



# Bridge Questionnaire

We're looking out for you and your client by providing the "ease of doing business"...

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## What is a Bridge Questionnaire?

It is a one-page form that allows the LPP to provide terms AND issue policies based on any other approved competitor's long-form new business applications!

## How Does it Work?

When you submit a competitor's application, have the firm complete the enclosed Bridge Questionnaire and Representation Statement LPP750 (ed. 07/05) (have the representative of the law firm who signed the competitor's application sign the form).

We will return terms to you which are *binding, from which we can issue a policy!*

- The form provides a bridge between our policy and a competitor's application (which then becomes part of the LPP policy, should the firm accept our terms)
- There will be no requirement for the firm to complete the LPP's long-form new business application.
- Alternatively, you can send us last year's long-form new business application together with the firm's current renewal application, and we will provide you with a bindable quote from the LPP!

## Strings Attached?

We will still fully underwrite the firm, and as such, we might require some additional information (perhaps in the form of a supplement) in order to bind coverage.

We will also request that our long-form new business application be completed by the firm at next year's renewal.

## When Can You Use It?

Right Now! If you need more copies, visit our web site at [lawyers.protectorplan.com](http://lawyers.protectorplan.com) to download.

## Questions?

Your Regional Production Manager, Customer Service Representative or your Underwriters can answer questions you may have. Call us at 1-800-336-5LAW (5529).

**Lawyers Professional Liability Insurance  
"BRIDGE" QUESTIONNAIRE**

Just complete this one-page "bridge" questionnaire, and our one-page Representation Statement available from our website, and submit them along with any other approved carrier's long-form "new business" application that your firm has already completed, and we will (subject to our normal underwriting guidelines) provide you with a quote from the Lawyer's Protector Plan® for your professional liability insurance.

Firm: \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date Firm Established: \_\_\_\_/\_\_\_\_/\_\_\_\_ What was your firm's revenue for the last 12 months? \$ \_\_\_\_\_

List the earliest date from which the applicant firm has had uninterrupted "claims made" coverage: \_\_\_\_/\_\_\_\_/\_\_\_\_

**1. Area of Practice.** Please describe the percentage of in **whole numbers** for each Area of Practice for your firm during the previous year. For each (\*) asterisk, please complete a supplement available from our website if your firm has not already completed one as part of its application to the other carrier.

<table border="0" style="width: 100%;"> <tr><td>% Administrative Law</td><td>% Divorce w/Assets &lt; \$1million</td></tr> <tr><td>% Admiralty Law</td><td>% Divorce w/Assets \$1million - \$5million</td></tr> <tr><td>% Adoption Law</td><td>% Divorce w/Assets &gt;\$5million</td></tr> <tr><td>% Antitrust/Trade Regulation</td><td>% Environmental Law</td></tr> <tr><td>% Arbitration/Mediation</td><td>% Entertainment</td></tr> <tr><td>% Bankruptcy</td><td>% ERISA/Employee Benefits</td></tr> <tr><td>% Business Transactions &amp; Contracts</td><td>% Financial Institutions/Banking</td></tr> <tr><td>% Civil Rights and Discrimination</td><td>% Government Contracts and Claims</td></tr> <tr><td>% Collection/Repossession *</td><td>% Guardianship/Juvenile</td></tr> <tr><td>% Commercial Litigation - Plaintiff</td><td>% Immigration and Naturalization</td></tr> <tr><td>% Commercial Litigation - Defense</td><td>% Insurance Defense</td></tr> <tr><td>% Construction/Building Contracts</td><td>% Intellectual Property (Patents, Copyrights &amp; Trademarks) *</td></tr> <tr><td>% Consumer Claims</td><td>% International Law</td></tr> <tr><td>% Corporate Administrative</td><td>% Labor - Management</td></tr> <tr><td>% Corporate &amp; Business Organization</td><td>% Labor - Union/Employee</td></tr> <tr><td>% Corporate Mergers and Acquisitions</td><td>% Local Government (not bonds)</td></tr> <tr><td>% Criminal</td><td>% Mass Torts/Class Actions</td></tr> </table>	% Administrative Law	% Divorce w/Assets < \$1million	% Admiralty Law	% Divorce w/Assets \$1million - \$5million	% Adoption Law	% Divorce w/Assets >\$5million	% Antitrust/Trade Regulation	% Environmental Law	% Arbitration/Mediation	% Entertainment	% Bankruptcy	% ERISA/Employee Benefits	% Business Transactions & Contracts	% Financial Institutions/Banking	% Civil Rights and Discrimination	% Government Contracts and Claims	% Collection/Repossession *	% Guardianship/Juvenile	% Commercial Litigation - Plaintiff	% Immigration and Naturalization	% Commercial Litigation - Defense	% Insurance Defense	% Construction/Building Contracts	% Intellectual Property (Patents, Copyrights & Trademarks) *	% Consumer Claims	% International Law	% Corporate Administrative	% Labor - Management	% Corporate & Business Organization	% Labor - Union/Employee	% Corporate Mergers and Acquisitions	% Local Government (not bonds)	% Criminal	% Mass Torts/Class Actions	<table border="0" style="width: 100%;"> <tr><td>% Natural Resources (Oil and Gas)</td></tr> <tr><td>% Personal Injury - Plaintiff *</td></tr> <tr><td>% Personal Injury - Defendant</td></tr> <tr><td>% Real Estate - Commercial *</td></tr> <tr><td>% Real Estate - Residential *</td></tr> <tr><td>% Real Estate - Title/Abstracting *</td></tr> <tr><td>% Securities *</td></tr> <tr><td>% Social Security</td></tr> <tr><td>% Taxation</td></tr> <tr><td>% Workers' Compensation - Defense</td></tr> <tr><td>% Workers' Compensation - Plaintiff</td></tr> <tr><td>% Wills, Trusts, Estates &lt; \$1million*</td></tr> <tr><td>% Wills, Trusts, Estates \$1million - \$5million*</td></tr> <tr><td>% Wills, Trusts, Estates &gt; \$5million *</td></tr> <tr><td>% Other _____</td></tr> <tr><td>% Other _____</td></tr> <tr><td><b>100 % Total</b></td></tr> </table>	% Natural Resources (Oil and Gas)	% Personal Injury - Plaintiff *	% Personal Injury - Defendant	% Real Estate - Commercial *	% Real Estate - Residential *	% Real Estate - Title/Abstracting *	% Securities *	% Social Security	% Taxation	% Workers' Compensation - Defense	% Workers' Compensation - Plaintiff	% Wills, Trusts, Estates < \$1million*	% Wills, Trusts, Estates \$1million - \$5million*	% Wills, Trusts, Estates > \$5million *	% Other _____	% Other _____	<b>100 % Total</b>
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In the past 3 years, has any attorney in your firm handled class action or mass tort litigation?  Yes  No. If yes, provide a narrative describing the class action or the mass tort litigation, the capacity in which your attorney was involved in the case, the size of the class, and the amount of money involved.

