



**LAWYERS
ERRORS & OMISSIONS APPLICATION - RENEWAL**

Policy Number	
Named Insured	
Address	

Indicate Number of Staff:

Attorneys		Counselors		Title Agents/ Abstractors		Law clerks		Paralegals	
Actual revenue for latest fiscal year?									
Projected gross revenue in the next fiscal year?									

Indicate Type of Practice:

Consumer advocacy/class action		%	Criminal		%
Copyright/patent/TM		%	Domestic Relations		%
mergers & acquisitions		%	Opinions/Title Work		%
entertainment		%	Negligence- BI/PI Plaintiff		%
Estate planning		%	Real estate closing/escrow		%
Investment counseling		%	Taxation		%
bankruptcy		%	Other		%

Profile of Practice

Lawyer Name	CLE Hours	D/C	Date Admitted to Bar	Years in Practice	Member in Good Standing	Primary Area

Are you currently insured? No Yes

If "YES," what is your retroactive date? _____

Has there been any incident in the last 5 years that may give rise to a claim in the future? No Yes

If "YES," complete below:

Date	Details of the incident:

Please provide details on any claims, or changes in claims, reported to prior insurers: _____

Applicant's Name and Title: _____

Applicant's Signature: _____ Date: _____