

**LAWYERS PROFESSIONAL LIABILITY INSURANCE  
NATIONAL DISABILITY RIGHTS NETWORK, INC.**  
*(This policy does not cover Private Law Practice)*  
**This is an application for a Claims Made Policy.**

**SECTION I – Coverage A – 1. LAWYERS PROFESSIONAL LIABILITY COVERAGE**  
(including Notary Public Professional Liability)  
2. PERSONAL INJURY LIABILITY  
3. SOCIAL ENGINEERING FRAUD LIABILITY  
4. DISCIPLINARY PROCEEDINGS COSTS

1. Name of Organization \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Area Code/Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Area Code/Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Website Address \_\_\_\_\_ Date Organization established \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

2. List Branch Offices and Addresses, if any:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

3. Type of Organization (Describe the purpose, general operations and functions of your Organization.  
(Use separate page if necessary.)

\_\_\_\_\_  
\_\_\_\_\_

4. How is your Organization funded? \_\_\_\_\_

Indicate percentages of such funding (the total should equal 100%): \_\_\_\_\_

\_\_\_\_\_

5. Total number of cases and/or files handled or processed annually (excluding Rep Payee Reviews): \_\_\_\_\_  
Total number of Representative Payee Review Cases processed annually: \_\_\_\_\_  
(Estimates may be used if exact counts are unavailable.)

6. Does the Organization accept cases for clients who are not indigent and whose incomes are above  
the national poverty level? (Please attach a copy of guidelines for client eligibility.)  Yes  No

7. If fees for services have been established by your Organization, please specify the type of case and the maximum fee  
charge presently used for each type of case (excluding registration fees and court costs). If no fees are charged, insert  
"Not Applicable". (Please also include a copy of your written protocol for the transfer of funds by electronic means  
as this is a requirement for coverage to apply.)

\_\_\_\_\_

8. Does your Organization provide services other than legal (i.e., social, medical, recreational, or other)? If YES, please attach written explanation.  Yes  No
9. Does your Organization operate a pro bono or judicare program whereby your Organization utilizes the services of attorneys outside of your Organization?  Yes  No

Please describe the program (screening procedure, types of cases referred, referral procedure and follow up or monitoring procedure). \_\_\_\_\_  
 \_\_\_\_\_

Please also provide: a) Maximum number of pro bono/judicare panel attorneys. \_\_\_\_\_  
 b) Maximum number of pro bono/judicare cases referred annually. \_\_\_\_\_

10. Understanding that;

**Paid** means both salaried and hourly employees.

**Full-time** means an employee working 30 or more hours per week.

**Part-time** means an employee working less than 30 hours per week.

**Attorney/Lawyer** means any employee who is allowed to practice law in any U.S. State or Territory or Canada or any of its Territories regardless of whether or not the employee represents clients for and on behalf of the Organization.

**Non-Attorney Professionals** means employees (excluding strictly clerical employees and attorneys) working in any of the following capacities: non-attorney executive director, paraprofessional, advocate, representative payee reviewer, legal secretary, law student, intern, social worker, intake & referral, notary public, outreach, publications that are made available to the public including website and social media content, legal research and/or advocacy research, personnel who oversee any attorney or non-attorney professionals, and personnel performing duties in any like manner to any of the above named capacities.

**Strictly Clerical** means an employee with minimal or zero client contact that does not fit into any of the above categories and who is overseen by an Assured employee.

All employees other than **Strictly Clerical** employees must be listed for coverage in one of the two following charts (use a separate sheet if necessary).

Lawyers Name	Full-time/ Part-time Status	Paid/ Volunteer Status	Rep Payee Reviewer (check if Yes)	Percent of time spent performing Rep Payee Reviews
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Non-Attorney Professionals Name	Full-time/ Part-time	Paid/ Volunteer	Rep Payee Reviewer (check if Yes)	Percent of time spent performing Rep Payee Reviews
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11. Do you have any vacant positions (excluding **Strictly Clerical** positions)? Yes No  
 If Yes, please indicate the following: (use a separate sheet if necessary).

