



Legal Aid & Public Defenders Program EZ Renewal Application

Entity / Organization Name: _____

Contact Name: _____

Street Address: _____

City: _____ State: _____ County: _____ Zip _____

Phone: (____) _____ Fax: (____) _____

E-Mail address: _____ Web Site Address: _____

1 Please provide

- the number of attorneys on staff whose average # of weekly work hours is:

1 – 10 hours	11 – 25 hours	26+ hours

- the total number of hours of legal services provided annually by all volunteer attorneys on behalf of the applicant? _____ hrs.

2 Have all professional liability claims, suits, occurrences or incidents which may give rise to a claim, including any disciplinary inquiry, complaint or proceeding for any reason other than non-payment of dues, been reported to CNA under your current policy? Yes No

If no, please complete a Claims / Disciplinary Supplemental Application for each claim, incident or disciplinary matter.

Applicant hereby authorizes the release of any information to the Company from any current or prior insurer of the Applicant.

FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

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 MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (for New York residents only: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For Pennsylvania Residents only: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.) (For Tennessee Residents only: Penalties include imprisonment, fines and denial of insurance benefits.)

Signature: _____ Date: _____

Print Name: _____ Title: _____

(Must be signed by the Chief Executive Officer, Executive Director or Officer of the Applicant)

The JamisonPro lawyers professional liability insurance program has been organized as a purchasing group located and domiciled in New Jersey, pursuant to legislation enacted by Congress known as the Federal Liability Risk Retention Act of 1986. You will automatically become a member of the Purchasing Group once your completed application has been approved and your premium payment has been received. Completion of application or tendering of premium does not bind coverage. Application is subject to the insurance company's underwriting guidelines.