



Kinsale Insurance Company  
 P. O. Box 17008  
 Richmond, VA 23226  
 (804) 289-1300  
[www.kinsaleins.com](http://www.kinsaleins.com)

**INDIVIDUAL LAWYER/NEW HIRE APPLICATION**  
 (TO BE SUBMITTED FOR EXISTING KINSALE PL POLICIES HIRING AN ADDITIONAL ATTORNEY)

**APPLICANT'S INFORMATION**

1. Firm Name: \_\_\_\_\_/Current Kinsale Policy Number: \_\_\_\_\_
2. Attorney Name: \_\_\_\_\_
3. Date of Hire: \_\_\_\_\_
4. Date Admitted to Bar: \_\_\_\_\_ 5. State(s) Admitted to Practice: \_\_\_\_\_
6. Status:  Owner  Employee  Of Counsel  Independent Contractor
7. Do you practice part-time? Yes  No   
 If yes, average # of hours per week: \_\_\_\_\_
8. What percentage of time – not billings – do you spend in the following areas of practice?

**Total of A+B+C+D must equal 100%**

| <u>A.</u> |  | <u>C.</u> |  |
|-----------|--|-----------|--|
| %         | Admiralty—Defense  | %         | Collections  |
| %         | Bankruptcy   | %         | Entertainment, sports or celebrity*  |
| %         | Criminal matters   | %         | Oil, gas, or mining  |
| %         | Defense of personal & bodily injury & workers compensation | %         | Patent, copyright or trademark (complete Intellectual Property Supplement) |
| %         | Immigration  | %         | Plaintiff's rep. In litigation (complete Plaintiff Litigation Supplement)  |
| %         | Mediation  | %         | Taxation-Personal or Corporate   |
| %         | Will, estate planning, probate                             | %         | Title/Abstracting  |
| %         | Family & Domestic Law                                      |           |  |
| %         | <b>Subtotal (A)</b>  | %         | <b>Subtotal (C)</b>  |

\*If any value is entered, complete Entertainment Related Area of Practice Application



| <u>B.</u> |   | <u>D.</u>   |  |
|-----------|---|-------------|--|
| %         | Admiralty other than Defense  | %           | Banking, savings & loan, or other financial institution services   |
| %         | Corporation formation/alteration (Non-SEC Related)                        | %           | Bonds, commercial paper, limited partnerships, or State/Federal securities, both exempt & non-exempt (Complete Securities Supp.) |
| %         | Environmental   | %           | Real Estate - Commercial   |
| %         | ERISA or Employee Benefits  | %           | Real Estate - Residential  |
| %         | Investment Counseling/Money Mgt. (Complete Financial Planning Supplement) | %           | Real Estate Development and/or Syndication/Limited Partnership   |
| %         | International Law   | %           | Securities/SEC (Complete Securities Supp.)   |
| %         | Labor Law   | %           | Other(Describe in detail by attachment)  |
| %         | Mergers/Acquisitions  |             |  |
| %         | Utilities/Municipality  |             |  |
| %         | <b><u>Subtotal (B)</u></b>  | %           | <b><u>Subtotal (D)</u></b>   |
|           |   | <b>100%</b> | <b>Total A + B + C + D</b>   |

9. In the last five (5) years, has any professional liability claim or suit ever been made against you individually or while employed at a prior firm? Yes  No

*If Yes, how many? \_\_\_\_\_*

*If Yes, please complete the Claims Supplement and provide currently valued company loss runs.*

10. Do you know of any incident, act, error or omission that could result in a claim or suit against the firm or any predecessor firm or any of the current or former members of the firm? Yes  No

*If Yes, please complete the Claims Supplement and provide currently valued company loss runs.*

11. Have you ever been refused admission to practice, been disbarred, suspended, reprimanded, sanctioned, or held in contempt by any court, administrative agency or regulatory body or been subject of a disciplinary complaint made to any of the aforementioned entities? Yes  No

*If Yes, please provide a copy of the complaint made to the bar and a copy of their decision.*

#### FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**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 claiming with regard to a settlement or award payable for 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 insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.



**NOTICE TO HAWAII APPLICANTS:** 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.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**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 denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO 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 civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with 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.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a 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 a 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 civil penalties.

**NOTICE TO TENNESSEE 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 include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA 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 include imprisonment, fines and denial of insurance benefits.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_  
(Must be signed by a Principal, Partner, or Officer of the Firm)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_

