



## Excess Coverage

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### 2016 NEW FIRM APPLICATION

*Please fill out this Application completely and accurately. If you have questions about certain sections, refer to the Application Instructions. You may supplement any answer by attaching additional pages. Please email completed applications to [excess@osbplf.org](mailto:excess@osbplf.org).*

#### **SECTION A – FIRM INFORMATION**

- A.1 Firm Name: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Phone: \_\_\_\_\_
- A.2 Does your firm have a website? ☐ Yes ☐ No
- Website Address: \_\_\_\_\_
- A.3 Application Contact Name: \_\_\_\_\_
- Contact Email: \_\_\_\_\_
- A.4 Type of Firm: ☐ Sole Practitioner ☐ Partnership ☐ PC ☐ LLC ☐ LLP ☐ Other: \_\_\_\_\_
- A.5 Date Firm in A.1 Began Business: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- A.6 Number of Attorneys in Firm (include of counsel): \_\_\_\_\_
- A.7 Number of Non-Attorney Staff in Firm: \_\_\_\_\_
- A.8 Does your firm employ a full-time office manager? ☐ Yes ☐ No
- A.9 Desired Beginning Coverage Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

A.10 **Requested Coverage level:** You may check more than one box to request multiple quotations. Please note: new firms may apply only for the \$700,000 or \$1.7 million coverage levels, unless the attorneys are moving from a firm with higher limits of coverage, or unless sufficient explanation for the higher limits request is provided.

- |  |   |
|--|---|
| <input type="checkbox"/> \$700,000 / \$700,000         | <input type="checkbox"/> \$3.7 million / \$3.7 million  |
| <input type="checkbox"/> \$1.7 million / \$1.7 million | <input type="checkbox"/> \$4.7 million / \$4.7 million  |
| <input type="checkbox"/> \$2.7 million / \$2.7 million | <input type="checkbox"/> \$9.7 million / \$9.7 million* |

\* *Higher Coverage Limits Supplement required.*

## SECTION B – PREDECESSOR FIRMS

B.1 A former firm qualifies as a Predecessor Firm if it was a sole proprietorship, partnership, professional corporation, or other entity (a) that is no longer engaged in the practice of law; **and** (b) at least 50% of whose attorneys are affiliated with the Firm listed in A.1.

List **all** of the Predecessor Firms that meet **all parts** of the above definition.

	Predecessor Firm	Year Established/Ended	No. of Attorneys	Location
1.				
2.				
3.				
4.				
5.				

At the PLF's discretion, a former firm that does not meet the definition of a Predecessor Firm may be added by special endorsement. If you would like to request that a former firm(s) be added by special endorsement, please list it below.

	Former Firm	Year Established/Ended	No. of Attorneys	Location
1.				
2.				
3.				
4.				
5.				

### **SECTION C – FIRM ATTORNEYS AND FORMER ATTORNEYS**

C.1 **Current Attorneys:** Please list the following information for each attorney presently working for the Firm, including of counsel attorneys.

<b>Attorney Name</b>	<b>OSB No.</b>	<b>Year Started with Firm</b>	<b>Role/ Status*</b>	<b>3 hours of CLE Credit in Past Year? Yes/No</b>	<b>Part time? Yes/No (less than 250 hours per year)</b>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					

*\* SP = Sole Practitioner, P = Partner, S = Shareholder, PC = Professional Corporation, A = Associate, C = Of Counsel, M = Member, O = Other (explain)*

C.2 Do all of the attorneys listed in C.1 above carry primary PLF Coverage?

☐ Yes ☐ No

If no, please explain. \_\_\_\_\_

\_\_\_\_\_

C.3 Former Attorneys: Name of each attorney **not presently** working for the Firm who worked for the Firm, or a qualifying or specially endorsed Predecessor Firm listed in Section B, at any time during the past five years.

	Former Attorney's Name	OSB No.	Employment Dates (in years)	Role/Status*
1.	_____			
2.	_____			
3.	_____			
4.	_____			
5.	_____			

\* SP = Sole Practitioner, P = Partner, S = Shareholder, PC = Professional Corporation, A = Associate, C = Of Counsel, M = Member, O = Other (explain)

C.4 Did all attorneys listed in C.4 carry primary PLF coverage while working for the Firm or a Predecessor Firm?

