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 Website: www.tlie.org / Email: info@tlie.org

**APPLICATION TO RENEW ATTORNEYS' CLAIMS
 MADE AND REPORTED PROFESSIONAL
 LIABILITY INSURANCE POLICY**

Name of Applicant: _____

Whom should we contact first if we have a question about your application? _____

Taxpayer ID#: _____ Phone: (____) _____ FAX: (____) _____

Email: _____ Website: _____

1. Please review and make any necessary corrections to the **Renewal Application Information Supplement** which reflects the information we have about your firm. **PLEASE MAKE CERTAIN ANY NEW ATTORNEYS (INCLUDING CONTRACT ATTORNEYS) OR NEW "OF COUNSELS" ARE LISTED.**
2. **ATTACH A COPY OF THE APPLICANT'S LETTERHEAD.** If new letterhead is not yet available, please attach a typed draft version of your anticipated letterhead.
3. **SINCE THE LAST APPLICATION**, has the firm changed its organizational structure?
 Yes **No** **If yes, check the applicable organizational form.**
 Individual L.L.P. Partnership P.L.L.C. P.C. Joint Venture Other (specify) _____
4. **SINCE THE LAST APPLICATION**, has any attorney who was or is a member of the firm served as a director or officer of a financial institution or provided legal services to any financial institution?
 Yes **No** **If yes, complete the Financial Institution Information Supplement for each institution for which you have served as a director or officer or for which you have provided legal services since your last application.**
5. **SINCE THE LAST APPLICATION**, has the Applicant participated in or owned an interest in a joint venture or subsidiary to provide specialized services to one or more clients that has not been previously reported to TLIE?
 Yes **No** **If yes, and you have an ownership interest, complete the Equity Interest Supplement.**
If yes, and you participate in a joint venture, please provide details on a separate sheet. Include the following: the purpose of the joint venture, the firm/attorneys with whom you joint venture, the expected duration of the joint venture, and whether the other parties maintain professional liability insurance. (Note: Mere referral arrangements are not the intent of this question.) How much time, expressed as a percentage of total firm time (not billable hours), is devoted to this activity? _____
6. **SINCE THE LAST APPLICATION**, has the Applicant or any firm member represented any client(s) in which firm members have an equity interest or for which a firm member is an officer, director or employee, and which has not been previously reported to TLIE?
 Yes **No** **If yes, complete the Equity Interest Supplement.**
7. **SINCE THE LAST APPLICATION**, has any firm member performed legal services as an employee of a governmental body, a company, or for any entity other than the Applicant?
 Yes **No** **If yes, provide the details of such employment on a separate sheet.**
8. **SINCE THE LAST APPLICATION**, has any firm member acted as an investment manager or advisor for any client or had discretionary authority over the funds of a client?
 Yes **No** **If yes, provide details on a separate sheet.**
9. **SINCE THE LAST APPLICATION** has there been a change in any "Of Counsel" relationships?
 Yes **No** (a) **If yes, and someone acts as "Of Counsel" to your firm, please explain that change, including any additions or deletions of attorneys who act or acted as "Of Counsel" to your firm. Be sure to include the "Of Counsel(s)" on the Renewal Application Information Supplement and complete the Of Counsel Information Supplement: _____**

(b) If yes, and any firm member acts as "Of Counsel" to another firm, please explain that change, including the name and address of the other firm, the average hours per week spent in that capacity versus the average hours per week spent on behalf of the firm listed in response to Question No. 1, the date you started or ended that relationship, and whether or not that other firm carries professional liability insurance: _____

10. If you are a solo attorney currently averaging 24 hours or less per week in actual practice (not billable hours), you may qualify for the Part-Time Basic Policy. Please provide the following information regarding your hours worked:

Current Avg Hours per Week	Last Year Avg Hours per Week	Two Years Ago Avg Hours per Week	Three Years Ago Avg Hours per Week	Four Years Ago Avg Hours per week

11. Are you a solo attorney currently working at least 75% of the time as an independent contractor/contract attorney for other law firm(s)?