Position and Expected Fill-by Date	Full-time/ Part-time	Paid/ Volunteer	Rep Payee Reviewer (check if Yes)	Percent of time spent performing Rep Payee Reviews
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

12. Are any staff included in answer to Question 10, Social Workers? Yes No

If yes, please provide:

a. Social Workers name(s): \_\_\_\_\_

b. Number of Social Work Interns/Law Students expected per semester (please provide name(s) if known):

\_\_\_\_\_

13. Does your Organization utilize Outside Contractors, Consultants or Co-Counselors for Attorney or Non-Attorney Professional type work? Yes No

If YES, please provide each person's name, position, start date/end date (if known), else use an estimated end date or list as ongoing, number of hours per week working for and on behalf of your Organization, and a brief description of the work the Outside Contractor, Consultant and/or Co-Counsel is performing for and on behalf of your Organization. (use a separate sheet if necessary)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

14. Please describe the activities of your Organization by showing approximate time spent involving the following:  
(Total should equal 100%)

- |                                                    |         |                                                                                              |         |
|----------------------------------------------------|---------|----------------------------------------------------------------------------------------------|---------|
| A. Investigation of incidents of abuse and neglect | _____ % | F. Providing Technical Assistance to attorneys,<br>government agencies and service providers | _____ % |
| B. Pursuit of Administrative remedies              | _____ % | G. Training advocates, consumers, volunteers,<br>professionals and other parties             | _____ % |
| C. Pursuit of Legal (Litigation) remedies          | _____ % |                                                                                              |         |
| D. Pursuit of Other remedies                       | _____ % |                                                                                              |         |
| E. Negotiation and Mediation of problems           | _____ % |                                                                                              |         |

15. Describe your Organization's practice of law by showing approximate percentages of cases involving the following:  
(Total should equal 100%)

- |                                                                                        |         |                                                                  |         |
|----------------------------------------------------------------------------------------|---------|------------------------------------------------------------------|---------|
| Divorce/Family Law                                                                     | _____ % | Bodily/Personal Injury                                           | _____ % |
| Real Estate                                                                            | _____ % | Plaintiff                                                        | _____ % |
| Bankruptcy                                                                             | _____ % | Defendant                                                        | _____ % |
| Landlord/Tenant                                                                        | _____ % | Corporate                                                        | _____ % |
| Wills/Estate Work                                                                      | _____ % | Housing Law                                                      | _____ % |
| Public Benefits Law<br>(Social Sec., Unemployment Comp.,<br>Workmen's Comp., Medicare) | _____ % | Advocacy for Developmentally<br>and/or Mentally Disabled Persons | _____ % |
| Guardianships                                                                          | _____ % | Child/Spouse Abuse                                               | _____ % |
| Farm Aid                                                                               | _____ % | <b>Other (Please Specify)</b>                                    | _____ % |
| Criminal                                                                               | _____ % | _____                                                            | _____ % |
| Juvenile                                                                               | _____ % | _____                                                            | _____ % |

16. Has any claim, suit, charge, investigation or proceeding **ever** been made or instituted against the Organization or any Lawyer or other person providing professional services on behalf of the Organization that alleges any of the following types of conduct? (Please check appropriate blank.)

**YES**    **NO**

- |                                                                                                                                                                                     |       |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| (a) Negligent acts or omissions in the course of rendering professional services as a Lawyer or under the direction of a Lawyer or Notary Public?                                   | _____ | _____ |
| (b) Attorney misconduct or breach of professional ethics?                                                                                                                           | _____ | _____ |
| (c) False arrest, detention or imprisonment or malicious prosecution?                                                                                                               | _____ | _____ |
| (d) Publication or utterance of a libel or slander or of any other defamatory or disparaging material or publication or utterance in violation of an individual's right of privacy? | _____ | _____ |
| (e) Wrongful entry or eviction, or other invasion of the right of private occupancy?                                                                                                | _____ | _____ |
| (f) Conduct for which the claimant seeks an award of punitive or exemplary damages?                                                                                                 | _____ | _____ |
| (g) Violation of a federal, state, municipal or local criminal statute or law?                                                                                                      | _____ | _____ |
| (h) Conduct which may give rise to a contempt proceeding?                                                                                                                           | _____ | _____ |
| (i) Any conduct in connection with the employment, hiring, failure to hire, discharge or termination of the employment of an employee, former employee or applicant for employment? | _____ | _____ |
| (j) Conduct of Directors/Officers and/or other management personnel alleging negligence in their official capacity as management?                                                   | _____ | _____ |

If any of the above items in are answered YES, please provide the name of the Lawyer or other person involved, the disposition of the matter, and all other pertinent details (use a separate sheet if necessary).

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17. Does the Organization or any person specified in response to Questions 10 and 13 know of any circumstance, act, error, omission or inquiry that could result in a claim, suit, charge, investigation or proceeding against the Organization or any Lawyer or other person providing the professional services on behalf of the Organization based on any of the types of conduct described in Question 16 above?  Yes  No

If YES, please provide the name of the Lawyer or other person involved and all other pertinent details (use a separate sheet if necessary).