☐ Yes ☐ No

If no, please explain. \_\_\_\_\_

\_\_\_\_\_

C.5 Does your Firm include any **current or former** attorneys who are not Oregon bar members **OR** whose principal office is outside Oregon? If yes, please list the attorneys below and fill out a non-Oregon Attorney Supplement for each attorney. ☐ Yes ☐ No

	Non-Oregon Attorney's Name	OSB/ Bar No.	Employment Dates
1.	_____		
2.	_____		
3.	_____		
4.	_____		
5.	_____		

## **SECTION D – CLAIMS EXPERIENCE**

D.1 Is any attorney in the Firm aware of any claim(s) against the Firm, a Predecessor Firm, or any attorney who worked for the Firm or a Predecessor Firm that has NOT been reported to the PLF? If yes, please provide details, including the name of the claimant, name of the responsible attorney, and a description of the claim and alleged damages.

☐ Yes ☐ No

- D.2 Is any attorney in the Firm aware of any act, error, or omission or any possible claim, which might reasonably be expected to be the basis of a professional liability claim or suit against him or her, against the Firm or any Predecessor Firm, or against any present or former attorney of the Firm or any Predecessor Firm that has NOT been previously reported to the PLF? If yes, please explain. ☐ Yes ☐ No
- D.3 Has any excess carrier paid any amount above the PLF's primary limit during the past 10 years? If yes, please explain. ☐ Yes ☐ No
- D.4 Has this Application or a Firm Attorney Questionnaire been provided to all current firm attorneys for their verification? (Sole practitioners check "YES".) If no, please explain. ☐ Yes ☐ No

## SECTION E – TYPE OF PRACTICE

- E.1 Please complete the chart below to describe the Firm's practice by indicating the percentage of the Firm's professional time or billings in the private practice of law devoted to each area within the most recent 12-month period for which you have data. **The total must equal 100%. Please round to the nearest whole number.**

Administrative/Regulatory	_____ %	Land Use	_____ %
Admiralty/Maritime	_____ %	Litigation (see below)	
Antitrust/Trade Reg.	_____ %	Negligence/Defense	_____ %
Bankruptcy	_____ %	Negligence/Plaintiff	_____ %
Business	_____ %	Business Litigation	_____ %
Collection/Repossession	_____ %	Mediation/Arbitration	_____ %
Communications (FCC)	_____ %	Municipal	_____ %
Construction	_____ %	Oil, Gas and Coal	_____ %
Criminal	_____ %	Patents/Copyright/Trademark	_____ %
Domestic Relations	_____ %	Public Utilities	_____ %
Employment	_____ %	Real Estate*	_____ %
Entertainment/Sports	_____ %	Securities Law*	_____ %
ERISA/Employee Benefits	_____ %	Taxation (excl. Tax Opinions)*	_____ %
Estate/Probate/Wills/Trusts	_____ %	Workers' Comp. (see below)	
Financial Institution Law	_____ %	Defense/Employer	_____ %
Immigration	_____ %	Claimant/Employee	_____ %
Health	_____ %	Other (describe if over 5%)	_____ %
Investment Counseling	_____ %		
Labor Relations	_____ %		

\* See Instructions for specific definitions.

- E.2 Has any present or former attorney with the Firm or Predecessor Firm practiced in the last **10 years** in the area of Securities Law (including federal and state securities law)? **See Instructions for definition of Securities Law.** If yes, please submit a Securities Law Supplement Application.

☐ Yes ☐ No

E.3 Does any client, case, or group of related clients or cases currently represent more than 30% of the Firm's business (or has represented more than 30% in any year in the past three years)? If yes, please explain. ☐ Yes ☐ No

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E.4 Does your Firm now include anyone, or has it included anyone during the past five years, who is or was registered with the U.S. Patent and Trademark Office? If yes, please complete a Patent Attorney Supplement for each Patent attorney. ☐ Yes ☐ No

## SECTION F – OTHER INFORMATION

F.1 Does the Firm have excess coverage at the present time? ☐ Yes ☐ No

If yes, please complete the Firm's and all Predecessor Firms' history of prior excess professional liability insurance below for the past five years **AND PLEASE PROVIDE A COPY OF THE DECLARATIONS PAGE** from your current excess policy or policies and copies of any endorsements.

