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For nearly 50 consecutive years, Pearl and CNA have partnered to provide lawyers like you with one of the broadest, most reliable Lawyers Professional Liability (LPL) coverages available. Discover why over 150,000 of your peers trust Pearl and CNA for their professional liability needs.



- CNA is the largest writer of legal malpractice coverage in the U.S. and is rated “A” (excellent) by A.M. Best
- Access to Pearl’s prompt, professional team of renewal specialists help make the process simple for you
- Proactive claims management services through CNA’s Preferred Counsel and award-winning Claims Professionals with extensive LPL experience; our policy requires your consent in order to settle
- Sponsor the annual Legal Ethics Seminar held during the yearly Louisville Bar Association/Association of Legal Administrators Vendor Expo in Kentucky, which provides attendees with two hours of CLE Ethics Credit.
- Toll-Free Hotline staffed by CNA attorneys specializing in legal ethics and law practice management
- Pearl is the exclusive State Administrator of the CNA LPL program in 12 states: IL, IN, KS, KY, MN, ND, OH, OK, SD, TN, VA, and WI.

P E A R L
INSURANCE

CNA

W.B. Griffin & Son
Insurance Administrators
A Pearl Company

Find out more—call 800.762.5851 to speak with an LPL Specialist today!

The programs referenced herein are underwritten by one or more of the CNA companies. This information is for illustrative purposes only and is not a contract. It is intended to provide a general overview of the products and services offered. Only the policy can provide the actual terms, coverages, amounts, conditions, and exclusions. CNA is a service mark registered with the United States Patent and Trademark Office. © 2009

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Yes! I'd like to know more about the W.B. Griffin/CNA Lawyers Professional Liability Program. Please send me my FREE premium estimate and new business application right away!

Firm name: _____ Number of Attorneys: _____

Contact name: _____

Firm address: _____

City: _____ State: _____ Zip: _____ County: _____

Year firm established: _____ E-mail: _____

Phone: (_____) _____ Fax: (_____) _____

By signing my name below, I consent to receiving faxed communications from W.B. Griffin at the number listed above.

X _____ Date: _____



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Areas of Practice

Express percentages of time devoted (billable hours) in each area during the previous year. Indicate percentage in whole numbers next to the type of law you practice, not the business of the client you represent. **Total Must Equal 100%.**

- _____ % Admiralty/Marine Defense
- _____ % Admiralty/Marine Plaintiff
- _____ % Anti-Trust Trade Regulation
- _____ % Bank/Financial Institutions
- _____ % Bankruptcy
- _____ % Business Transaction/Commercial Law
- _____ % Civil/Commercial Litigation Defense
- _____ % Civil/Commercial Litigation Plaintiff
- _____ % Civil Rights/Discrimination
- _____ % Collection
- _____ % Construction (Building Contracts)
- _____ % Consumer Claims
- _____ % Corporate Business Organization
- _____ % Criminal
- _____ % Environmental Law
- _____ % Family Law
- _____ % Government Contracts/Claims
- _____ % Immigration/Naturalization
- _____ % Intellectual Property (Patent, Trademark, Copyright)*
- _____ % International Law
- _____ % Labor Law—Union Representative
- _____ % Labor Law—Management Representative
- _____ % Local Government
- _____ % Natural Resources/Oil and Gas
- _____ % Personal Injury/Property Damage—Defense
- _____ % Personal Injury/Property Damage—Plaintiff*
- _____ % Real Estate/Title—Commercial
- _____ % Real Estate/Title—Residential
- _____ % Securities (SEC)*
- _____ % Taxation
- _____ % Wills, Estates, Probates & Planning
- _____ % Workers' Comp. Defense
- _____ % Workers' Comp. Plaintiff
- _____ % Other _____

* Supplement Required

Attorney Information

Attorney's Name*	Bar Admission Date	Date Joined Firm	Relation to Firm (use codes below)	Number of Weekly Hours
_____	___/___/___	___/___/___	_____	_____
_____	___/___/___	___/___/___	_____	_____
_____	___/___/___	___/___/___	_____	_____
_____	___/___/___	___/___/___	_____	_____

CODES: [O] Officer [P] Partner [S] Solo [E] Employed Attorney [IC] Independent Contractor [OC] Of Counsel
If date joined firm is different than prior acts date, please advise.

* For additional attorneys, please attach a separate page.

Insurance History (Please attach a copy of your Declarations Page.)

• Does your firm currently have liability coverage? Yes No
If "Yes," please fill in the following information:

Carrier: _____ Premium: \$ _____

Expiration Date: ___/___/___ Retroactive Date (Prior Acts): ___/___/___

Limit: \$ _____ per claim/ _____ aggregate Deductible: \$ _____

My current policy has: CEOL (Claims Expense Outside Limit) FDD (First Dollar Defense)

• In the last five years, has any member of your firm been disciplined or denied the right to practice? Yes No
If "Yes," explain: _____

• Has the firm ever been non-renewed, canceled, or declined coverage? Yes No
If "Yes," explain: _____

• Does your firm have a docket system with two independent date controls cross-checked by a separate individual? Yes No

• Does your firm do mass tort or class action work? Yes No

• Does your firm have any one client which represents more than 25% of the firm's billing? Yes No

• Number of suits for fees filed against clients in the past five years? _____

Any claims in the past five years? Yes No If "Yes," please complete.

Date of Claim*	Reserve Amount	Paid Amount	Status (use codes below)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STATUS CODES: [O] Open [C] Closed [I] Incident [N] Closed No Pay

* For additional claims, please attach a separate page.

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NOTE: This form is for estimating purposes only. Coverage may be bound only upon submission and acceptance of a completed application.