OKLAHOMA ATTORNEYS
MUTUAL INSURANCE COMPANY

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Application for Employed Lawyers Professional Liability Insurance

Claims-made Policy Application

(This application will attach to and become a part of any policy issued.)

PART I Full Name of Employer

_____

Partnership ☐ Individual ☐ Professional Corporation ☐ Professional Association ☐ Limited Liability Corp or Partnership ☐

Nature of Operations:

_____

_____

PART II Employers Mailing Address

_____

_____

_____

_____

Federal Tax I.D. # _____

Telephone No. _____

Contact Name: _____

E-Mail: _____

PART III Date policy to be effective: _____

PART IV Limits of Liability: (you may select multiple choices)

$1,000,000 / $1,000,000 ☐

$2,000,000 / $2,000,000 ☐

Deductible: (Includes claims expenses)

$10,000 ☐

$25,000 ☐

$50,000 ☐

The following can be submitted on a separate page, if necessary:

PART V *Employed Lawyers must be employed by the Employer (Part I); include all such lawyers.

A. Individual Attorney:

Name	States Admitted	OBA Number	Email Submit each Attorneys Email	Yr. & Mo. Admitted

B. Does Employer named in Part I have any other associated or employed lawyers not listed in Part V?
YES ☐ NO ☐

C. Please indicate number of persons (non-lawyers) employed in following capacities:
Paralegals: _____ Legal Secretary: _____

PART VI

A. Has any lawyer listed in Part V ever been reprimanded by or refused admission to practice, disbarred or suspended from practice before any court or administrative agency, subject of a grievance or any complaint filed with the Oklahoma Bar Association or any other Bar organization?
YES (Submit details) ☐ NO ☐ ONLY THOSE PREVIOUSLY REPORTED ☐

_____

_____

_____

B. Has any lawyer listed in Part V submitted his or her resignation pending disciplinary proceedings in Oklahoma or before any regulatory authority in another jurisdiction, or resigned from any Bar Association in any jurisdiction to avoid being subjected to possible disciplinary proceedings?
YES ☐ NO ☐

PART VII

A. Is any lawyer/applicant involved in or act in the capacity of any of the following?

(a) Insurance agent/broker	YES ☐	NO ☐
(b) title abstractor	YES ☐	NO ☐
(c) title insurance agent	YES ☐	NO ☐
(d) real estate agent/broker	YES ☐	NO ☐
(e) accountant	YES ☐	NO ☐

B. Does any lawyer/applicant issue oil and gas title opinions or Division Order Opinions?
YES ☐ NO ☐

PART VIII

Calendar / Work Control System:

A. Does any lawyer/applicant provide legal services as a salaried employee of a city, county, governmental agency, or for any person, organization other than employer listed in Part I?
YES ☐ NO ☐
If yes, please describe and note percentage of time devoted to this activity: (coverage will not apply)

_____

_____

B. Does any applicant provide legal services presently, or in the past 5 years, to any financial institution?
YES ☐ NO ☐
If yes, please describe and note percentage of time devoted to this activity: (coverage will not apply)

_____

_____

C. Does any lawyer/applicant or employer, manage, own (have interest in) or financial control of, or is any attorney employed by a bank, trust company, mortgage and loan association, title guaranty or real estate company?

YES ☐ NO ☐

If yes, please describe: _____

_____

_____

PART IX

Is any lawyer/applicant serving as a director, officer, trustee, partner, shareholder or employee of any entity other than the employer in Part I?

YES ☐ NO ☐

If YES, please provide the following information:

Attorney's Name	Name of Business	Position Held	% Equity Interest	Firm Client Yes/No	Director/Officer Insurance

PART X

A. Does Employer in Part I carry Directors & Officers liability insurance?

YES ☐ NO ☐

If YES, please provide proof of coverage (Declarations Page or Certificate of Insurance): _____

_____

_____

B. Is any lawyer/applicant aware of any pending or prior D&O claims or litigation involving directors or officers of Employer listed in Part I?

YES ☐ NO ☐

PART XI

Is any lawyer/applicant serving as an officer or director of Employer (or any wholly or partly owned subsidiary of Employer)?

YES ☐ NO ☐

PART XII

Does any lawyer employed by the Employer provide/issue legal opinions to clients of the Employer or other outside parties?

YES ☐ NO ☐

If yes, please describe: _____

_____

_____

PART XIII (Please complete all sections)

A. Has any lawyer/applicant provided written opinions or advice on behalf of the Employer to clients or prospective clients in the following area:

(a) Antitrust	YES ☐	NO ☐
(b) Environmental	YES ☐	NO ☐
(c) Merger or Acquisition	YES ☐	NO ☐
(d) Securities	YES ☐	NO ☐

B. Is any activity in the above areas contemplated by any lawyer/applicant on behalf of the Employer during the next 18 months?

YES ☐ NO ☐

* If yes, coverage does not apply

PART XIV

Is any lawyer/applicant engaged in private practice?

YES ☐ NO ☐

* If yes, coverage does not apply

PART XV

Has any lawyer/applicant or Employer's professional liability insurance been cancelled or non-renewed?

YES ☐ NO ☐

If yes, please describe: _____

_____

_____

PART XVI

A. Has any lawyer/applicant been treated for substance abuse?

YES ☐ NO ☐

B. Has any lawyer/applicant been charged with or convicted of a criminal offense involving moral turpitude or of a felony?

YES ☐ NO ☐

PART XVII

A. Has any professional liability claim been asserted or action filed against any applicant or Employer in the past 5 years?

YES ☐ NO ☐

If yes, please describe: _____

_____

_____

B. Does any lawyer/applicant know of any circumstance, act, or omission which could result in a claim?

YES ☐ NO ☐

If yes, please describe: _____

_____

_____

PART XVIII

A. Do you have a planned system for docket/calendar control?

YES ☐ NO ☐

B. Briefly describe your method of docket/calendar control: _____

_____

_____

PART XIX

A. Does Employer have a committee or officer responsible for approving letters to auditors?

YES ☐ NO ☐

B. Are major opinion letters approved by more than one person employed by Employer?

YES ☐ NO ☐

C. Does Employer have an employee handbook with procedures regarding conduct, training and handling of material/information?

YES ☐ NO ☐

PART XX

A. Is any lawyer/applicant serving as a director, officer, partner, shareholder or employee of any client?

YES ☐ NO ☐

B. Has any lawyer/applicant acted as advisor to any client?

YES ☐ NO ☐

C. Has any lawyer/applicant exercised fiduciary control on behalf of any client?

YES ☐ NO ☐

Part XXI Financial Information of Employer (last 3 years)

****** Please submit most recent financial statement with this application. ******

Year	Total Assets	Total Liabilities	Total Revenues	Net Income	Retained Earnings

I/We hereby authorize OAMIC to make independent investigation with any and all regulatory agencies of the Oklahoma Bar Association or the other State agencies or private source with impunity to any right of privacy under law or otherwise.

I/We declare that the above statements and particulars are true and that I/We have not suppressed or misstated any material facts and I/We agree that this application shall be the basis of the contract with the Company

Completion of this application does not bind the Company to issue or the applicant to purchase the insurance.

_____

NAME OF EMPLOYER (print or type)

_____

SIGNATURE OF APPLICANT/AUTHORIZED AGENT OF APPLICANT

_____

DATE

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 fake, incomplete or misleading information is guilty of a felony. O.S 36, Sec 3613.1