Policy Period From/To	Insurance Co.	Policy Limits	Name of Firm Issued Coverage
1.		\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	

F.2 During the past five years, has any insurance carrier declined to issue, cancelled, refused to renew, or agreed to accept only on special terms, professional liability coverage for the Firm, any Predecessor Firm, or any attorney in the Firm or a Predecessor Firm? If yes, please explain. ☐ Yes ☐ No

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F.3 Does your Firm share office space with any other firm, attorney, or organization? ☐ Yes ☐ No

**IF YES:**

(a) Do you share letterhead? ☐ Yes ☐ No

(b) Do you routinely refer or share cases? If yes, please explain. ☐ Yes ☐ No

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(c) Names of individuals, firms, or organizations with whom your Firm shares offices:

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*\*Please note that the PLF Excess Plan does not cover liability you may have from office sharing arrangements under the doctrine of apparent partnership, partnership by estoppel, or similar theory.*

F.4 Does the Firm use multiple letterheads? *Include all firm letterhead.* ☐ Yes ☐ No

F.5 In the past five years, has any attorney in your Firm or a Predecessor Firm been refused admission to practice, disbarred, suspended from practice, or formally reprimanded by any bar association or court? If yes, please explain. ☐ Yes ☐ No

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F.6 In the past five years:

(a) has any current attorney in your Firm or a Predecessor Firm been convicted of a felony or a Class A misdemeanor (or equivalent crime in other states)? If yes, please explain. ☐ Yes ☐ No

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(b) has any current or former attorney in your Firm or Predecessor Firm engaged in any of the following activities: (1) conduct which is or could be the subject of bar discipline, (2) dishonest conduct or (3) unauthorized borrowing from the Firm or a client? If yes, please explain. ☐ Yes ☐ No

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F.7 Does your Firm have other office locations? If yes, please attach a list of all such locations, including the street address, city, state, and zip code, and explain whether control and supervision rest with the principal business office. ☐ Yes ☐ No

F.8 Does the Firm maintain any of counsel relationship or share letterhead with any other firm or any attorney not listed as a Firm Attorney in C.1? If yes, please explain. ☐ Yes ☐ No

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F.9 Does your Firm maintain a joint venture, partnership, or ownership relationship with any other businesses or receive any compensation for referrals to such businesses? If yes, please explain. ☐ Yes ☐ No

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F.10 Does your Firm use temporary or contract legal services, or retain attorneys as independent contractors, on behalf of clients of the Firm? If yes, please explain the volume and nature of the work performed and contractor relationship with the Firm. ☐ Yes ☐ No

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F.11 Does the Firm, any Firm Attorney, or any Firm Attorney's spouse or immediate family member possess any beneficial interest in a client business entity? If yes, please attach a list describing the percentage of ownership and the nature of the ownership interest (ex., family business, stock in lieu of fees, etc.). ☐ Yes ☐ No

If you answered "Yes" above, have the proper disclosures and notices required to maintain coverage under the PLF's Claims Made Plans (primary and excess) been made? If no, please explain. ☐ Yes ☐ No

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## **SECTION G – PRACTICE MANAGEMENT**

*If you answer “NO” to any of the questions in this section, please provide supplemental explanations.*

