

SERFF Tracking Number: XLAM-125293806 State: Arkansas
Filing Company: Greenwich Insurance Company State Tracking Number: AR-PC-07-026132
Company Tracking Number: 07GD-XL-PL01-MU-AR
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
Product Name: Other Liability
Project Name/Number: Lawyers Professional Liability Application Filing/07GD-XL-PL01-MU-AR

Filing at a Glance

Company: Greenwich Insurance Company

Product Name: Other Liability

TOI: 17.0 Other Liability - Claims
Made/Occurrence

Sub-TOI: 17.0019 Professional Errors &
Omissions Liability

Filing Type: Form

SERFF Tr Num: XLAM-125293806 State: Arkansas

SERFF Status: Closed State Tr Num: AR-PC-07-026132

Co Tr Num: 07GD-XL-PL01-MU-AR State Status:

Co Status:

Reviewer(s): Betty Montesi, Edith
Roberts, Brittany Yielding

Author: Trish Pollard

Disposition Date: 10/02/2007

Date Submitted: 09/19/2007

Disposition Status: Approved

Effective Date Requested (New): 11/01/2007

Effective Date (New):

Effective Date Requested (Renewal): 11/01/2007

Effective Date (Renewal):

General Information

Project Name: Lawyers Professional Liability Application Filing

Project Number: 07GD-XL-PL01-MU-AR

Reference Organization:

Reference Title:

Filing Status Changed: 10/02/2007

State Status Changed: 09/19/2007

Corresponding Filing Tracking Number:

Filing Description:

Rapid Renewal application for use with our Lawyers Professional Liability Program

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

Patricia Pollard, Compliance Analyst
1201 N. Market Street

patricia.pollard@xlai.com
(302) 661-7010 [Phone]

SERFF Tracking Number: XLAM-125293806 State: Arkansas
Filing Company: Greenwich Insurance Company State Tracking Number: AR-PC-07-026132
Company Tracking Number: 07GD-XL-PL01-MU-AR
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
Product Name: Other Liability
Project Name/Number: Lawyers Professional Liability Application Filing/07GD-XL-PL01-MU-AR

Wilmington, DE 19801

(302) 778-4190[FAX]

Filing Company Information

Greenwich Insurance Company

CoCode: 22322

State of Domicile: Delaware

1201 North Market street

Group Code: 1285

Company Type:

Suite 501

Wilmington, DE 19801

Group Name:

State ID Number:

(866) 304-3079 ext. [Phone]

FEIN Number: 95-1479095

SERFF Tracking Number: XLAM-125293806 State: Arkansas
 Filing Company: Greenwich Insurance Company State Tracking Number: AR-PC-07-026132
 Company Tracking Number: 07GD-XL-PL01-MU-AR
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
 Product Name: Other Liability
 Project Name/Number: Lawyers Professional Liability Application Filing/07GD-XL-PL01-MU-AR

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Greenwich Insurance Company	\$0.00	09/19/2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
63883	\$50.00	09/17/2007

SERFF Tracking Number: XLAM-125293806 State: Arkansas
 Filing Company: Greenwich Insurance Company State Tracking Number: AR-PC-07-026132
 Company Tracking Number: 07GD-XL-PL01-MU-AR
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
 Product Name: Other Liability
 Project Name/Number: Lawyers Professional Liability Application Filing/07GD-XL-PL01-MU-AR

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	10/02/2007	10/02/2007

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Rapid Renewal Application - Lawyers Protector Plan	Form	Trish Pollard	09/23/2007	09/23/2007
Rapid Renewal Application	Form	Trish Pollard	09/23/2007	09/23/2007

SERFF Tracking Number: XLAM-125293806 *State:* Arkansas
Filing Company: Greenwich Insurance Company *State Tracking Number:* AR-PC-07-026132
Company Tracking Number: 07GD-XL-PL01-MU-AR
TOI: 17.0 Other Liability - Claims Made/Occurrence *Sub-TOI:* 17.0019 Professional Errors & Omissions
Liability
Product Name: Other Liability
Project Name/Number: Lawyers Professional Liability Application Filing/07GD-XL-PL01-MU-AR