Yes No (a) If Yes, please provide the name(s) of the firm(s) _____

(b) How many of the past four years have you spent working at least 75% of the time as an independent contractor/contract attorney for other law firm(s)? _____

12. INSURANCE LIMITS OF LIABILITY AND DEDUCTIBLES

PLEASE CHECK ALL LIMITS AND DEDUCTIBLES FOR THE POLICY TYPES FOR WHICH A QUOTE IS DESIRED. For assistance, please refer to our website: www.tlie.org and the material under the "Purchasing Insurance" heading, or contact our Member Services Department directly. TLIE RESERVES THE RIGHT TO RESTRICT THE AVAILABILITY OF LIMITS OF LIABILITY AND DEDUCTIBLES. DEDUCTIBLES IN EXCESS OF \$10,000 MAY REQUIRE THE SUBMISSION OF AN ACCEPTABLE FINANCIAL STATEMENT.

Regular Policy											
Limits of Liability		Deductible									
\$ Per Claim/Aggregate	\$ Per Policy Year										
100,000/100,000	1K <input type="checkbox"/> 3K <input type="checkbox"/> 5K <input type="checkbox"/> 10K <input type="checkbox"/>										
100,000/300,000	1K <input type="checkbox"/> 3K <input type="checkbox"/> 5K <input type="checkbox"/> 10K <input type="checkbox"/>										
200,000/600,000	1K <input type="checkbox"/> 3K <input type="checkbox"/> 5K <input type="checkbox"/> 10K <input type="checkbox"/>										
500,000/500,000	1K <input type="checkbox"/> 3K <input type="checkbox"/> 5K <input type="checkbox"/> 10K <input type="checkbox"/> 25K <input type="checkbox"/> 50K <input type="checkbox"/>										
500,000/1,000,000	1K <input type="checkbox"/> 3K <input type="checkbox"/> 5K <input type="checkbox"/> 10K <input type="checkbox"/> 25K <input type="checkbox"/> 50K <input type="checkbox"/> 100K <input type="checkbox"/>										
1,000,000/1,000,000	1K <input type="checkbox"/> 3K <input type="checkbox"/> 5K <input type="checkbox"/> 10K <input type="checkbox"/> 25K <input type="checkbox"/> 50K <input type="checkbox"/> 100K <input type="checkbox"/>										
2,000,000/2,000,000	1K <input type="checkbox"/> 3K <input type="checkbox"/> 5K <input type="checkbox"/> 10K <input type="checkbox"/> 25K <input type="checkbox"/> 50K <input type="checkbox"/> 100K <input type="checkbox"/> 100K/300K <input type="checkbox"/> 250K <input type="checkbox"/>										
3,000,000/3,000,000	1K <input type="checkbox"/> 3K <input type="checkbox"/> 5K <input type="checkbox"/> 10K <input type="checkbox"/> 25K <input type="checkbox"/> 50K <input type="checkbox"/> 100K <input type="checkbox"/> 100K/300K <input type="checkbox"/> 250K <input type="checkbox"/>										
4,000,000/4,000,000	1K <input type="checkbox"/> 3K <input type="checkbox"/> 5K <input type="checkbox"/> 10K <input type="checkbox"/> 25K <input type="checkbox"/> 50K <input type="checkbox"/> 100K <input type="checkbox"/> 100K/300K <input type="checkbox"/> 250K <input type="checkbox"/> 250K/750K <input type="checkbox"/> 500K <input type="checkbox"/>										
5,000,000/5,000,000	1K <input type="checkbox"/> 3K <input type="checkbox"/> 5K <input type="checkbox"/> 10K <input type="checkbox"/> 25K <input type="checkbox"/> 50K <input type="checkbox"/> 100K <input type="checkbox"/> 100K/300K <input type="checkbox"/> 250K <input type="checkbox"/> 250K/750K <input type="checkbox"/> 500K <input type="checkbox"/> 500K/1M <input type="checkbox"/>										
5,000,000/10,000,000	1K <input type="checkbox"/> 3K <input type="checkbox"/> 5K <input type="checkbox"/> 10K <input type="checkbox"/> 25K <input type="checkbox"/> 50K <input type="checkbox"/> 100K <input type="checkbox"/> 100K/300K <input type="checkbox"/> 250K <input type="checkbox"/> 250K/750K <input type="checkbox"/> 500K <input type="checkbox"/> 500K/1M <input type="checkbox"/>										
10,000,000/10,000,000	1K <input type="checkbox"/> 3K <input type="checkbox"/> 5K <input type="checkbox"/> 10K <input type="checkbox"/> 25K <input type="checkbox"/> 50K <input type="checkbox"/> 100K <input type="checkbox"/> 100K/300K <input type="checkbox"/> 250K <input type="checkbox"/> 250K/750K <input type="checkbox"/> 500K <input type="checkbox"/> 500K/1M <input type="checkbox"/>										
<input type="checkbox"/> Other Limits (specify) _____											

