



# Lawyers Professional Liability Insurance Acceptance of Other Insurer's Application



**Attorneys Advantage**

As used herein, Company refers to a member insurance company of Axis Insurance

Applicant Firm Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_

Website: \_\_\_\_\_

City: \_\_\_\_\_

E-mail: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Re: Application for Lawyers Professional Liability Insurance

Application: \_\_\_\_\_  
(Name of Carrier/Professional Liability Program)

Date Application signed: \_\_\_\_\_  
(Month/Day/Year)

This document confirms receipt of the Applicant Firm's request for lawyers professional liability insurance with the Company. Your firm's request for coverage included an application for lawyers professional liability insurance as referenced above (herein, "submitted application").

In lieu of requiring your firm to complete the Company's application form, the Company accepts the submitted application subject to the following:

1. The Applicant Firm agrees that we may use the information contained in such application in underwriting your account;
2. The Applicant Firm hereby represents to the Company that all of the statements made in the application referenced above shall be deemed to be made to the Company;
3. The Applicant Firm hereby represents that the statements and information contained in said application are true, accurate and complete as of the date of this statement and that there have been no material changes to the statements made in the application since the date thereof;
4. The Applicant Firm hereby acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing below and prior to issuance of the policy, and acknowledge that the Company shall have the right to withdraw or modify any outstanding quotations, and/or authorization or agreement to bind the insurance based upon such changes;
5. The Applicant Firm hereby represents that it and any person proposed for coverage, after inquiry of all attorneys and employees of the firm, including all Of Counsel and Independent Contractor attorneys, are not aware of any claims against the proposed insureds or any acts or omissions that might reasonably be expected to be the basis of a claim against the proposed insureds, other than those disclosed in the submitted application;
6. The Applicant Firm hereby represents that all claims or circumstances against any proposed insureds have been reported to prior insurance carriers, and the Applicant Firm hereby acknowledges its understanding that failure to do so may result in lack of coverage;
7. The Applicant Firm acknowledges and understands that if any proposed insured is aware of any such fact, circumstance or situation, whether or not disclosed, then any claim arising therefrom may be excluded from coverage under the requested policy; and
8. The Applicant Firm hereby agrees the Company will be issuing its policy in reliance upon the conditions and statements made in this letter and the application both of which shall be deemed to be part of the policy.

## Signature

**NOTICE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Sign & Date in ink.

\_\_\_\_\_  
Signature of Owner, Partner or Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title