Disposition

Disposition Date: 10/02/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: XLAM-125293806 State: Arkansas
 Filing Company: Greenwich Insurance Company State Tracking Number: AR-PC-07-026132
 Company Tracking Number: 07GD-XL-PL01-MU-AR
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions
 Liability
 Product Name: Other Liability
 Project Name/Number: Lawyers Professional Liability Application Filing/07GD-XL-PL01-MU-AR

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form (revised)	Rapid Renewal Application - Lawyers Protector Plan	Approved	Yes
Form	Rapid Renewal Application - Lawyers Protector Plan	Approved	Yes
Form (revised)	Rapid Renewal Application	Approved	Yes
Form	Rapid Renewal Application	Approved	Yes

SERFF Tracking Number: XLAM-125293806

State: Arkansas

Filing Company: Greenwich Insurance Company

State Tracking Number: AR-PC-07-026132

Company Tracking Number: 07GD-XL-PL01-MU-AR

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI:

17.0019 Professional Errors & Omissions Liability

Product Name: Other Liability

Project Name/Number: Lawyers Professional Liability Application Filing/07GD-XL-PL01-MU-AR

Amendment Letter

Amendment Date:

Submitted Date: 09/23/2007

Comments:

The correct version of the forms is attached.

Changed Items:

Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Rapid Renewal Application - Lawyers Protector Plan	XLLPPRR	10-07	Application/Binder/Enrollment	New			0	LPG_Rapid Renewal App_LPP.pdf
Rapid Renewal Application	XLSPLPLRA	10-07	Application/Binder/Enrollment	New			0	Rapid Renewal app-XL.pdf

SERFF Tracking Number: *XLAM-125293806* State: *Arkansas*
 Filing Company: *Greenwich Insurance Company* State Tracking Number: *AR-PC-07-026132*
 Company Tracking Number: *07GD-XL-PL01-MU-AR*
 TOI: *17.0 Other Liability - Claims Made/Occurrence* Sub-TOI: *17.0019 Professional Errors & Omissions Liability*
 Product Name: *Other Liability*
 Project Name/Number: *Lawyers Professional Liability Application Filing/07GD-XL-PL01-MU-AR*

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Rapid Renewal Application - Lawyers Protector Plan	XLLPPRR	10-07	Application/ New Binder/Enrollment		0.00	LPG_Rapid Renewal App_LPP.pdf
Approved	Rapid Renewal Application	XLSPPLP RAP	10-07	Application/ New Binder/Enrollment		0.00	Rapid Renewal app-XL.pdf

Firm Name: «Firm_Name_140»

Named Insured's Retroactive Date: «Prr_Acts_Dt»

of Attorneys : «Atty_Qty»

Quote Effective Date: «Pol_Expn_Dt»

(This quote is valid no more than 14 days after the above effective date)

Please see page 2 for limits and deductible options and the corresponding 2007 – 2008 premium.

- 1) Please attach a sample of your current letterhead to this application.
- 2) After inquiry of all attorneys and employees of the firm, including all Of Counsel and Independent Contractor attorneys, is any such person aware of:
 - a. a professional liability claim made against him or her, the firm, any predecessor firm, any current attorney or employee of the firm, or against any former attorney or employee while affiliated with the firm, since the date the firm signed its last application? Yes No
 - b. an act or omission that might reasonably be expected to be the basis of a claim against him or her, the firm, any predecessor firm, any current attorney or employee of the firm, or against any former attorney or employee while affiliated with the firm? Yes No
- 3) Have you had any attorneys leave or join your firm in the last 12 months which were not previously approved by the carrier?... Yes No
- 4) Have any of the firm's attorneys been the subject of a grievance or complaint to a local or state bar association, licensing board or peer review committee, or been subject to any disciplinary proceedings, refused admission to practice, disbarred, suspended or formally reprimanded, or are there any such proceedings now in progress, for any reason other than non-payment of dues, since the date the firm signed its last application?..... Yes No
- 5) In the past 12 months, has your firm sued, entered into arbitration or sent to a collection agency any clients in order to collect fees? Yes No
If yes, how many clients have been sued, sent to collection agency or engaged in arbitration in order to collect fees? _____

**IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, THIS OFFER IS NOT VALID.
A FULL NEW BUSINESS APPLICATION IS REQUIRED FROM LAWYERS.PROTECTORPLAN.COM OR YOUR BROKER.**

6) Please update the percentage of time devoted (billable hours) in the past year to the areas of practice below:

