

# Real Estate Risk Management – Supplemental Application For Lawyers Professional Liability Insurance Policy



AMERICAN ZURICH INSURANCE COMPANY

THIS QUESTIONNAIRE IS FOR A CLAIMS-MADE AND REPORTED POLICY AND IS SUPPLEMENTAL TO THE  
LAWYERS PROFESSIONAL LIABILITY APPLICATION.  
IF ISSUED, PLEASE READ YOUR POLICY CAREFULLY.

1. For the firm's Real Estate practice, please complete the following:

Type of Representation	Percentage of Firm's Time Devoted to Each Real Estate Type of Representation*	Number of New Matters for Each Real Estate Type of Representation per Year	Total Years of Experience in Each Real Estate Type of Representation	Number of Attorneys Assigned to Each Real Estate Type of Representation	Number of Support Staff (secretaries and/or paralegals) Assigned to Each Real Estate Type of Representation
<b>Commercial Real Estate</b>					
Closings	%				
Foreclosures	%				
Land Use and Development	%				
Title Searches/Opinions	%				
Loan Modifications/Workouts	%				
Purchase and Sale Agreements	%				
Landlord/Tenant	%				
Other (list on a separate page)	%				
<b>Residential Real Estate</b>					
Closings	%				
Foreclosures	%				
Land Use and Development	%				
Title Searches/Opinions	%				
Loan Modifications/Workouts	%				
Purchase and Sale Agreements	%				
Landlord/Tenant	%				
Other (list on a separate page)	%				

\*Total for the first column should equal 100% of the total designated on the Area of Practice Grid on page 2 of the Lawyers Professional Liability Insurance Application. (For example, if real estate is designated on the Area of Practice Grid at 20% of the firm's total practice then all of the applicable categories listed above should total 100% of the 20%).

- 2a. What is the total number of Attorneys listed in Question 2 of the Application for Lawyers Professional Liability Insurance that handle real estate matters? \_\_\_\_\_
- 2b. With respect to question 2a., what percentage of the Attorneys' total time is devoted to the real estate area of practice? \_\_\_\_\_ %
- 3a. What is the total number of support staff (secretaries and/or paralegals) assigned to real estate matters? \_\_\_\_\_

3b. With respect to question 3a., what percentage of the support staffs' total time is devoted to the real estate area of practice? \_\_\_\_\_ %

4. Has any attorney in Question 2 of the Application for Lawyers Professional Liability Insurance handled loan modifications within the last 2 years?  Yes  No

If Yes, please indicate the attorney's number of years of tax and bankruptcy experience.

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5. Has any attorney in Question 2 of the Application for Lawyers Professional Liability Insurance represented more than one party to a real estate transaction without a written waiver within the last 5 years?  Yes  No

If Yes, please explain on the lines provided below.

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6. Please list the top 3 sources of the Applicant's residential or commercial real estate business and provide a percentage breakdown of the referrals and revenue from each.

Company Name	Sources' Type of Business (Mortgage Brokers, Real Estate Brokers, Banks etc.)	Percentage of Referrals by Year	Percentage of Applicant's Total Annual Revenue
		%	%
		%	%
		%	%

7. Does any Attorney in Question 2 of the Application for Lawyers Professional Liability Insurance own 10% or more of an **Interest** in an entity other than the **Named Insured** firm?  Yes  No

If Yes, please name the entity; describe your ownership and the nature of the entity's business on the lines provided below.

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8. Does any Attorney in Question 2 of the Application for Lawyers Professional Liability Insurance conduct closings on behalf of banks or other lending entities?  Yes  No

9. Has any Attorney in Question 2 of the Application for Lawyers Professional Liability Insurance been directly or indirectly involved in any mortgage foreclosure rescue work within the last 5 years?  Yes  No

10. Does any Attorney in Question 2 of the Application for Lawyers Professional Liability Insurance engage in real estate foreclosures?  Yes  No

**If Yes, please provide answers to the following questions:**

10a. Does each attorney confirm the plaintiff's legal standing in foreclosure actions before filing the actions? If No, please explain on a separate sheet.  Yes  No

10b. Does each attorney include a true copy of the property's original note and mortgage in the foreclosure filing to demonstrate legal standing of the plaintiff? If No, please explain on a separate sheet.  Yes  No

10c. Does each attorney verify the signatures on Notes, Deeds and other documents filed with the Court? If No, please explain on a separate sheet.  Yes  No

10d. Does each attorney confer with their client to ensure that allegations contained in an affidavit are accurate before signing it? If No, please explain on a separate sheet.  Yes  No

10e. Does each attorney always sign affidavits in the presence of a Notary Public? If No, please explain on a separate sheet.  Yes  No

10f. Does each attorney in the firm ensure proper notice is provided to defendants when moving for summary judgment or other final disposition of the foreclosure? If No, please explain on a separate sheet.  Yes  No

By signing this application the undersigned agrees that after inquiry of all prospective insureds, no person proposed for coverage is 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 and the prospective insureds. It is further agreed by the undersigned and the prospective insureds 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 of all prospective insureds, 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.

The applicant represents that the above statements are true and correct to the best of his or her knowledge and that no material or relevant facts have been suppressed or misstated and agree that the policy, if issued, will be issued on the reliance of such representations.

**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: \_\_\_\_\_

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