



2008 LAW FIRM EXCESS PROFESSIONAL LIABILITY INSURANCE APPLICATION

Please answer all questions. Where space is insufficient, please attach a separate sheet.

1. Applicant Firm (Name of Applicant Firm must match Firm's letterhead)

Mailing Address:

Contact Person:

Email Address:

Telephone No.:

Facsimile No.:

2. The Applicant Firm is a: Sole Practitioner (Personal) Law Corporation Partnership
 Apparent Partnership or Association of Law Corporations Limited Liability Partnership
 Other: Please explain

3. Date Applicant Firm established:

4. Has the Applicant Firm changed its name, merged with or acquired another law firm in the past five years?

Yes No

If Yes, please explain:

5. Has any Insurer declined to insure or refused to renew the Applicant Firm's Excess Professional Liability Insurance within the past 5 years?

Yes No

6. Has any lawyer of the Applicant Firm been suspended or disbarred from practice during the past 5 years?

Yes No

7. After inquiry of the Applicant Firms' lawyers, is the firm aware of any facts, circumstances or situations that may reasonably give rise to a claim against the firm, and/or present and former lawyers in the past five (5) years? ^(Note)

Yes No

If Yes, has the circumstances been reported to the appropriate Law Society and/or Excess Insurer(s)?

Yes No

^(Note) Without limitation of any other remedy available to the Insurer, it is agreed that if there be knowledge of any such fact, circumstances or situation, any claim or action subsequently emanating there from is excluded from coverage under the proposed insurance.



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8. Is any member of the Applicant Firm aware of any claim that has been paid, or incident which may give rise to a claim, that may be in excess of CAD500,000 and has been reported to the Lawyers Insurance Fund or other Canadian Law Society after January 1, 2007?

Yes No

If Yes, please complete "Claim(s) and Incident(s) Summary" on Page 6.

9. Select the desired Limit of Excess Professional Liability Insurance:

- CAD1,000,000 Each Claim/Aggregate CAD3,000,000 Each Claim/Aggregate
 CAD2,000,000 Each Claim/Aggregate CAD4,000,000 Each Claim/Aggregate

OR _____ Each Claim/Aggregate
(Higher limits available in increments of CAD5,000,000)

Note: The limits will be in excess of the \$1,000,000 each claim provided by the LSBC Captive Insurance Company, other Canadian Law Society Compulsory Program, or any other specific insurance arranged if agreed by Excess Insurer(s).

10. State the desired effective date of coverage:

DECLARATIONS AND UNDERSTANDINGS:

- A. I/We hereby declare for and on behalf of the Applicant Firm and its members that the above statements and particulars are true and complete and that I/we have not omitted or suppressed or misstated any material facts and I/we agree that this application form shall be the basis of the policy of insurance issued.
B. I/We understand and accept that the insurance applied for provides coverage on a "Claims Made" basis and that coverage under the policy, if issued, shall not apply to any claim or incident first reported after the expiration, cancellation or termination of this policy.
C. SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT FIRM NOR THE INSURER TO COMPLETE THE INSURANCE APPLIED FOR HEREIN.

APPLICANT FIRM NAME:

SIGNATURE OF A PARTNER OR NAMED APPLICANT: _____

PRINT NAME:

DATE:

IMPORTANT NOTICE

Completing this Application does not constitute the reporting of any claim or incident. Any claim(s) or incident(s) should be reported to the Lawyers Insurance Fund, and/or your Excess Insurer(s). Please refer to your policy wording for exact reporting details, or call us.

The Policy applied for is written on a "Claims Made" basis and will only apply to claims first made against the Insured during the policy period.

In addition to providing all basic information necessary to enable us to place the risk, you must ensure that you are complying with your legal duty of disclosure of all material matters relating to the risk. In particular, you must satisfy yourself as to the accuracy and completeness of the information you provide to insurers. In this respect, you must provide all information relating to the risk, whether favourable or not, which would influence the judgement of a prudent insurer in determining whether he will take the risk, and, if so, for what premium and on what terms. If all such information is not disclosed by you, insurers have the right to void the policy from its inception which may lead to claims not being paid.



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SCHEDULE OF LAWYERS

(MUST be completed)

List all lawyers who are or will be a member of the Applicant Firm at the effective date of coverage and who will use the Applicant Firms' letterhead.