<u> </u> % Administrative Law	<u> </u> % Divorce w/Assets < \$1M	<u> </u> % Natural Resources (Oil and Gas)
<u> </u> % Admiralty Law	<u> </u> % Divorce w/Assets \$1M - \$5M	<u> </u> % Personal Injury – Plaintiff
<u> </u> % Adoption Law	<u> </u> % Divorce w/Assets >\$5M *	<u> </u> % Personal Injury – Defendant
<u> </u> % Antitrust/Trade Regulation	<u> </u> % Environmental Law	<u> </u> % Real Estate – Commercial
<u> </u> % Arbitration/Mediation	<u> </u> % Entertainment	<u> </u> % Real Estate - Residential
<u> </u> % Bankruptcy	<u> </u> % ERISA/Employee Benefits	<u> </u> % Real Estate – Title/Abstracting
<u> </u> % Business Transactions & Contracts	<u> </u> % Financial Institutions/Banking	<u> </u> % Securities *
<u> </u> % Civil Rights and Discrimination	<u> </u> % Government Contracts and Claims	<u> </u> % Social Security
<u> </u> % Collection/Repossession	<u> </u> % Guardianship/Juvenile	<u> </u> % Taxation
<u> </u> % Commercial Litigation – Plaintiff	<u> </u> % Immigration and Naturalization	<u> </u> % Workers' Compensation – Defense
<u> </u> % Commercial Litigation – Defense	<u> </u> % Insurance Defense	<u> </u> % Workers' Compensation – Plaintiff
<u> </u> % Construction/Building Contracts	<u> </u> % Intellectual Property (Patents, Copyrights & Trademarks) *	<u> </u> % Wills, Trusts, Estates < \$1M
<u> </u> % Consumer Claims	<u> </u> % International Law	<u> </u> % Wills, Trusts, Estates \$1M - \$5M
<u> </u> % Corporate Administrative	<u> </u> % Labor – Management	<u> </u> % Wills, Trusts, Estates > \$5M *
<u> </u> % Corporate & Business Organization	<u> </u> % Labor – Union/Employee	<u> </u> % Other _____
<u> </u> % Corporate Mergers and Acquisitions	<u> </u> % Local Government (not bonds)	<u> </u> % Other _____
<u> </u> % Criminal	<u> </u> % Mass Torts/Class Actions *	<u> </u> % Other _____

*** IF YOU INDICATED ANY TIME IN AN AREA OF PRACTICE IN BOLD TYPE, THIS OFFER IS NOT VALID.
A FULL NEW BUSINESS APPLICATION IS REQUIRED FROM LAWYERS.PROTECTORPLAN.COM OR YOUR BROKER.**

7) Quote Options: Please circle the option you wish to purchase

	<u>OPTION # 1</u>	<u>OPTION #2</u>	<u>OPTION #3</u>
Per Claim:	\$«Occrc_Lmt_Amt»	\$«Occrc_Lmt_Amt2»	\$«Occrc_Lmt_Amt3»
Aggregate Limit:	\$«Agg_Lmt_Amt»	\$«Agg_Lmt_Amt2»	\$«Agg_Lmt_Amt3»
Deductible:	\$«Agg_Ded_Amt»	\$«Agg_Ded_Amt2»	\$«Agg_Ded_Amt3»
Aggregate / Per Claim:	«Per_Clm_Optn_Ind»	«Per_Clm_Optn_Ind2»	«Per_Clm_Optn_Ind3»
Optional Coverage:	«Optn_Cov»	«Optn_Cov2»	«Optn_Cov3»
Premium:	\$«NewPrem»	\$«NewPrem2»	\$«NewPrem3»
*LPG Dues(non-refundable)	\$«LPG_Fee»	\$«LPG_Fee2»	\$«LPG_Fee3»
Total Due:	\$«Total_Due»	\$«Total_Due2»	\$«Total_Due3»

* Lawyer's Protector Plan Purchasing Group

Applicant represents after inquiry that the information contained herein and in the firm's most recently completed long form application, and any supplemental applications or forms submitted in connection therewith (collectively, the "Underwriting Information"), is true, accurate and complete and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing below and prior to issuance of the policy, and *acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance* based upon such changes. The Underwriting Information will be the basis of the contract and will be incorporated by reference into and made a part of the renewal policy.

