



ZURICH®

# Application For Professional Liability Insurance Policy – Moonlighting Lawyers

**AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY**  
**THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY.**  
**IF ISSUED, PLEASE READ YOUR POLICY CAREFULLY.**

## ELIGIBILITY INFORMATION AND INSTRUCTIONS

This application should only be completed by an individual who has a full time job (at least 35 hours per week) that does not involve the practice of law and who practices law in a moonlighting capacity less than 26% of his/her average total work time.

Please type or print clearly in ink. Answer all questions. If space is insufficient to answer any question fully, attach a separate sheet. This application must be signed and dated by the Applicant.

### Calculate Your Eligibility

1. a. Average hours worked per week for your employer: \_\_\_\_\_
- b. Average percentage of time per week you engage in private practice: \_\_\_\_\_ %

**NOTE: If a. is less than 35 hours and/or b. is 26% or more, you must request and complete our standard application.**

## GENERAL INFORMATION

2. Proposed Effective Date: \_\_\_\_\_
3. Full Name of Attorney: \_\_\_\_\_
4. Attorney Bar #: \_\_\_\_\_
5. Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
6. a. Tel. Number: \_\_\_\_\_ b. Fax Number: \_\_\_\_\_
7. E-Mail: \_\_\_\_\_
8. Employer & Type of Business: \_\_\_\_\_
9. Website Address: \_\_\_\_\_

## PRACTICE INFORMATION

10. When was the last day on which 26% or more of your average total work time was spent in private practice? \_\_\_\_\_
11. Have you ever had an insurance company or Lloyd's decline, cancel, refuse to renew or accept only on special terms any professional liability insurance for any reason other than loss of market?  Yes  No  
If Yes, please explain. \_\_\_\_\_
12. Does your private moonlighting practice include any of the following areas of practice?
 

Class Action/Mass Tort	<input type="checkbox"/> Yes <input type="checkbox"/> No	Investment Counseling/Money	<input type="checkbox"/> Yes <input type="checkbox"/> No
Collections	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Malpractice (Plaintiff or Defendant)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Copyright/Trademark	<input type="checkbox"/> Yes <input type="checkbox"/> No	Patent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Entertainment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Securities Law	<input type="checkbox"/> Yes <input type="checkbox"/> No
Environmental Law	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tax Shelters	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PRACTICE INFORMATION (continued)**

13. Please list the lawyers' professional liability insurance carried by you, your current employer or previous firms for the past 4 years. If NONE, please state NONE.

Policy Period	Limit of Liability	Deductible	Insurer	Premium

14. a. Does your firm's Docket/Calendar Control system include the following? (Please check all applicable options.)

- Single Calendar  Dual Calendar  Tickler Cards  Master Listing  Computer  Calendar

Other: \_\_\_\_\_

b. Indicate how frequently the time deadlines are cross-checked.  Daily  Weekly  Monthly  Never

15. Has your firm filed for bankruptcy or had any liens or suits pending against it during the past 5 years?  Yes  No

16. Does the Firm or any attorney currently own or rent its primary office location?  Own  Rent

**LOSS HISTORY**

If the answer is Yes to questions 17, 18 and/or 19, please request and complete a notice of circumstance/claim reporting form and attach additional sheets as necessary.

17. During the past 10 years has the attorney in Question 3 been the subject of a criminal action, a reprimand, disciplinary action, Bar complaint, investigation, or other ethics proceeding? If Yes, please provide a copy of the dismissal or action documents or letter from the Bar.  Yes  No

18. During the past 5 years has any claim or suit arising out of the rendition of legal services been made against the attorney in Question 3? If Yes, please attach an explanation of the claim or suit.  Yes  No

19. Is the attorney in Question 3 aware of any circumstances, incidents, acts, errors or omissions that could result in a claim or suit arising out of the rendition of legal services against the applicant?  Yes  No

20. Has the applicant initiated lawsuits or arbitration procedures during the past 3 years to enforce collection of unpaid fees?  Yes  No

a. If Yes, how many? \_\_\_\_\_

b. How many of them have been resolved successfully? \_\_\_\_\_

c. How many of them are still unresolved? \_\_\_\_\_

21. Has the applicant had 3 years or more continuous full-time coverage with Zurich?  Yes  No

22. Does 25% or more of your revenue come from any form of fee sharing, subcontracting, or referral work?  Yes  No  
If Yes, please explain on a separate sheet and provide the exact percentage of revenue.

By signing this application the undersigned agrees that he/she is not aware of any fact or circumstance which reasonably might give rise to a future claim that would fall within the scope of the proposed coverage.

Receipt and review of this application does not bind the insurer to provide this insurance.

It is agreed by the undersigned and the insurer that the particulars and statements made in this application, together with all attachments to this application and any other materials submitted to the insurer (all of which attachments and materials shall be deemed attached to the policy as if physically attached thereto) shall be the representations of the undersigned. It is further agreed by the undersigned that this policy, if issued, is issued in reliance upon the truth of such representations that are incorporated into and made part of this policy. After inquiry, the undersigned represents that the statements set forth in this application and its attachments and other materials submitted to us are true and correct. Signing of this application does not bind the undersigned or the insurer.

If the applicant has concealed or misrepresented any material fact, circumstance or fraud concerning this insurance resulting in deception to us which existed at the time of damage and contributed to such damage, this policy will be rendered void as long as the deception was material; was made knowingly with the intent to deceive; was relied and acted upon by the Insurer; and deceived the Insurer to the Insurer's injury.

The undersigned further declares that any event taking place between the date this application was signed and the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any information in this application, will immediately be reported in writing to us and we may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

**Fraud Notice to Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions.

Completion of this form does not bind coverage. The undersigned's acceptance of company's quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance should a policy be issued and it will be attached to the policy.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Principal, Partner or President

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Agent

**Name of Soliciting Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Please Print) **(Required in State of Iowa)**

**NOTE:** THIS APPLICATION MUST BE SIGNED BY A PRINCIPAL, PARTNER OR PRESIDENT OF THE FIRM ACTING AS THE AUTHORIZED AGENT OF THE APPLICANT.

# Disclosure Statement



## DISCLOSURE OF COMPENSATION

Daniels-Head Insurance Agency, Inc. is a licensed insurance agency representing Zurich. This notice is provided to advise you about the compensation we receive for our services. We are compensated by Zurich for placing policies with Zurich and for providing service to customers on those policies.

We hope this information is helpful. Thank you.