

**PROFESSIONAL PARTNERSHIPS  
COMBINED EMPLOYMENT PRACTICES LIABILITY/MANAGEMENT  
LIABILITY/OUTSIDE POSITION LIABILITY INSURANCE APPLICATION**

PLEASE NOTE THAT THE COMPLETION OF THIS APPLICATION BY THE FIRM DOES NOT BIND THE INSURERS TO ANY OBLIGATION TO SUBSEQUENTLY ISSUE A POLICY OF INSURANCE.

If the space given is insufficient, please attach a separate sheet referenced to the specific question being answered.

**1) a) Name of Firm:** \_\_\_\_\_

b) Address of principal office: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

c) Website: \_\_\_\_\_

d) List the addresses of all branch offices (if applicable):

City	State/Country	Years in Operation

**2) a) List current/prior employment practices liability/management liability insurance for the past three (3) years (either stand-alone policies or supplemental coverage provided under some other type of insurance). Please use a separate addendum if necessary.**

**3)**

EPL	ML	Period	Insurer	Limit	Retention	Coinsurance

b) Has a previous insurer that has issued management liability, directors & officers liability or employment practices liability coverage to Firm (either on a stand-alone basis or as a supplemental coverage provided under some other type of insurance) ever cancelled or non-renewed? \_\_\_\_\_

c) Does the applicant currently carry the following insurance?

- Professional Liability Yes No
- Commercial General Liability Yes No
- Umbrella Liability Insurance Yes No

4) Indicate and describe any other business entities not listed as "Firm" for which coverage is desired.

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**5) EMPLOYEES/PARTNERS**

a) Current Number of:

Partners/Shareholders	
Equity	
Non-Equity	
Associates/of Counsel	
All other full-time employees	
Part-time employees	
Temporary/Seasonal LLC's	

(Please provide a separate breakdown for each office)

b) What was the annual employee/partner shareholder percentage turnover rate for each of the last four (4) years? \_\_\_\_\_

c) How many involuntary terminations have occurred in the past two (2) years?

All Professionals (incl partners & associates)	All other employees

d) Show the percentage of employees/shareholders with income (including bonuses) below:

Less than \$50,000	
\$50,000 - \$100,000	
\$100,000 - \$250,000	
Greater than \$250,000	

e) Are there any written employment agreements? Yes No

If "Yes", with whom and please attach copies of the specimen agreement(s).

**6) HUMAN RESOURCES**

a) Does the Firm have a full time human resources manager? Yes No

b) Do managers receive updated information and training on human resources issues, including performance appraisals, discipline and workplace harassment, at least annually?

Yes  No

c) Does the Firm have written guidelines or procedures for addressing human resources or personnel management in the following areas:

Hiring/interviewing?  Yes  No

Employee at will statement and employee contract disclaimer?  Yes  No

Performance appraisal?  Yes  No

Discipline?  Yes  No

Accommodating the disabled?  Yes  No

Grievance/complaint procedures?  Yes  No

Sexual harassment?  Yes  No

Use of Firm electronic mail, voicemail and Internet access?  Yes  No

Do all employees receive a copy of these guidelines or procedures?

Yes  No

d) When an employee is discharged:

Are Human resources personnel directly involved?  Yes  No

Is an employment law attorney consulted prior to discharging an employee?

Yes  No

Does the Firm provide references for former employees with any information other than dates of employment, title(s) and compensation?

Yes  No

Does the Firm have an agreement or policy requiring employees to arbitrate all employment-related claims?

Yes  No

e) Do you use an employment application for all hires?

Professionals (including partners and associates)?  Yes  No

Other employees?  Yes  No

If "Yes", please provide a detailed description or copy of application

f) Do you use any tests to screen for employment or to promote employees?

Professionals (including partners and associates)?  Yes  No

Other employees?  Yes  No

If "Yes", please provide a detailed description

g) Do you have a formal orientation program for all new employees/professionals, and is an orientation checklist maintained?  Yes  No

h) Do you provide regular, written performance evaluation for all employees and professionals? Except for Equity Shareholders  Yes  No

i) Does the Firm require terminations to be reviewed by:

Its Human Resources Department?  Yes  No

Its Legal Department?  Yes  No

Its Outside Counsel?  Yes  No

j) Does the Firm conduct exit interviews?  Yes  No

**7) FIRM HISTORY**

If the Firm answers "Yes" to any of the following questions, please provide further details on a separate addendum.

a) Has the Firm acquired or merged with any other entities in the last ten (10) years?