Notice to Arizona Applicants: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties. **Notice to Arkansas Applicants:** 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. **Notice to Colorado Applicants:** 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 policy holder 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. **Notice to District of Columbia Applicants:** 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. **Notice to Florida Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree. **Notice to Louisiana Applicants:** 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. **Notice to Maine Applicants:** 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 a denial of insurance benefits. **Notice to Oklahoma Applicants:** 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. **Notice to Pennsylvania 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 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. **Applicable in Tennessee, Virginia and 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. **WARNING – Kentucky, New Jersey, New Mexico, New York, Ohio residents only:** 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 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.

Renewal terms hereby accepted: «Firm_Name_140»

(«Sbmsn_Nbr») Expiring Policy No.: «Pol_Sym_Cd__Pol_Nbr»

Signature of Officer or Partner of Firm

Title

Date

Firm Name: _____
 Named Insured's Retroactive Date: _____ Quote Effective Date: _____ # of Attorneys : _____

(This quote is only valid until the above effective date)

Please see page 2 for limits and deductible options and the corresponding premium.

- 1) Please attach a sample of your current letterhead to this application.
- 2) After inquiry of all attorneys and employees of the firm, including all Of Counsel and Independent Contractor attorneys, is any such person aware of:
 - a. a professional liability claim made against him or her, the firm, any predecessor firm, any current attorney or employee of the firm, or against any former attorney or employee while affiliated with the firm, since the date the firm signed its last application? Yes No
 - b. an act or omission that might reasonably be expected to be the basis of a claim against him or her, the firm, any predecessor firm, any current attorney or employee of the firm, or against any former attorney or employee while affiliated with the firm? Yes No
- 3) Have you had any attorneys leave or join your firm in the last 12 months which were not previously approved by the carrier? Yes No
- 4) Have any of the firm's attorneys been the subject of a grievance or complaint to a local or state bar association, licensing board or peer review committee, or been subject to any disciplinary proceedings, refused admission to practice, disbarred, suspended or formally reprimanded, or are there any such proceedings now in progress, for any reason other than non-payment of dues, since the date the firm signed its last application?..... Yes No
- 5) In the past 12 months, has your firm sued, entered into arbitration or sent to a collection agency any clients in order to collect fees? Yes No
 If yes, how many clients have been sued, sent to a collection agency or engaged in arbitration in order to collect fees? _____



IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, THIS OFFER IS NOT VALID.
A FULL XL RENEWAL APPLICATION IS REQUIRED.

6) Please update the percentage of time devoted (billable hours) in the past year to the areas of practice below:

_____ % Administrative Law	_____ % Divorce w/Assets < \$1M	_____ % Natural Resources (Oil and Gas)
_____ % Admiralty Law	_____ % Divorce w/Assets \$1M - \$5M	_____ % Personal Injury – Plaintiff
_____ % Adoption Law	_____ % Divorce w/Assets >\$5M *	_____ % Personal Injury – Defendant
_____ % Antitrust/Trade Regulation	_____ % Environmental Law	_____ % Real Estate – Commercial
_____ % Arbitration/Mediation	_____ % Entertainment	_____ % Real Estate - Residential
_____ % Bankruptcy	_____ % ERISA/Employee Benefits	_____ % Real Estate – Title/Abstracting
_____ % Business Transactions & Contracts	_____ % Financial Institutions/Banking	_____ % Securities *
_____ % Civil Rights and Discrimination	_____ % Government Contracts and Claims	_____ % Social Security
_____ % Collection/Repossession	_____ % Guardianship/Juvenile	_____ % Taxation
_____ % Commercial Litigation – Plaintiff	_____ % Immigration and Naturalization	_____ % Workers' Compensation – Defense
_____ % Commercial Litigation – Defense	_____ % Insurance Defense	_____ % Workers' Compensation – Plaintiff
_____ % Construction/Building Contracts	_____ % Intellectual Property (Patents, Copyrights & Trademarks) *	_____ % Wills, Trusts, Estates < \$1M
_____ % Consumer Claims	_____ % International Law	_____ % Wills, Trusts, Estates \$1M - \$5M
_____ % Corporate Administrative	_____ % Labor – Management	_____ % Wills, Trusts, Estates > \$5M *
_____ % Corporate & Business Organization	_____ % Labor – Union/Employee	_____ % Other _____
_____ % Corporate Mergers and Acquisitions	_____ % Local Government (not bonds)	_____ % Other _____
_____ % Criminal	_____ % Mass Torts/Class Actions *	_____ % Other _____



*** IF YOU INDICATED ANY TIME IN AN AREA OF PRACTICE IN BOLD TYPE , THIS OFFER IS NOT VALID.**
A FULL XL RENEWAL BUSINESS APPLICATION IS REQUIRED.

