



# MINNESOTA LAWYERS MUTUAL

INSURANCE COMPANY

APPLICATION FOR THE **NEW LAWYERS PROGRAM** CLAIMS-MADE PROFESSIONAL LIABILITY INSURANCE

## FIRM INFORMATION

- Full Name of Attorney: \_\_\_\_\_  
 Firm Name: \_\_\_\_\_  
 Office Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 State Bar Number: \_\_\_\_\_ Date of Admission: \_\_\_\_\_  
 Is Applicant Lawyer a solo practitioner?  YES  NO

**NOTE: "Solo Practitioner" means that you or your professional corporation do not employ any other lawyer(s), and do not have a partner, a professional association or any similar arrangement. As a sole practitioner you may act as "of counsel" or act as an Independent Contractor for another lawyer or law firm (subject to underwriting criteria).**

Policy effective date desired: \_\_\_\_\_

## PRACTICE INFORMATION

**NOTE: Patent Law and Securities are excluded from coverage.**

- Will your practice be specialized, i.e. 50% or more in one Area of Practice or from one client?  YES  NO  
 If "YES" please explain \_\_\_\_\_  
 \_\_\_\_\_
- Do you use or plan to use a system for cross-referencing your client list in order to prevent potential conflicts of interest  YES  NO
- Do you have, or will you have a diary, calendar or docket control system that contains all key dates?  
 YES  NO

## CLAIMS, POTENTIAL CLAIMS AND DISCIPLINE

- Have any claims been reported (whether pending, closed or settled) against you?  YES  NO
- Are you aware of any **facts** (whether previously reported or not), which could reasonably result in a claim being made against you? (The answer should include meritless cases and claims currently not in suit.)  
 YES  NO
- Have you been disciplined publicly or privately for an ethics violation, or do you have any pending ethics complaints?  YES  NO

After you read this section, you will be asked to certify that a reasonable inquiry has been made to obtain confirmation that the answers contained herein are true, correct and complete to the best of your knowledge and belief, and that the information contained in the application, supplements, attachments and statements are true, and that no facts have been suppressed or misstated. You are also confirming the fact that this application is being submitted by an authorized representative of the law firm.

BY THE ACT OF ENTERING THIS INFORMATION AND SUBMITTING THIS APPLICATION, THE SUBMITTING PARTY IS SIGNING THIS APPLICATION. ALL RIGHTS AND RESPONSIBILITIES ACCORDED A PHYSICAL SIGNATURE WILL BE CONSIDERED TO HOLD. THE SUBMISSION OF THIS APPLICATION DOES NOT BIND MINNESOTA LAWYERS MUTUAL INSURANCE COMPANY (THE COMPANY) TO ISSUE A POLICY OR THE APPLICANT TO PURCHASE THE INSURANCE.

If The Company accepts this application by issuing a policy, this application shall be the basis of the policy of insurance and incorporated therein. It is agreed and understood that the applicant has a continuing obligation to report to The Company, as soon as possible, any material changes in the circumstances of the applicant's practice of law, including, but not limited to, the size of the firm and any changes in the information contained in the applications, supplements, attachments and statements submitted herewith.

By signing this application you agree that we may contact you via telephone, fax, e-mail or other method to discuss your insurance coverage and other products or services offered by Minnesota Lawyers Mutual Insurance Company or any of its affiliates.

The applicant authorizes the release of claim information from any prior insurer to The Company.

*The applicant hereby certifies all known claims and all known incidents which might become a claim have been reported to the present or previous insurance carriers and the applicant has no knowledge of any threatened litigation or existing fact or situation which could result in a claim being filed against the applicant.*

Failure by the applicant to report any known claim, or any known facts which may result in a claim, to current or previous insurers may result in the declination of coverage for these matters by current or previous insurers.

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.

**Notice: If you qualify for the MLM New Lawyers Program, you receive the benefit of greatly reduced pricing for each of the first two years. After that, you will return to a standard rating format with a corresponding increase in premium.**

\_\_\_\_\_  
*Signature of Sole Practitioner*

\_\_\_\_\_  
*Date*

Thank you for your interest in Minnesota Lawyers Mutual Insurance Company's NEW LAWYERS PROGRAM

After you complete the application please indicate your preferred payment option:

- I wish to pay by Visa or Mastercard. We will contact you to obtain your account information as we do not store this information at MLM for your security. Or call Lori Nieters directly at the number below.
- I am enclosing a check in the amount of \$ 250.00. Only available if you mail the completed application to us.

Please mail, e-mail or fax the **FULLY COMPLETED** application and a copy of this page with your preferred completed payment option to:

Minnesota Lawyers Mutual Insurance Company  
333 South 7<sup>th</sup> Street, Suite 2200  
Minneapolis, MN 55402  
Attn Lori Nieters  
lnieters@mlmins.com  
612-341-4530 or 800-422-1370  
800-305-1510 (fax)