Basic Policy		New Attorney Basic Policy*		Part-Time Basic Policy*	
Limits of Liability	Deductible	Limits of Liability	Deductible	Limits of Liability	Deductible
\$ Per Claim/Aggregate	\$ Per Policy Year	\$ Per Claim/Aggregate	\$ Per Policy Year	\$ Per Claim/Aggregate	\$ Per Policy Year
100,000/300,000 <input type="checkbox"/>	1K	100,000/300,000 <input type="checkbox"/>	1K	100,000/300,000 <input type="checkbox"/>	1K
200,000/600,000 <input type="checkbox"/>	1K	*You must have been practicing for less than four years to potentially qualify for this option.		*You must have completed Question 10 to potentially qualify for this option.	
500,000/500,000 <input type="checkbox"/>	1K				
1,000,000/1,000,000 <input type="checkbox"/>	1K				

Contract Attorney Basic Policy*		Referral Service Only Basic Policy*		Name of Referral Service: _____
Limits of Liability	Deductible	Limits of Liability	Deductible	
\$ Per Claim/Aggregate	\$ Per Policy Year	\$ Per Claim/Aggregate	\$ Per Policy Year	
100,000/300,000 <input type="checkbox"/>	1K	100,000/300,000 <input type="checkbox"/>	1K	
*You must have completed Question 11 to potentially qualify for this option.		*The Referral Service Policy is for attorneys who only need coverage for certain ABA accredited referral services.		

13. **SINCE THE LAST APPLICATION**, has the Applicant begun or ended any office expense sharing arrangements?
 Yes No **If yes, please explain on a separate sheet, including the attorneys involved and their bar card numbers.**
14. (a) **SINCE THE LAST APPLICATION** has the Applicant or any firm member become a(n):
 Yes No **Licensed escrow officer for a title company?**
 Yes No **Fee attorney for a title company?**
 Yes No **Outside closing attorney, approved attorney or P-22 attorney?**
 Yes No **Non-attorney licensed escrow officer?**
- (b) Yes No **Have you entered into or modified any agreements with title companies since the last application?**
If yes, please provide copies of any such agreements.
- (c) **How many non-attorney licensed escrow officers are currently employed by the Applicant?** _____

RISK MANAGEMENT / FIRM POLICIES AND PROCEDURES

15. **SINCE THE LAST APPLICATION**, have 75% or more of the attorneys with your firm completed a TLIE-sponsored seminar?
 Yes No **Please send a copy of any documentation confirming that you took the course. This can include a copy of your bar MCLE statement (which is available online at texasbar.com on the MyBarPage tab at the top of the page).**
16. **SINCE THE LAST APPLICATION** has there been any change in the firm's policies and procedures as they apply to:
- (a) Scheduling of work, deadlines and appointments.
 Yes No **If yes, attach an explanation of the revised policy or procedure.**
- (b) Utilization of engagement, non-engagement or disengagement letters.
 Yes No **If yes, attach an explanation of the revised policy or procedure.**
- (c) Avoidance of conflicts of interest.
 Yes No **If yes, attach an explanation of the revised policy or procedure.**
- (d) Filing suits against clients for fees.
 Yes No **If yes, attach an explanation of the revised policy or procedure.**
- During the past 12 months has the firm filed any suits against clients for fees?
 Yes No **If yes, how many suits have been filed?** _____