7) Schedule of Attorneys

	Name	Designation	OC/IC/R Billable Hours (Annual)	Date of Hire (mo/day/yr)	Date Admitted to Bar (mo/day/yr)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
Use additional page(s) if needed					

8) Quote Options: Please circle the option you wish to purchase

	<u>OPTION #1</u>	<u>OPTION #2</u>	<u>OPTION #3</u>
Limits:			
Deductible:			
Optional Coverage(s):			
Premium:			

Applicant represents after inquiry that the information contained herein and in the firm's most recently completed long form application, and any supplemental applications or forms submitted in connection therewith (collectively, the "Underwriting Information"), is true, accurate and complete and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing below and prior to issuance of the policy, and *acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance* based upon such changes. The Underwriting Information will be the basis of the contract and will be incorporated by reference into and made a part of the renewal policy.

Notice to Arizona Applicants: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties. **Notice to Arkansas Applicants:** 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. **Notice to Colorado Applicants:** 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 policy holder 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. **Notice to District of Columbia Applicants:** 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. **Notice to Florida Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree. **Notice to Louisiana Applicants:** 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.

Notice to Maine Applicants: 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 a denial of insurance benefits. **Notice to Oklahoma Applicants:** 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. **Notice to Pennsylvania 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 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. **Applicable in Tennessee, Virginia and 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. **WARNING – Kentucky, New Jersey, New Mexico, New York, Ohio residents only:** 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 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.

Renewal terms hereby accepted:

Named Insured:
Expiring Policy No.:

Applicant's Signature

Title

Date

Agent/Broker Name

SERFF Tracking Number: *XLAM-125293806* *State:* *Arkansas*
Filing Company: *Greenwich Insurance Company* *State Tracking Number:* *AR-PC-07-026132*
Company Tracking Number: *07GD-XL-PL01-MU-AR*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0019 Professional Errors & Omissions*
Product Name: *Other Liability*
Project Name/Number: *Lawyers Professional Liability Application Filing/07GD-XL-PL01-MU-AR*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: XLAM-125293806 State: Arkansas
Filing Company: Greenwich Insurance Company State Tracking Number: AR-PC-07-026132
Company Tracking Number: 07GD-XL-PL01-MU-AR
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions
Liability
Product Name: Other Liability
Project Name/Number: Lawyers Professional Liability Application Filing/07GD-XL-PL01-MU-AR

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 10/02/2007

Comments:

Attachments:

NAIC Transmittal.pdf
Form Filing Schedule.pdf

17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	07GD-XL-PL01-MU-AR
--	--------------------

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
--

Greenwich Insurance Company is submitting forms XLLPPRR (10/07) and XLSPLPLRAP (10/07) Rapid Renewal Applications to be used with our Lawyers Professional Liability program. These are new forms which do not replace any other forms or endorsements.

This is a convenient "rapid renewal" for Lawyers Professional liability insurance to greatly simplify the process for renewing coverage. This renewal application will be used only for insureds under the Lawyer's Protector Plan Purchasing Group. The second application (XLSPLPLRAP 10/07) will be used for accounts that do not qualify under the Lawyers Protector Plan purchasing group.

Our most recent filing for this program is currently on file with your Department under company filing # 06GD-XL-XP02-MU-AR, approved effective September 20, 2006.

We propose an effective date of November 1, 2007.

