****

**SafeLaw® CyberWrap**

**Cyber Risk Assurance**

**for Lawyers**

**Application Form**

|  |  |  |
| --- | --- | --- |
| **SAFELAW APPLICATION** |  |  |
|  |  |  |

**NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS MADE IS A CLAIMS MADE AND REPORTED POLICY SUBJECT TO ITS TERMS. THIS POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD AND REPORTED TO US PURSUANT TO THE TERMS OF THE POLICY ARISING FROM ANY CIRCUMSTANCES WHICH TOOK PLACE ON OR AFTER ANY RETROACTIVE DATE SPECIFIED IN THE SCHEDULE AND BEFORE THE EXPIRY DATE OF THE POLICY PERIOD. AMOUNTS INCURRED AS CLAIMS EXPENSES SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE DEDUCTIBLE. PLEASE READ THE POLICY CAREFULLY**

APPLICATION INSTRUCTIONS

ALL QUESTIONS MUST BE ANSWERED COMPLETELY; PLEASE TYPE OR PRINT CLEARLY; THIS APPLICATION MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM.

|  |  |  |
| --- | --- | --- |
| **COMPANY DESCRIPTION** |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name of Company: |  |  |
|  | Address: |  |  |
|  | Names and URLs of all subsidiary companies (if any) |  |  |
|  | Contact Name: | Contact Email: |  |
|  |  |  |  |

|  |  |
| --- | --- |
|  | Please provide the following details about your firm |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Prior Year** | **Current Year** | **Next Year**  **(Estimate)** |
| Total Revenue | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Number of Lawyers | Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |  |
| --- | --- |
|  | Please indicate your areas of practice as a percentage of billings for the past 12 months. |

*NOTE: In lieu of completing the table below, we can accept the completed area of practice chart from in your latest lawyers professional liability application.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area of Practice** | **% of Billings** |  | **Area of Practice** | **% Of Billings** |
| Administrative Law |  |  | International Law |  |
| Admiralty Defense |  |  | Investment Money Manger |  |
| Admiralty Marine |  |  | Juvenile |  |
| Adoptions |  |  | Labor Unions |  |
| Arbitration/Mediation |  |  | Labor/Employee |  |
| Banking |  |  | Labor/Management |  |
| Bankruptcy |  |  | Landlord Tennant/Leases |  |
| BI/PI Defense |  |  | Lobbying |  |
| Bonds |  |  | Local Government |  |
| Business Transactions |  |  | Medical Malpractice Defense |  |
| Civil Rights |  |  | Medical Malpractice Plaintiff |  |
| Civil/General Litigation |  |  | Mergers & Acquisitions |  |
| Class Action Plaintiff |  |  | Municipal Law |  |
| Collection |  |  | Oil & Gas Mining |  |
| Commercial Defense |  |  | Oil & Gas Title |  |
| Commercial Law |  |  | Patent, Trademark, Copyright – Filing |  |
| Construction Law |  |  | Patent, Trademark, Copyright Defese |  |
| Consumer Claims |  |  | Patent, Trademark, Copyright Prosecution |  |
| Contracts |  |  | Plaintiff BI/PI (Non Product Liability) |  |
| Corporate Formation |  |  | Product Liability Plaintiff |  |
| Corporate General |  |  | Real Estate Closings/General |  |
| Corporate Litigation |  |  | Real Estate Commercial Title |  |
| Criminal Law |  |  | Real Estate Development |  |
| Divorce |  |  | Real Estate Investment Trusts |  |
| Employment Law |  |  | Real Estate Limited Partnership |  |
| Entertainment |  |  | Real Estate Residential Title |  |
| Environmental Law |  |  | Real Estate Syndication |  |
| ERISA |  |  | Securities |  |
| Estate Planning |  |  | Taxation Opinions |  |
| Estate/Trust/Probate |  |  | Taxation Preparation |  |
| Family Law – (Non-Divorce) |  |  | Taxation Representation |  |
| Fiduciary |  |  | Traffic |  |
| Foreclosures |  |  | Wills |  |
| Foreign Law |  |  | Workers Compensation Defense |  |
| Guardianships |  |  | Workers Compensation Plaintiff |  |
| Immigration/Naturalization |  |  | Other: (Please Describe Below) |  |
| Insurance Defense |  |  |  |  |
| **Total** | | | | **100%** |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Please provide the following: | |
|  | 1. The Applicant’s Lawyers Professional Policy Limit. Please include the per claim limit and the aggregate limit. | Click here to enter text. |
|  | 1. The Applicant’s Lawyers Professional Liability Policy deductible. Please include the per claim deductible and aggregate deductible, if applicable. | Click here to enter text. |
|  | 1. The Applicant’s Lawyers Professional Liability Policy premium | Click here to enter text. |
|  | 1. a copy of the Applicant’s Lawyers Professional Liability Policy application. | Please attach |
| **4.** | Has the Applicant had any computer or information **security incidents** during the past three (3) years? A **security** **incident** includes any interruption, suspension or unauthorised access, intrusion, breach, compromise or use of your computer systems, including embezzlement, fraud, theft of proprietary information, denial of service, electronic vandalism or sabotage, computer virus or other similar incidents. | **Y  N** |
| **5.** | During the past three (3) years, has the applicant or any director, officer, employee or other proposed Insured given notice under the provisions of any prior or current cyber risk, media liability, E&O, general liability, or lawyers professional liability policy, of specific facts or circumstances related to a security incident which may give or have given rise to a claim being made? | **Y  N** |
| **6.** | Is any Applicant, director, officer, employee or other proposed insured has knowledge or information of any fact, circumstance, situation, event or transaction which may give rise to a claim under the proposed SafeLaw insurance? | **Y  N** |

|  |  |  |
| --- | --- | --- |
| **DECLARATION** |  |  |
|  |  |  |

To the best of my/our knowledge and belief, I/We declare that the information provided in connection with this Application after reasonable enquiry, is true and I/We have not withheld any material facts. I/We understand that non-disclosure or misrepresentation of material fact may entitle Underwriters to void the insurance. (NB a material fact is one in which the knowledge or ignorance of it would naturally and reasonably influence the judgment of Underwriters in making the contract at all, in estimating the degree or character of the risk, or in fixing the rate of premium, or would otherwise be deemed material under applicable law. If you are in any doubt as to whether a fact is material or not, you must disclose it). I/We understand that signing this Application does not bind me/us to complete the policy, but agree that, should a contract of insurance be concluded, this Application and statements made therein shall form the basis of the contract.

This application and materials submitted with it shall be retained on file with Underwriters and shall be deemed attached to and become part of the policy if issued. Underwriters are authorized to make any investigation and inquiry in connection with this application as it deems necessary.

The undersigned authorized officer of the Applicant hereby acknowledges that they are aware that the Limit of Liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the Limit of Liability of this policy.

The undersigned authorized officer of the Applicant hereby further acknowledges that they are aware that legal defense costs that are incurred shall be applied against the retention amount. If the information supplied on this application changes between the date of this application and policy issuance, the Applicant will immediately notify underwriters of such changes. Underwriters may then withdraw or modify outstanding quotations and / or authorization or agreement to bind this insurance.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name: |  |  |
|  | Signed: |  |  |
|  | Date: |  |  |
|  | Title: |  |  |
|  |  |  |  |

**Please email completed application to** [**info@L2ins.com**](mailto:info@L2ins.com) **or fax to (616) 940-1196**