

# Real Estate Risk Management – Supplemental Application For Lawyers Professional Liability Insurance Policy



AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY

THIS QUESTIONNAIRE IS FOR A CLAIMS-MADE AND REPORTED POLICY AND IS SUPPLEMENTAL TO THE  
LAWYERS PROFESSIONAL LIABILITY APPLICATION.  
IF ISSUED, PLEASE READ YOUR POLICY CAREFULLY.

1. For the firm's Real Estate practice, please complete the following:

Type of Representation	Percentage of Firm's Time Devoted to Each Real Estate Type of Representation*	Number of New Matters for Each Real Estate Type of Representation per Year	Total Years of Experience in Each Real Estate Type of Representation	Number of Attorneys Assigned to Each Real Estate Type of Representation	Number of Support Staff (secretaries and/or paralegals) Assigned to Each Real Estate Type of Representation
<b>Commercial Real Estate</b>					
Closings	%				
Foreclosures	%				
Land Use and Development	%				
Title Searches/Opinions	%				
Loan Modifications/Workouts	%				
Purchase and Sale Agreements	%				
Landlord/Tenant	%				
Other (list on a separate page)	%				
<b>Residential Real Estate</b>					
Closings	%				
Foreclosures	%				
Land Use and Development	%				
Title Searches/Opinions	%				
Loan Modifications/Workouts	%				
Purchase and Sale Agreements	%				
Landlord/Tenant	%				
Other (list on a separate page)	%				

\*Total for the first column should equal 100% of the total designated on the Area of Practice Grid on page 2 of the Lawyers Professional Liability Insurance Application. (For example, if real estate is designated on the Area of Practice Grid at 20% of the firm's total practice then all of the applicable categories listed above should total 100% of the 20%).

- 2a. What is the total number of Attorneys listed in Question 2 of the Application for Lawyers Professional Liability Insurance that handle real estate matters? \_\_\_\_\_
- 2b. With respect to question 2a., what percentage of the Attorneys' total time is devoted to the real estate area of practice? \_\_\_\_\_ %
- 3a. What is the total number of support staff (secretaries and/or paralegals) assigned to real estate matters? \_\_\_\_\_

3b. With respect to question 3a., what percentage of the support staffs' total time is devoted to the real estate area of practice? \_\_\_\_\_ %

4. Has any attorney in Question 2 of the Application for Lawyers Professional Liability Insurance handled loan modifications within the last 2 years?  Yes  No

If Yes, please indicate the attorney's number of years of tax and bankruptcy experience.

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5. Has any attorney in Question 2 of the Application for Lawyers Professional Liability Insurance represented more than one party to a real estate transaction without a written waiver within the last 5 years?  Yes  No

If Yes, please explain on the lines provided below.

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6. Please list the top 3 sources of the Applicant's residential or commercial real estate business and provide a percentage breakdown of the referrals and revenue from each.

Company Name	Sources' Type of Business (Mortgage Brokers, Real Estate Brokers, Banks etc.)	Percentage of Referrals by Year	Percentage of Applicant's Total Annual Revenue
		%	%
		%	%
		%	%

7. Does any Attorney in Question 2 of the Application for Lawyers Professional Liability Insurance own 10% or more of an **Interest** in an entity other than the **Named Insured** firm?  Yes  No

If Yes, please name the entity; describe your ownership and the nature of the entity's business on the lines provided below.

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8. Does any Attorney in Question 2 of the Application for Lawyers Professional Liability Insurance conduct closings on behalf of banks or other lending entities?  Yes  No

9. Has any Attorney in Question 2 of the Application for Lawyers Professional Liability Insurance been directly or indirectly involved in any mortgage foreclosure rescue work within the last 5 years?  Yes  No

10. Does any Attorney in Question 2 of the Application for Lawyers Professional Liability Insurance engage in real estate foreclosures?  Yes  No

**If Yes, please provide answers to the following questions:**

10a. Does each attorney confirm the plaintiff's legal standing in foreclosure actions before filing the actions? If No, please explain on a separate sheet.  Yes  No

10b. Does each attorney include a true copy of the property's original note and mortgage in the foreclosure filing to demonstrate legal standing of the plaintiff? If No, please explain on a separate sheet.  Yes  No

10c. Does each attorney verify the signatures on Notes, Deeds and other documents filed with the Court? If No, please explain on a separate sheet.  Yes  No

10d. Does each attorney confer with their client to ensure that allegations contained in an affidavit are accurate before signing it? If No, please explain on a separate sheet.  Yes  No

10e. Does each attorney always sign affidavits in the presence of a Notary Public? If No, please explain on a separate sheet.  Yes  No

10f. Does each attorney in the firm ensure proper notice is provided to defendants when moving for summary judgment or other final disposition of the foreclosure? If No, please explain on a separate sheet.  Yes  No

By signing this application the undersigned agrees that he/she is not aware of any fact or circumstance which reasonably might give rise to a future claim that would fall within the scope of the proposed coverage.

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

It is agreed by the undersigned and the insurer that the particulars and statements made in this application, together with all attachments to this application and any other materials submitted to the insurer (all of which attachments and materials shall be deemed attached to the policy as if physically attached thereto) shall be the representations of the undersigned. It is further agreed by the undersigned that this policy, if issued, is issued in reliance upon the truth of such representations that are incorporated into and made part of this policy. After inquiry, the undersigned represents that the statements set forth in this application and its attachments and other materials submitted to us are true and correct. Signing of this application does not bind the undersigned or the insurer.

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 damage and contributed to such damage, this policy will be rendered void 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 injury.

The undersigned further declares that any event taking place between the date this application was signed and the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any information in this application, will immediately be reported in writing to us and we may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Notice to Nebraska Applicant: **No misrepresentations or warranty made by the insured or on his behalf in the negotiation or application of this policy or contract of insurance shall defeat or void the policy or contract or effect the company's obligation under the policy or contract unless such misrepresentation or warranty was material, was made knowingly with the intent to deceive, was relied and acted upon by the company and deceived the company to its injury. The breach of a warranty or condition in any contract or policy of insurance shall not void the policy or allow the company to avoid liability unless such breach exists at the time of the loss and contributes to the loss.**

**Fraud Notice to Applicants:** 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 false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions.

**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.

**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.

**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.

**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.

**Kansas:** Any person who commits a "fraudulent insurance act" may be guilty of a criminal offense and subject to penalties under state law. A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for commercial insurance or personal insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial insurance or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing 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.

**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.

**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.

**Massachusetts and Nebraska:** 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.

**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.

**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.

**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 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.

**Rhode Island:** 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.

**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.

**Vermont:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**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.

**Washington:** 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.

Completion of this form does not bind coverage. The undersigned's acceptance of company's quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance should a policy be issued and it will be attached to the policy.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Principal, Partner or President

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Agent

**Agent License #** \_\_\_\_\_  
Required in the State of Florida

**Name of Soliciting Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Please Print) Required in State of Iowa

NOTE: THIS APPLICATION MUST BE SIGNED BY A PRINCIPAL, PARTNER OR PRESIDENT OF THE FIRM ACTING AS THE AUTHORIZED AGENT OF THE APPLICANT.