Yes  No

b) If "Yes" to question (6a) did the acquisition include the assumption of liabilities?

Yes  No

c) With respect to any acquisitions, were any employees, partners, or other professionals terminated?

Yes  No

d) Is the Firm currently engaged in any merger & acquisition discussions?

Yes  No

e) 1) Has the Firm had any layoffs, staff reductions, facility closings or consolidations during the last three (3) years which resulted in termination of more than 5% of the work force at any one business location?

Yes  No

2) Has the Firm announced its intention to conduct in the future any such layoffs, staff reductions, facility closings or consolidations?

Yes  No

3) Does the Firm plan in the next eighteen (18) months to terminate any employees, partners, or other professionals?

Yes  No

f) Please attach a copy of the following:

(If this is a renewal and the information requested below has previously been provided, please attach any updates to the following.)

- Current employment termination/disciplinary procedures
- Most recent EEO-1 reports
- Any diversity initiatives

**8) FIRM'S MANAGEMENT LIABILITY PRACTICE**

a) Please provide the following information regarding the Firm's five (5) largest practice areas (please use a separate addendum if necessary).

Practice Area

Practice Area	Description of Professional Services and Representation Types of Work Performed	Approximate no. of Professionals in Area *	Approximate % of Gross Billings Last Fiscal Year

\* This number need not equal total number of professional where professionals perform work in a number of areas.

b) Has the Firm added and/or discontinued any practice areas during the past 12 months and /or does the Firm anticipate doing so in the next 12 months?

Yes  No

If "Yes", please provide further details on a separate addendum.

c) How many of the Firm's partners, principals, members, directors, officers or shareholders have left the Firm in the last five (5) years? \_\_\_\_\_

If the Firm suffered any loss of clients as a result of any such departures, what percentage of Firm's billables did such loss represent? \_\_\_\_\_

d) What managerial and financial reports are distributed to the partners and how often are they distributed?

Managerial/Financial Report	Schedule of Distribution

e) Please provide the following information regarding all lateral hires made by the Firm in the last 24 month?

No. Of Partners	No. Of Attorneys	Prior Firm	Practice Area

f) Does the firm recommend that new lateral hires consult with and follow the advice of independent legal counsel regarding the transfer of any clients from their predecessor firm?

Yes  No

g) With regards to lateral hires that have been made in the last 24 months, did the firm provide any financial guarantees in relation to future compensation levels?

Yes  No

**9) COMMITTEE/BOARD COMPOSITION AND MANAGEMENT**

a) Please list the committees, boards, individual positions and/or individuals for which management liability insurance is sought regarding matters concerning the Firm's business operation and finances, and indicate the number of individuals comprising each committee or board. Please provide us a separate addendum if necessary

Committee/Board/Position/Individual	Responsibilities	No. of Members

b) Please describe the method and criteria for election or appointment of the individuals to the committees/boards/positions identified above, as well as the length of the term of service on each. Please use a separate addendum if necessary.

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c) Have there been any changes in the committees, boards, positions or individual responsibilities listed above within the past three (3) years for reasons other than death, retirement or term limit?

Yes  No

If "Yes", please explain

d) Please list titles of the positions of any individuals serving as administrators, executives or financial officers of the Firm who are not practicing professionals of the Firm for which management liability insurance is sought and provide a brief description of each office.

Title:	Description:

**10) STOCK OWNERSHIP**

If the Firm is organised as a corporation, please complete the following table and Question 9a below. If the Firm is organised other than as a corporation, please proceed to Question 9b below.

Classes	Total Number of Shares	Votes Per Share	% Owned by each Committee member/Board Identified in Question 8a

a) Does any shareholder own five percent (5%) or more of the voting shares?

If so, designate names, percentages of holdings, and any membership in a Committee or Board identified in Question 8a. (If no such shareholders, check here

None)

Name	% of Holdings	Committee/Board Membership

b) Does any partner, principal or member own five percent (5%) or more of the equity of the Firm?

