

BRIDGE APPLICATION

Underwritten by Pennsylvania Manufacturers' Association Insurance Company

THE POLICY YOU ARE APPLYING FOR IS A CLAIMS-MADE AND REPORTED POLICY, AND SUBJECT TO ITS PROVISIONS. THE POLICY APPLIES ONLY TO ANY CLAIM BOTH FIRST MADE AGAINST AN INSURED AND REPORTED IN WRITING TO THE COMPANY DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT, THE EXTENDED REPORTING PERIOD APPLIES. DEFENSE COSTS, AS WELL AS ANY LOSSES REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

Your firm's request for coverage included an application for lawyers professional liability insurance as referenced above (herein, "submitted application"). In lieu of requiring your firm to complete the Company's application form, the Company accepts the submitted application subject to the following requirements and information.

LAW FIRM INFORMATION

1. Full legal name of the law firm: _____

DBA or Fiction: _____

2. Primary location of the law firm:

STREET ADDRESS

CITY

STATE

ZIP

Please provide mailing address if different than the street address: _____

3. Contact name, title, phone number & email:

NAME

TITLE

PHONE

EMAIL

4. Policy effective date / Policy expiration date:

_____ / _____

5. Has the law firm name changed in the past year? ☐ Yes ☐ No

If "Yes" please attach a copy of the law firm letterhead(s).

6. Has the address of the law firm changed in the past year? ☐ Yes ☐ No

If "Yes" please attach a copy of the law firm letterhead(s).

7. Has the law firm had a change in its areas of practice in the last year? ☐ Yes ☐ No

If "Yes" please update the attached area of practice grid.

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8. Have there been changes to the attorneys employed by the law firm since the last application for lawyers professional liability insurance? *If "yes" please update below or complete the Attorney Information Supplemental Application:*

Attorney Name	Status Change	Date of Hire / Left Firm mm/dd/yyyy	Years in Practice	Hours	Prior Acts Date mm/dd/yyyy	Check if Attorney is a Voluntary Bar Association Member
						☐
						☐
						☐
						☐
						☐

CLAIM, POTENTIAL CLAIM & DISCIPLINARY INFORMATION

9. After inquiry of all law firm members is any attorney in the firm aware of:
- a professional liability claim or suit brought against the law firm, an attorney of the firm, any predecessor law firm, or against any current or former attorney of the firm while affiliated with the law firm, in the past five years?
☐ Yes ☐ No
 - an actual or alleged act, omission, circumstance, or breach of duty that would reasonably be expected to result in a claim being made against the firm, any predecessor law firm, or against any attorney currently or formerly affiliated with the firm or any predecessor law firm, regardless of whether any such claim would be meritorious?
☐ Yes ☐ No
If "Yes" to a. or b. above, please report the matter(s) to your current carrier and complete the claim & Disciplinary Supplemental Application for each claim or incident.
10. Within the past five years, has any attorney been subject to any disciplinary inquiry, complaint or proceeding for any reason including non-payment of dues? ☐ Yes ☐ No
If "Yes", please report the matter(s) to your current carrier and complete the Claim & Disciplinary Supplemental Application for each matter.
11. Has any attorney ever been refused admission to practice, disbarred, suspended, formally reprimanded, or sanctioned in any other way? ☐ Yes ☐ No
If "Yes", please complete the Claim & Disciplinary Supplemental Application.

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IT IS UNDERSTOOD AND AGREED THAT THE COMPANY SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR DAMAGES OR CLAIMS EXPENSE IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED/APPLICANT BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY PROFESSIONAL LIABILITY CLAIM OR SUIT, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN RESPONSE TO QUESTIONS 9 TO 11.

Declarations

The undersigned acknowledges that the information provided within the application, including all supplements, attachments, replies to underwriter inquiries and applications the law firm submitted to other insurance companies to secure lawyers professional liability insurance that have been submitted to the Company:

1. will be relied upon by the Company in determining the acceptability of the Applicant/law firm and the premium amounts to be charged;
2. The statements and representations made in this application are true and complete and will be deemed material to the acceptance of the risk assumed by the Company in the event an insurance policy is issued;
3. If the information supplied in this application changes between the date of the application and the effective date of any insurance Policy issued by the Company in response to this application, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotation or agreement to bind coverage;
4. any Policy, if issued, will be in reliance upon the truth of such representations and any material misrepresentation or fraud made by the Insured/Applicant or with the Insured's/Applicant's knowledge, with the intent to deceive, in applying for this Policy or in pursuing a Claim under this Policy shall be deemed grounds for denial of coverage or cancellation of this Policy; and will be incorporated into the Policy, if issued.

Important note: This application is not a representation that coverage does or does not exist for any particular claim or loss, or type of claim or loss, under any insurance Policy issued by the Company. Whether coverage exists or does not exist for any particular claim or loss under any such Policy depends on the facts and circumstances involved in the claim or loss and all applicable wording of the Policy actually issued.

Policyholder Fraud Notice

Any person who knowing and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties.

THE INSURED ACKNOWLEDGES AND ACCEPTS THAT THE BELOW FRAUD STATEMENTS APPLY BASED ON THEIR STATE OF DOMICILE.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CA

For your protection California law requires that you be advised of the following: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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Applicable in DE, FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*.

*Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*.

*Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

This application must be signed by an owner or officer of the law firm with authority to act on behalf of the law firm.

X

SIGNATURE

DATE

PRINT NAME

TITLE OF SIGNER