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: 63883
Amount: 50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

Effective March 1, 2007

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	07SD-XD-DP09-CW-AR			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Rapid Renewal (for Brown & Brown)	XLLPPRR (10/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Rapid Renewal	XLSPLPLRAP (10/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

SERFF Tracking Number: XLAM-125293806 State: Arkansas
 Filing Company: Greenwich Insurance Company State Tracking Number: AR-PC-07-026132
 Company Tracking Number: 07GD-XL-PL01-MU-AR
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
 Product Name: Other Liability
 Project Name/Number: Lawyers Professional Liability Application Filing/07GD-XL-PL01-MU-AR

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Rapid Renewal Application - Lawyers Protector Plan	09/19/2007	XLLPPRR 10-07.pdf
No original date	Form	Rapid Renewal Application	09/19/2007	XLSPLPLRAP 10-07.pdf

Firm Name: «Firm_Name_140»

Named Insured's Retroactive Date: «Prr_Acts_Dt»

of Attorneys : «Atty_Qty»

Quote Effective Date: «Pol_Expn_Dt»

(This quote is valid no more than 14 days after the above effective date)

Please see page 2 for limits and deductible options and the corresponding 2007 – 2008 premium.

- 1) Please attach a sample of your current letterhead to this application.
- 2) After inquiry of all attorneys and employees of the firm, including all Of Counsel and Independent Contractor attorneys, is any such person aware of:
 - a. a professional liability claim made against him or her, the firm, any predecessor firm, any current attorney or employee of the firm, or against any former attorney or employee while affiliated with the firm, since the date the firm signed its last application? Yes No
 - b. an act or omission that might reasonably be expected to be the basis of a claim against him or her, the firm, any predecessor firm, any current attorney or employee of the firm, or against any former attorney or employee while affiliated with the firm? Yes No
- 3) Have you had any attorneys leave or join your firm in the last 12 months which were not previously approved by the carrier?... Yes No
- 4) Have any of the firm's attorneys been the subject of a grievance or complaint to a local or state bar association, licensing board or peer review committee, or been subject to any disciplinary proceedings, refused admission to practice, disbarred, suspended or formally reprimanded, or are there any such proceedings now in progress, for any reason other than non-payment of dues, since the date the firm signed its last application?..... Yes No
- 5) In the past 12 months, has your firm sued, entered into arbitration or sent to a collection agency any clients in order to collect fees? Yes No
If yes, how many clients have been sued, sent to collection agency or engaged in arbitration in order to collect fees? _____

**IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, THIS OFFER IS NOT VALID.
A FULL NEW BUSINESS APPLICATION IS REQUIRED FROM LAWYERS.PROTECTORPLAN.COM OR YOUR BROKER.**

6) Please update the percentage of time devoted (billable hours) in the past year to the areas of practice below:

<u> </u> % Administrative Law	<u> </u> % Divorce w/Assets < \$1M	<u> </u> % Natural Resources (Oil and Gas)
<u> </u> % Admiralty Law	<u> </u> % Divorce w/Assets \$1M - \$5M	<u> </u> % Personal Injury – Plaintiff
<u> </u> % Adoption Law	<u> </u> % Divorce w/Assets >\$5M *	<u> </u> % Personal Injury – Defendant
<u> </u> % Antitrust/Trade Regulation	<u> </u> % Environmental Law	<u> </u> % Real Estate – Commercial
<u> </u> % Arbitration/Mediation	<u> </u> % Entertainment	<u> </u> % Real Estate - Residential
<u> </u> % Bankruptcy	<u> </u> % ERISA/Employee Benefits	<u> </u> % Real Estate – Title/Abstracting
<u> </u> % Business Transactions & Contracts	<u> </u> % Financial Institutions/Banking	<u> </u> % Securities *
<u> </u> % Civil Rights and Discrimination	<u> </u> % Government Contracts and Claims	<u> </u> % Social Security
<u> </u> % Collection/Repossession	<u> </u> % Guardianship/Juvenile	<u> </u> % Taxation
<u> </u> % Commercial Litigation – Plaintiff	<u> </u> % Immigration and Naturalization	<u> </u> % Workers' Compensation – Defense
<u> </u> % Commercial Litigation – Defense	<u> </u> % Insurance Defense	<u> </u> % Workers' Compensation – Plaintiff
<u> </u> % Construction/Building Contracts	<u> </u> % Intellectual Property (Patents, Copyrights & Trademarks) *	<u> </u> % Wills, Trusts, Estates < \$1M
<u> </u> % Consumer Claims	<u> </u> % International Law	<u> </u> % Wills, Trusts, Estates \$1M - \$5M
<u> </u> % Corporate Administrative	<u> </u> % Labor – Management	<u> </u> % Wills, Trusts, Estates > \$5M *
<u> </u> % Corporate & Business Organization	<u> </u> % Labor – Union/Employee	<u> </u> % Other _____
<u> </u> % Corporate Mergers and Acquisitions	<u> </u> % Local Government (not bonds)	<u> </u> % Other _____
<u> </u> % Criminal	<u> </u> % Mass Torts/Class Actions *	<u> </u> % Other _____

