K									
500,000/500,000	1K	3K	5K	10K	25K	50K							
500,000/1,000,000	1K	3K	5K	10K	25K	50K	100K						
1,000,000/1,000,000	1K	3K	5K	10K	25K	50K	100K						
2,000,000/2,000,000	1K	3K	5K	10K	25K	50K	100K	100K/300K	250K				
3,000,000/3,000,000	1K	3K	5K	10K	25K	50K	100K	100K/300K	250K				
4,000,000/4,000,000	1K	3K	5K	10K	25K	50K	100K	100K/300K	250K	250K/750K	500K		
5,000,000/5,000,000	1K	3K	5K	10K	25K	50K	100K	100K/300K	250K	250K/750K	500K	500K/1,000K	
5,000,000/10,000,000	1K	3K	5K	10K	25K	50K	100K	100K/300K	250K	250K/750K	500K	500K/1,000K	
10,000,000/10,000,000	1K	3K	5K	10K	25K	50K	100K	100K/300K	250K	250K/750K	500K	500K/1,000K	
<input type="checkbox"/> Other Limits (specify) _____													

Basic Policy	New Attorney Basic Policy*	Part-Time Basic Policy*			
<u>Limits of Liability</u> \$ Per Claim/Aggregate	<u>Deductible</u> \$ Per Policy Year	<u>Limits of Liability</u> \$ Per Claim/Aggregate	<u>Deductible</u> \$ Per Policy Year	<u>Limits of Liability</u> \$ Per Claim/Aggregate	<u>Deductible</u> \$ Per Policy Year
100,000/300,000 <input type="checkbox"/>	1K	100,000/300,000 <input type="checkbox"/>	1K	100,000/300,000 <input type="checkbox"/>	1K
200,000/600,000 <input type="checkbox"/>	1K	*You must have been practicing for less than four years to potentially qualify for this option.		*You must have completed Question 15 to potentially qualify for this option	
500,000/500,000 <input type="checkbox"/>	1K				
1,000,000/1,000,000 <input type="checkbox"/>	1K				

Contract Attorney Basic Policy	Referral Service Only Basic Policy*	Name of Referral Service:
<u>Limits of Liability</u> \$ Per Claim/Aggregate	<u>Deductible</u> \$ Per Policy Year	_____
100,000/300,000 <input type="checkbox"/>	1K	
*You must have completed Question 16 to potentially qualify for this option.		
*Only certain referral services qualify for coverage.		

13. **SINCE THE LAST APPLICATION**, has the Applicant begun any office sharing arrangement not previously reported to TLIE?

Yes No **If yes, please list the attorneys involved and their bar card numbers on a separate sheet.**

14. **SINCE THE LAST APPLICATION** has the Applicant or any firm member become a(n):

- Yes No **Licensed escrow officer for a title company?**
- Yes No **Fee attorney?**
- Yes No **Outside closing attorney, approved attorney or P-22 attorney?**
- Yes No **Non-attorney licensed escrow officer?**

How many non-attorney licensed escrow officers are currently employed by the Applicant? _____

Please provide a copy of any agreements with title companies.

15. If you are a solo attorney currently averaging 24 hours or less per week in actual practice, you may qualify for the Part-Time Basic Policy. Please provide the following information regarding your hours worked:

Current Avg Hours per Week	Last Year Avg Hours per Week	Two Years Ago Avg Hours per Week	Three Years Ago Avg Hours per Week	Four Years Ago Avg Hours per week

16. If you are a solo attorney currently working at least 75% of the time as a contract attorney for another law firm, please complete the following: Is your entire practice currently only as a contract attorney?

- Yes No **If yes, please provide the name of that firm** _____

Of the past four years, how many have you spent working at least 75% of the time as a contract attorney? _____

INSURANCE AND LIABILITY HISTORY

ALL REPRESENTATIONS IN THIS APPLICATION ARE MADE ON BEHALF OF THE APPLICANT, ALL FIRM MEMBERS AND NON-ATTORNEY EMPLOYEES. THE FOLLOWING QUESTIONS SHOULD BE ANSWERED BY THE PERSON SIGNING THE APPLICATION ONLY IF RECENT INQUIRY HAS BEEN MADE TO FIRM MEMBERS AND NON-ATTORNEYS EMPLOYED BY THE APPLICANT ABOUT THEIR KNOWLEDGE OF ANSWERS TO THE QUESTIONS. BOTH FIRM MEMBERS AND EMPLOYEES (INCLUDING NON-ATTORNEYS) OF THE APPLICANT MUST SUPPLEMENT THE ANSWERS TO THESE QUESTIONS AS CIRCUMSTANCES CHANGE UNTIL ISSUANCE OF A POLICY.

17. Has the Applicant or any firm member ever had professional liability insurance cancelled, declined or not renewed?

- Yes No **Check here if previously reported to TLIE.**

If not previously reported to TLIE, attach full details on a separate sheet.

18. Has the Applicant or any firm member ever been the subject of a professional liability claim?

- Yes No **Check here if all claims have been previously reported to TLIE.**

If yes, for any matters not previously reported to TLIE, attach Supplemental Claim Information forms.

19. Does any firm member or employee (including non-attorneys) of the Applicant know, have reason to know, or have any basis to believe that a circumstance, act, error or omission might reasonably be expected to be the basis for a professional liability claim against the Applicant or any attorney listed on the Renewal Application Information Supplement?

- Yes No **Check here if all such matters have previously been reported to TLIE.**

For any matters not previously reported to TLIE, attach Supplemental Claim Information forms. Any such matters will not be covered under a subsequent policy.

20. Has any firm member had a grievance filed against him or her in the past five years?

- Yes No **Check here if all grievances have been previously reported to TLIE.**

For any matters not previously reported to TLIE or in which the status of the grievance has changed since the previous application, attach a copy of the grievance or a description of the grievance and the status or outcome.

21. Has any firm member ever voluntarily accepted discipline or been refused admission to the bar, reprimanded (privately or publicly), suspended from the practice of law, disbarred, received a probationary license or otherwise disciplined by any disciplinary or licensing authority?

- Yes No **Check here if all discipline has been previously reported to TLIE.**

For any discipline or probationary license not previously reported to TLIE, attach full details on a separate sheet.

NOTE: Before Signing this Application, Please Check to be Sure that All Questions are Completely Answered, Appropriate Supplements are Completed and You Have Attached a Copy of Your Firm’s Letterhead.

WARRANTY

On behalf of the Applicant(s) and all firm members and employees of the Applicant(s), I/we hereby warrant and declare that the foregoing statements and particulars are true and that 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 the Association; and it is agreed that all representations contained herein are material as a matter of law, and that I/we will immediately notify the Association, said

representations being deemed continuous, of any change in facts occurring prior to issuance of insurance pursuant hereto.

On behalf of the Applicant(s) and all firm members and employees of the Applicant(s), I/we hereby authorize release to the Association or its authorized representative, by any State Bar Association, my/our present and prior professional liability insurance carriers, or any other sources, any claims, underwriting, or other information having a bearing upon my/our acceptability as a professional liability insurance risk.

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

Applicant's Name: _____

Date: _____ *Authorized Signature:* _____

Printed Name and Position: _____