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18. Does your Organization provide legal services to groups, corporations or associations?  Yes  No  
If YES, please provide detailed description (types of groups/corporations/associations, specific legal services provided, etc.) (Use an additional sheet if necessary).

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19. If you have answered YES to Question 18 above, please indicate whether the group, corporation or association is primarily composed of persons eligible for legal aid services and whether such group, corporation or association has provided information showing it lacks and has no practical means of obtaining funds to retain private counsel.

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**SECTION II – Coverage B – MANAGEMENT LIABILITY**

1. What constitutes the management of the Organization? (Trustees, Directors' Committee, Titles of Officers, etc.)

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2. How is management selected? \_\_\_\_\_

3. 

	Paid (Salaried and Hourly)	Non-Paid (Volunteers)
Number of officers and/or directors	_____	_____
Number of staff members	_____	_____
Number of clerical employees	_____	_____
- Is the Executive Director full-time or part-time?  Full-time  Part-time
4. Is the Organization a Not-for-Profit corporation chartered in its state of domicile?  Yes  No  
 If NO, please explain its status.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
5. Is the Organization directly in the insurance agency or brokerage business in any way?  Yes  No  
 If YES, please explain.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
6. Does the Organization publish any publication for limited or general distribution?  Yes  No  
 If YES, please attach a list of each publication title with the understanding that the publication(s) must be made available to Underwriters or Underwriters Attorneys upon request. (For new Applicants, please provide a copy of each publication).
- a. As to each publication, state its purpose, general content, frequency of publication and amount published.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- b. State the name of each officer or employee who reviews each publication prior to its distribution.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
7. Does the Organization sponsor any private or public meetings or conventions?  Yes  No  
 If YES, state number and frequency. \_\_\_\_\_
- \_\_\_\_\_
8. Is your Organization unionized?  Yes  No

9. Does your Organization presently have a professional liability policy?  Yes  No

If YES, please give details below: (If you are renewing this policy with us, you may skip ahead to the next question.)

Name of Coverage: \_\_\_\_\_

Name of Carrier: \_\_\_\_\_

Limits of Liability: \_\_\_\_\_

Policy Period: From \_\_\_\_\_ To \_\_\_\_\_ Premium \$ \_\_\_\_\_

10. Has any similar insurance for the Organization ever been canceled or declined?  Yes  No

If YES, please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Please give full particulars of all similar insurances carried during the past five years:  
(If you are renewing this policy with us, you may skip this question.)

Insurer	Premium	Limits of Liability	Deductible	Period	Claims Made or Occurrence Form
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### SECTION III – Coverage C – CYBER LIABILITY - OPTIONAL

1. Do you comply with all applicable regulatory and industry supported privacy and security standards and frameworks that are applicable to your industry, including PCI data to your business?  Yes  No

2. Does applicant use intrusion detection software, firewall protection and anti-virus systems to detect/prevent unauthorized access to internal networks and computer systems?  Yes  No

3. Does applicant have a written procedure to communicate a privacy breach to state authorities and affected parties?  Yes  No

4. Has the Applicant given written notice under the provisions of any prior or current cyber risk, media or network security policy of specific facts or circumstances which may give or have given rise to a Claim being made against any proposed Insured, or do they know of specific facts or circumstances which may give or have given rise to a Claim?  Yes  No

If Yes, please give full particulars (send separate correspondence if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IMPORTANT!**

In the event that a claim or claims against the Organization or the persons named in this application have been reported to Underwriters or disclosed on this application, or if the Organization charges fees for its services, or if the Organization does not utilize income eligibility guidelines for clients, Underwriters reserve the right to individually rate insurance for the above Organization.

It is understood that the insurance applied for will issue on the day of receipt of the premium and the acceptance of the application by Underwriters unless Underwriters pre-approve a specific effective date. I/we hereby declare, based upon my/our knowledge and upon reasonable investigation, the above statements are true and that I/we have not suppressed nor misstated any material facts and this application shall be the basis of the contract with Underwriters.

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.

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Signature

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Name of person completing application (print/type)

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Title

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Date Signed

Mail signed and dated application to:

NDRN Insurance Services Office  
c/o Complete Equity Markets, Inc.  
1190 Flex Court  
Lake Zurich, Illinois 60047

In CA. dba Complete Equity Markets  
Insurance Agency, Inc. (CASL#0D44077)

CEMSN 135 A (07/21)