



Sonoma Risk Insurance Agency™



# Plaintiff Contract Litigation Insurance Application

**This policy reimburses the insured for an adversary's attorneys' fees in a scheduled suit.**

### Applicant Information

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Case Description

Name of Suit: \_\_\_\_\_

Filing Date: \_\_\_\_\_ Case Number: \_\_\_\_\_

Name of Judge: \_\_\_\_\_ Court: \_\_\_\_\_

Court City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Attorney: \_\_\_\_\_ Attorney Bar #: \_\_\_\_\_

Attorney Phone #: \_\_\_\_\_ Cause(s) of Action: \_\_\_\_\_

**Limit of Insurance Requested:** \$ \_\_\_\_\_

### Underwriting Questions:

1. Is the applicant the plaintiff in the action?  Yes  No
2. Is this a state or federal court litigation?  Yes  No
3. Is the litigation based upon a breach of contract claim?  Yes  No
4. Does the contract at issue contain a prevailing party provision?  Yes  No
5. Did the applicant file his/her complaint within the past 75 days?  Yes  No
6. Please answer all of the following:
  - a. Has the applicant been involved in three or more contractual lawsuits in the last five years?  Yes  No
  - b. Has the applicant had three or more contract trial losses within the last five years?  Yes  No
  - c. Has the applicant been found to have violated Federal Rule of Civil Procedure 11 or its state court equivalent?  Yes  No

### Please submit the following:

- A "filed stamped copy" (a stamp that is placed on a complaint when it is filed at a courthouse) showing the date upon which the complaint was filed;
- A copy of the underlying contract that is the basis of the lawsuit.
- Payment enclosed.

### NOTICE OF DISCLOSURE FOR AGENT & BROKER COMPENSATION

If you want to learn more about the compensation Zurich pays agents and brokers visit:

<http://www.zurichnaproducercompensation.com>

or call the following toll-free number: (866) 903-1192.

This Notice is provided on behalf of Zurich American Insurance Company and its underwriting subsidiaries.

**STATEMENT FROM APPLICANT**

I hereby represent and confirm that the above information, to the best of my knowledge, is true and correct and further certify that I have read all of the questions and answers of this application.

**NOTICE TO APPLICANT - PLEASE READ CAREFULLY**

If the applicant has concealed or misrepresented any material fact, circumstance or fraud concerning this insurance resulting in deception to us which existed at the time of application or during the policy period, this policy will be terminated as long as the deception was material; was made knowingly with the intent to deceive; was relied and acted upon by the Insurer; and deceived the Insurer to the Insurer's detriment.

Receipt and review of this application does not bind the Insurer to provide this insurance.

**General Fraud Statement**

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, MD, MA, NE, OH, OK, OR, or VT; in LA, ME, TN, VA and WA, insurance benefits may also be denied.)

**Fraud Notices for Applicants in Specific States**

In 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 claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

In 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. 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.

In Florida, any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement or claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

In 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.

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

In Massachusetts, Nebraska, Oregon and Vermont, any person who knowingly and with intent to defraud any insurance company or another 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 may subject the person to criminal and civil penalties.

In Ohio, any person who, with the intent to defraud or knowing that he/she 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.

In 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.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer's Name: Daniels-Head Insurance Agency, Inc.

Producer's Address: P.O. Box 160730 City: Austin State: TX ZIP Code: 78716-0670

Producer's Telephone number: (800) 950-0551