*** IF YOU INDICATED ANY TIME IN AN AREA OF PRACTICE IN BOLD TYPE, THIS OFFER IS NOT VALID.
A FULL NEW BUSINESS APPLICATION IS REQUIRED FROM LAWYERS.PROTECTORPLAN.COM OR YOUR BROKER.**

7) Quote Options: Please circle the option you wish to purchase

	<u>OPTION # 1</u>	<u>OPTION #2</u>	<u>OPTION #3</u>
Per Claim:	\$«Occrc_Lmt_Amt»	\$«Occrc_Lmt_Amt2»	\$«Occrc_Lmt_Amt3»
Aggregate Limit:	\$«Agg_Lmt_Amt»	\$«Agg_Lmt_Amt2»	\$«Agg_Lmt_Amt3»
Deductible:	\$«Agg_Ded_Amt»	\$«Agg_Ded_Amt2»	\$«Agg_Ded_Amt3»
Aggregate / Per Claim:	«Per_Clm_Optn_Ind»	«Per_Clm_Optn_Ind2»	«Per_Clm_Optn_Ind3»
Optional Coverage:	«Optn_Cov»	«Optn_Cov2»	«Optn_Cov3»
Premium:	\$«NewPrem»	\$«NewPrem2»	\$«NewPrem3»
*LPG Dues(non-refundable)	\$«LPG_Fee»	\$«LPG_Fee2»	\$«LPG_Fee3»
Total Due:	\$«Total_Due»	\$«Total_Due2»	\$«Total_Due3»

* Lawyer's Protector Plan Purchasing Group

Applicant represents after inquiry that the information contained herein and in the firm's most recently completed long form application, and any supplemental applications or forms submitted in connection therewith (collectively, the "Underwriting Information"), is true, accurate and complete and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing below and prior to issuance of the policy, and *acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance* based upon such changes. The Underwriting Information will be the basis of the contract and will be incorporated by reference into and made a part of the renewal policy.

Notice to Arizona Applicants: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties. **Notice to Arkansas Applicants:** 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. **Notice to Colorado Applicants:** 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 policy holder 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. **Notice to District of Columbia Applicants:** 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. **Notice to Florida Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree. **Notice to Louisiana Applicants:** 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. **Notice to Maine Applicants:** 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 a denial of insurance benefits. **Notice to Oklahoma Applicants:** 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. **Notice to Pennsylvania 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 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. **Applicable in Tennessee, Virginia and 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. **WARNING – Kentucky, New Jersey, New Mexico, New York, Ohio residents only:** 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 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.

Renewal terms hereby accepted: «Firm_Name_140»

(«Sbmsn_Nbr») Expiring Policy No.: «Pol_Sym_Cd__Pol_Nbr»

Signature of Officer or Partner of Firm

Title

Date

Firm Name: _____	# of Attorneys : _____
Named Insured's Retroactive Date: _____	
Quote Effective Date: _____	
<i>(This quote is only valid until the above effective date)</i>	

Please see page 2 for limits and deductible options and the corresponding 2007 – 2008 premium.

- 1) Please attach a sample of your current letterhead to this application.
- 2) After inquiry of all attorneys and employees of the firm, including all Of Counsel and Independent Contractor attorneys, is any such person aware of:
 - a. a professional liability claim made against him or her, the firm, any predecessor firm, any current attorney or employee of the firm, or against any former attorney or employee while affiliated with the firm, since the date the firm signed its last application? Yes No
 - b. an act or omission that might reasonably be expected to be the basis of a claim against him or her, the firm, any predecessor firm, any current attorney or employee of the firm, or against any former attorney or employee while affiliated with the firm? Yes No
- 3) Have you had any attorneys leave or join your firm in the last 12 months which were not previously approved by the carrier? Yes No
- 4) Have any of the firm's attorneys been the subject of a grievance or complaint to a local or state bar association, licensing board or peer review committee, or been subject to any disciplinary proceedings, refused admission to practice, disbarred, suspended or formally reprimanded, or are there any such proceedings now in progress, for any reason other than non-payment of dues, since the date the firm signed its last application?..... Yes No
- 5) In the past 12 months, has your firm sued, entered into arbitration or sent to a collection agency any clients in order to collect fees? Yes No
If yes, how many clients have been sued, sent to a collection agency or engaged in arbitration in order to collect fees? _____



**IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, THIS OFFER IS NOT VALID.
A FULL XL RENEWAL APPLICATION IS REQUIRED.**

6) Please update the percentage of time devoted (billable hours) in the past year to the areas of practice below:

_____ % Administrative Law	_____ % Divorce w/Assets < \$1M	_____ % Natural Resources (Oil and Gas)
_____ % Admiralty Law	_____ % Divorce w/Assets \$1M - \$5M	_____ % Personal Injury – Plaintiff
_____ % Adoption Law	_____ % Divorce w/Assets >\$5M *	_____ % Personal Injury – Defendant
_____ % Antitrust/Trade Regulation	_____ % Environmental Law	_____ % Real Estate – Commercial
_____ % Arbitration/Mediation	_____ % Entertainment	_____ % Real Estate - Residential
_____ % Bankruptcy	_____ % ERISA/Employee Benefits	_____ % Real Estate – Title/Abstracting
_____ % Business Transactions & Contracts	_____ % Financial Institutions/Banking	_____ % Securities *
_____ % Civil Rights and Discrimination	_____ % Government Contracts and Claims	_____ % Social Security
_____ % Collection/Repossession	_____ % Guardianship/Juvenile	_____ % Taxation
_____ % Commercial Litigation – Plaintiff	_____ % Immigration and Naturalization	_____ % Workers' Compensation – Defense
_____ % Commercial Litigation – Defense	_____ % Insurance Defense	_____ % Workers' Compensation – Plaintiff
_____ % Construction/Building Contracts	_____ % Intellectual Property (Patents, Copyrights & Trademarks) *	_____ % Wills, Trusts, Estates < \$1M
_____ % Consumer Claims	_____ % International Law	_____ % Wills, Trusts, Estates \$1M - \$5M
_____ % Corporate Administrative	_____ % Labor – Management	_____ % Wills, Trusts, Estates > \$5M *
_____ % Corporate & Business Organization	_____ % Labor – Union/Employee	_____ % Other _____
_____ % Corporate Mergers and Acquisitions	_____ % Local Government (not bonds)	_____ % Other _____
_____ % Criminal	_____ % Mass Torts/Class Actions *	_____ % Other _____



*** IF YOU INDICATED ANY TIME IN AN AREA OF PRACTICE IN BOLD TYPE , THIS OFFER IS NOT VALID.
A FULL XL RENEWAL BUSINESS APPLICATION IS REQUIRED.**

7) Schedule of Attorneys

	Name	Designation	OC/IC/R Billable Hours (Annual)	Date of Hire (mo/day/yr)	Date Admitted to Bar (mo/day/yr)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
Use additional page(s) if needed					

8) Quote Options: Please circle the option you wish to purchase

	<u>OPTION #1</u>	<u>OPTION #2</u>	<u>OPTION #3</u>
Limits:			
Deductible:			
Optional Coverage(s):			
Premium:			

Applicant represents after inquiry that the information contained herein and in the firm's most recently completed long form application, and any supplemental applications or forms submitted in connection therewith (collectively, the "Underwriting Information"), is true, accurate and complete and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing below and prior to issuance of the policy, and *acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance* based upon such changes. The Underwriting Information will be the basis of the contract and will be incorporated by reference into and made a part of the renewal policy.

Notice to Arizona Applicants: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties. **Notice to Arkansas Applicants:** 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. **Notice to Colorado Applicants:** 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 policy holder 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. **Notice to District of Columbia Applicants:** 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. **Notice to Florida Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree. **Notice to Louisiana Applicants:** 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.

Notice to Maine Applicants: 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 a denial of insurance benefits. **Notice to Oklahoma Applicants:** 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. **Notice to Pennsylvania 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 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. **Applicable in Tennessee, Virginia and 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. **WARNING – Kentucky, New Jersey, New Mexico, New York, Ohio residents only:** 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 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.

Renewal terms hereby accepted:

Named Insured:
Expiring Policy No.:

Applicant's Signature

Title

Date

Agent/Broker Name