INSURANCE AND LIABILITY HISTORY

ALL REPRESENTATIONS IN THIS APPLICATION ARE MADE ON BEHALF OF THE APPLICANT, ALL FIRM MEMBERS AND NON-ATTORNEY EMPLOYEES. THE FOLLOWING QUESTIONS SHOULD BE ANSWERED BY THE PERSON SIGNING THE APPLICATION ONLY IF RECENT INQUIRY HAS BEEN MADE TO FIRM MEMBERS AND NON-ATTORNEYS EMPLOYED BY THE APPLICANT ABOUT THEIR KNOWLEDGE OF ANSWERS TO THE QUESTIONS. BOTH FIRM MEMBERS AND EMPLOYEES (INCLUDING NON-ATTORNEYS) OF THE APPLICANT MUST SUPPLEMENT THE ANSWERS TO THESE QUESTIONS AS CIRCUMSTANCES CHANGE UNTIL ISSUANCE OF A POLICY.

17. Yes No **Has the Applicant or any firm member ever had professional liability insurance cancelled, declined or not renewed?**
 Check here if previously reported to TLIE.
If not previously reported to TLIE, attach full details on a separate sheet.
18. Yes No **Has the Applicant or any firm member ever been the subject of a professional liability claim?**
 Check here if all claims have been previously reported to TLIE.
If yes, for any matters not previously reported to TLIE, attach the Claim Information Supplement(s).
19. Yes No **Does any firm member or employee (including non-attorneys) of the Applicant know, have reason to know, or have any basis to believe that a circumstance, act, error or omission might reasonably be expected to be the basis for a professional liability claim against the Applicant or any attorney listed on the Renewal Application Information Supplement?**
 Check here if all such matters have previously been reported to TLIE.
For any matters not previously reported to TLIE, attach the Claim Information Supplement(s).
20. Yes No **Has any firm member had a grievance filed against him or her in the past five years?**
 Check here if all grievances have been previously reported to TLIE.
For any matters not previously reported to TLIE, or in which the status of the grievance has changed since the previous application, attach a copy of the grievance or a description of the grievance and the status or outcome.

21. **Yes** **No** Has any firm member ever voluntarily accepted discipline or been refused admission to the bar, reprimanded (privately or publicly), suspended from the practice of law, disbarred, received a probationary license or otherwise disciplined by any disciplinary or licensing authority?

Check here if all discipline has been previously reported to TLIE.

For any discipline or probationary license not previously reported to TLIE, attach full details on a separate sheet.

NOTE: BEFORE SIGNING THIS APPLICATION, PLEASE MAKE SURE THAT ALL QUESTIONS ARE COMPLETELY ANSWERED, APPROPRIATE SUPPLEMENTS ARE COMPLETED AND THAT YOU HAVE ATTACHED A COPY OF YOUR FIRM'S LETTERHEAD.

WARRANTY

On behalf of the Applicant(s) and all firm members and employees of the Applicant(s), I/we hereby warrant and declare that the foregoing statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the contract with the Association; and it is agreed that all representations contained herein are material as a matter of law, and that I/we will immediately notify the Association, said representations being deemed continuous, of any change in facts occurring prior to issuance of insurance pursuant hereto.

On behalf of the Applicant(s) and all firm members and employees of the Applicant(s), I/we hereby authorize release to the Association or its authorized representative, by any State Bar Association, my/our present and prior professional liability insurance carriers, or any other sources, any claims, underwriting, or other information having a bearing upon my/our acceptability as a professional liability insurance risk.

It is understood that this is an application for insurance and not an insurance binder. **CAUTION:** *Any misstatements made in this application could invalidate any policy issued on the basis of this application.*

Applicant's Name (as appears in Question #1): _____

Authorized Signature: _____ *Date:* _____

Printed Name and Position: _____