**2. Fee Suits**

Please describe your firm's policy regarding collection of your fees from clients.

\_\_\_\_\_

In the past 3 years, how many times have you sued, or entered into arbitration with, your clients to collect your fees? \_\_\_\_\_

In the past year, how many outstanding clients bills have you sent to a collection agency? \_\_\_\_\_

**3. Client Communications**

Describe your firm's system of calendar control and maintenance.

\_\_\_\_\_

Describe your firm's system for identifying and avoiding conflicts of interest.

\_\_\_\_\_

**PLEASE REMEMBER TO ALSO SIGN THE "REPRESENTATION STATEMENT" AVAILABLE FROM OUR WEBSITE.**

Signature of Officer or Partner of Firm	Print Name	Title	Date
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Application must be signed by a duly authorized proprietor, partner, member or officer of the firm.



# XL INSURANCE

## Application for Lawyers Professional Liability Insurance REPRESENTATION STATEMENT

Visit us  
on the Web at  
[lawyers.protectorplan.com](http://lawyers.protectorplan.com)

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

Firm Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Firm Phone: \_\_\_\_\_ Firm Fax: \_\_\_\_\_

Re: Lawyer's Protector Plan® Application for Lawyers Professional Liability Insurance

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

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

Submitting Broker: \_\_\_\_\_  
(Name & Phone Number)

Broker No.: \_\_\_\_\_

This document acknowledges receipt by the above Lawyer's Protector Plan® broker of your firm's request for lawyers professional liability insurance with the Lawyer's Protector Plan®. Your firm's request for coverage was provided by the above-noted broker and included an application for lawyers professional liability insurance as referenced above.

In lieu of requiring your firm to complete our application, we are willing to use the submitted application subject to the following:

- i) you agree that we may use the information contained in such application in underwriting your account;
- ii) we may rely upon the truth and accuracy of the representations contained in said application;
- iii) you hereby represent that the statements and information contained in said application are true and accurate to the best of your present knowledge; and
- iv) said application, along with this letter, will be deemed attached to and incorporated into any policy we may issue pursuant to it.

Your signature below represents your acceptance of the above provisions.

**Applicant hereby represents after inquiry, that the information contained in the above referenced application is true, accurate and complete and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to us as soon as practicable any material changes in all such information, after signing below and prior to issuance of the policy, and acknowledges that we shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes. This letter and the above referenced application will be the basis of the contract and will be incorporated by reference into and made part of the policy.**

### FRAUD WARNING

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Arkansas	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Hawaii	For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
Louisiana	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
New York	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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Pennsylvania	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 and subjects such person to criminal and civil penalties.
Tennessee	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.
Virginia	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.

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

\_\_\_\_\_  
Signature of Officer or Partner of Firm

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Please note that it is imperative to report to your current carrier before the expiration of the current policy (1) any claim made against you during the current policy term, and (2) any act or omission of which you are aware that may reasonably be expected to be the basis of a claim. Failure to do so may create a lack of coverage.**