NAME OF LAWYER

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.
13.	14.
15.	16.
17.	18.
19.	20.
21.	22.
23.	24.
25.	26.
27.	28.
29.	30.
31.	32.
33.	34.
35.	36.
37.	38.
39.	40.
41.	42.
43.	44.
45.	46.
47.	48.
49.	50.

Attach additional pages as necessary.



INFORMATION SUPPLEMENT

(All Questions MUST be answered)

Section I

A. Please provide the practice split as an estimated percentage of total billings for the last fiscal year:

Administrative Law	_____ %	International Law	_____ %
Bankruptcy/Insolvency Receivership	_____ %	Labour Law	_____ %
Bodily Injury / Property Damage Plaintiff	_____ %	Litigation Law	_____ %
Class Action	_____ %	Municipal Law	_____ %
Criminal Law	_____ %	Real Estate/Mortgage Transactions	_____ %
Commercial/Corporate Law	_____ %	Securities Law	_____ %
Environmental Law	_____ %	Tax Matters	_____ %
Family Law	_____ %	Wills/Estates/Trusts	_____ %
Immigration Law	_____ %	Other (specify) _____	_____ %
Intellectual Property Law	_____ %	TOTAL	100%

B. What system does the Applicant Firm use to control limitation of actions?

C. Does the Applicant Firm have a written control system for maintaining client lists and identifying actual or potential conflicts of interest?

Yes No

D. How does the Applicant Firm maintain its conflict of interest avoidance system?



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Section II

A. Please advise if any **non-lawyer** members of the Applicant Firm provide or have provided in the past any of the following services **while not under the supervision of a lawyer** of the Applicant Firm

			Number	Former Member (F) Present Member (P)
Patent or Trademark Agent	<input type="checkbox"/> YES <input type="checkbox"/> NO		_____	_____
Foreign Legal Consultant/Practitioner of Foreign Law	<input type="checkbox"/> YES <input type="checkbox"/> NO		_____	_____
Immigration Consultant	<input type="checkbox"/> YES <input type="checkbox"/> NO		_____	_____
Paralegal	<input type="checkbox"/> YES <input type="checkbox"/> NO		_____	_____
Other Professional Services _____	<input type="checkbox"/> YES <input type="checkbox"/> NO		_____	_____

B. OTHER INSURANCE

Does the Applicant Firm, or any of its members, purchase Professional Liability insurance to provide for any of the services provided by people identified above?

Yes No

If Yes, please provide the following details:

Insurer	Policy No.	Limit of Liability	Professional Services Insured	Policy Period (dd-mmm-yyyy)

Attach additional pages as necessary.



CLAIM(S) AND INCIDENT(S) SUMMARY

INSTRUCTIONS

This form is to be completed by the applicant for each claim or incident if:

- (i) It has been reported after January 1, 2007 and
- (ii) ONLY IF the report involves or potentially involves damages of more than CAD500,000

Complete a separate form for each such claim or incident (photocopy this form as necessary). If space is insufficient to answer any questions fully, attach additional pages.

Completing this form does not constitute a reported claim. Advise the Lawyers Insurance Fund and any other Insurer if this is a new report.

ANSWER ALL QUESTIONS

1. (a) Name of Lawyer involved in claim/incident:
(b) Law Firm of Lawyer at time of (alleged) error:
2. Date of (alleged) claim/potential claim:
3. Date reported to Law Society and/or Excess Insurer(s):
4. State if a claim has been made, or if the matter is an incident that has been reported in case a claim develops later.
The matter reported is: an incident a claim
Status is: open in suit closed (Amount Paid \$ _____)

NOTE: A "claim" is a demand either orally or in writing (including a suit) made by a party for compensation or holding a lawyer responsible for a loss. A "potential claim" is an error or omission, which a lawyer is aware of and which could reasonably be expected to be the basis of a claim or suit.

5. (a) If the matter is a claim that is open or in suit, please complete the following:
Name of claimant(s) _____
Additional defendants, if any _____
Amount asked in Pleadings \$ _____ Claimant's settlement demand \$ _____
Defendant's offer for settlement \$ _____ Insurers' loss reserve (if known) \$ _____
(b) For open claim or incident provide your estimate of damages: \$
(c) For this open claim or incident provide *your* estimate of the likelihood of liability:
 Unlikely Possible Probable Definite
6. Area of law giving rise to (alleged) error or omission:
7. Brief Description of claim/incident: _____
(attach separate page as necessary)