If so, designate names, percentages of holdings, and any membership in a Committee or Board identified in Question 8a. (If no such shareholders, check here

None)

Name	% of Holdings	Committee/Board Membership

c) Please attach a copy of the Firms partnership/shareholder agreement and/or company by-laws.

d) Do non-equity partners/shareholders sign/execute the same partnership/shareholder agreement as equity partners?  Yes  No

If not, please explain the differences or attach a copy of each agreement.

e) Has the Firm initiated any attorney "status adjustments", aka de-equitization, in the past 2 years?  Yes  No

If Yes, please provide details on a separate addendum

**11) FINANCIAL INFORMATION**

a) On a separate addendum, please list all loans made by the Firm to partners, principals, or shareholders of the Firm as well as the original principal amount of the loan, the amount current outstanding, the maturity date and the purpose of the loan

b) On a separate addendum, please list all obligation owed by the Firm to partners, principals, or shareholders of the Firm as well as the original principal amount of the loan, the amount current outstanding, the maturity date and the purpose of the loan

c) On a separate addendum, please describe the Firm's process and criteria for determining the compensation of the Firm's partners, principal and/or shareholders

d) Are any of the Firm's financial obligations specifically nonrecourse to the partners or shareholder of the Firm?  Yes  No

e) Please attach a copy of the financial statements for the last three (3) years (audited if available)

f) Is the Firm anticipating any unusual expenditure in the next 12 - 18 months e.g., systems upgrades, new offices, expansions etc

g) Does the Firm have any non-qualified retirement plans, and if so what is the status of funding those plans?

h) Does the Firm have any underfunded or unfunded pension liabilities?



i) Does the Firm engage in contingency litigation?  Yes  No

If Yes, what is the Firms ROI for the past 5 years in this area

j) Has the Firm breached any debt covenants in the past 5 years?

Yes  No

If Yes, please provide details

k) Please provide details of the net increase/decrease in partners during the last 12 months.

l) Please confirm whether the Firm has entered into any banking covenants linked to any decrease in partner numbers and, if so, please provide details of the covenants terms

m) Does any client generate 10% or more of the Firm's Annual Revenue?

If so, please provide details below:

Client	% Revenue

**12) OUTSIDE PARTNERSHIP LIABILITY**  
**(PLEASE COMPLETE ONLY IF APPLYING FOR THIS COVERAGE)**

Please provide details, per attachment A of this application, on all Outside Positions held by the Firm's employees/Partners.

**13) CLAIMS HISTORY**

Employment Practices Liability

a) During the last five (5) years, has the Firm been notified of any employment or labor-related claims, including any litigation?

Yes  No

If "Yes", please complete a Claim Summary Supplement for each claim or suit

b) During the past five (5) years, has the Firm been a party to any charges or administrative proceedings before:

1) The Equal Employment Opportunity Commission ("EEOC")?

Yes  No

2) The U.S. Department of Labour including the Office of Federal Contract Compliance Programs ("OFCCP")?

Yes  No

If "Yes", how many:

If "Yes" to any of the above, please provide full details for each proceeding which has or is expected to exceed \$50,000 in loss (including Defence Costs)

c) Is the Firm currently required to comply with any judicial or administrative agreement, order, decree or judgement relating to employment?

Yes  No

If "Yes", please attach a copy

Management Liability

After inquiry, have any claims or suits alleging management liability wrongful acts been made by or against the Firm or any Committee or Board committee member(s) or board member(s), or any individuals serving the Firm in any of the positions listed in items 8a or 8d or similar positions listed above during the last five (5) years?

Yes  No

If "Yes", please complete a Claim Summary Supplement for each claim or suit.

Outside Position Liability

After inquiry, have any claims or suits alleging wrongful acts been made by or against any of the Firm's employees/partners whilst serving in any outside board positions during the last five (5) years?

Yes  No

If "Yes", please complete a Claim Summary Supplement for each claim or suit

**14) POTENTIAL CLAIMS**

After inquiry, do the persons responsible for receiving notice of management liability or employment practice claims in the Firm's Human Resources Department, or Management/Executive Committee (or similar function) know of any facts, incidents, acts, events, or circumstances that are likely to result in employment practice claims being made against any Firm or management liability claims being made against the Firm, past or present committee member(s) or board member(s), or any individuals serving the Firm in any of the positions of responsibility listed in Questions 8a or 8d above?

Yes  No

If "Yes", please provide full details in a separate addendum.

THIS INFORMATION WILL ATTACH TO AND FORM A PART OF THE POLICY, IF A POLICY IS ISSUED. INSURERS MAY REQUIRE ADDITIONAL INFORMATION

\_\_\_\_\_  
Authorized Signature of Firm

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Authorized Signature of Firm

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**Attachment A**

Schedule of outside board positions

Name of Partner/Attorney	Name of Outside Entity	Industry	Is there any debt/equity traded on US exchanges?	Public Yes/No	State of incorporation	Market Cap (if public)	Total Assets (\$m)	Net Profits (\$m)	Is D&O Insurance provided to your agent? If so what Limit?