- G.1 Does the Firm have a way to reliably track client appointments, court dates, hearing dates, or other deadlines so all firm obligations are met? ☐ Yes ☐ No
- Name of system used: \_\_\_\_\_
- G.2 Does your Firm put reminders on the calendar prior to key deadline dates, such as the running of a statute of limitations? ☐ Yes ☐ No
- G.3 Does your Firm follow up to verify that deadline-related tasks were actually performed? For example, do you confirm when service of process is completed? ☐ Yes ☐ No
- G.4 Does your system for tracking deadlines capture long-range or future work beyond the current calendar year? For example: yearly reminders to file annual accounting for conservatorships. ☐ Yes ☐ No
- G.5 Does your Firm screen new clients and cases for potential conflicts of interest prior to receiving confidential information? ☐ Yes ☐ No
- G.6 Does your Firm provide written disclosures when there is a potential conflict and obtain written consent from clients to continue representation? ☐ Yes ☐ No
- G.7 Does your Firm use “engagement” letters or fee agreements with all new clients? (These letters can be one agreement or separate agreements.) ☐ Yes ☐ No
- G.8 Does your Firm use “disengagement” letters or, if the client is an ongoing client, a letter at the conclusion of each legal matter that advises the client that the matter is concluded. ☐ Yes ☐ No
- G.9 Does your Firm use “non-engagement” letters with declined clients? ☐ Yes ☐ No
- G.10 When your Firm accepts a new case from an existing client, do you open a separate file for the new matter? ☐ Yes ☐ No
- G.11 When your Firm accepts a new case from an existing client, do you re-confirm the terms of representation? ☐ Yes ☐ No



## **SECTION H – OTHER PROVISIONS**

- H.1 **Representations:** The undersigned represents that the information contained herein is true and correct as of the date this Application is executed, and that it shall be the basis of the Excess Plan and deemed to be incorporated therein if the Professional Liability Fund accepts this Application by issuance of an Excess Plan. It is hereby agreed and understood that this representation constitutes a continuing obligation to report to the Professional Liability Fund as soon as practicable any material change in the circumstances of the applicant's practice of law, including, but not limited to, the size of the Firm and the information contained on each Supplemental Application submitted herewith.
- H.2 **Release of Claim Information:** The undersigned hereby authorizes release of claim information from any prior insurer to the Professional Liability Fund. The undersigned understands that the PLF will use for underwriting purposes internal PLF claims information about the firm attorneys listed in Sections C.1, C.4, and C.6. The undersigned warrants that he or she has authority from the attorneys listed at Section C.1, C.4, and C.6 to receive claim information from the PLF as part of the underwriting process.
- H.3 **Claims Made Excess Plan:** The undersigned understands and accepts that the Excess Plan applied for provides coverage on a "claims made" basis for only those claims that are made against the applicant while the Excess Plan is in force, that defense costs are included within coverage limits, and that all coverage ceases with the termination of the Excess Plan unless the undersigned exercises certain extended reporting coverage options available in accordance with the terms of the Excess Plan.
- H.4 **Failure to Report Claims:** The undersigned agrees that failure to report any claims made against the applicant or any attorney in the applicant's firm under any current or previous coverage or policy of insurance, or failure to reveal known facts that may give rise to a claim against any prior, current, or future coverage or insurers, may result in the absence of coverage for any matter that should have been reported or in the failure of coverage altogether.

## SECTION I – ASSESSABILITY

- I.1 Supplemental Excess Assessment: The undersigned acknowledges that the Excess Plan is assessable as provided in Section XI of the Excess Plan. Assessment may be made during the Coverage Period or in future years to cover Excess Program claims and expenses in such fashion as may be provided in the Excess Plan. The undersigned warrants that he or she has authority to sign for and bind the Firm and its partners, shareholders, members, and professional corporations for payment of supplemental assessments in accordance with the terms of the Excess Plan.

It is agreed that completion of this Application does not obligate the Firm to purchase excess coverage from the Professional Liability Fund, nor does it bind the Professional Liability Fund to issue coverage. If coverage is issued, this Application, along with the Declaration Sheets, and any applicable endorsements, will be deemed a part of the Firm's Excess Plan.

It is agreed that any coverage provided by the Professional Liability Fund will be according to the applicable Claims Made Excess Plan, and that any representations made in this Application or in the related instructions and question and answer sheet or any requests made by the Firm in this Application will not expand coverage beyond that stated in the Declarations Sheet, applicable Claims Made Excess Plan, and any Endorsements issued to the Firm.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print/Type Name: \_\_\_\_\_ Capacity: \_\_\_\_\_

***\* This application must be signed by a partner, member, or shareholder of applicant Firm.***

REMINDER – PLEASE INCLUDE COPY OF FIRM'S LETTERHEAD – THANK YOU