



CONTINENTAL CASUALTY COMPANY

SHORT-FORM RENEWAL APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

THE FIRM

1. **Applicant Name:** _____
Street Address: _____
City: _____ **State:** _____ **Zip:** _____
Contact Name: _____ **Contact Email:** _____

2. **Policy period requested:** From _____ to _____ both days at 12:01 a.m. at the principal address of the firm.

3. **Total Number of Attorneys** (as of _____, 20____):
Partners/officers/shareholders: _____
Associates/employed attorneys: _____
Counsel or of counsel: _____
Total Attorneys: _____

THE PRACTICE

4. **Areas of Practice:** Guidelines for completing this section: Express percentages of time devoted (billable hours) in each area during the previous year. Total must equal 100%.

_____ % Admiralty/Marine Defense	_____ % Corporate Law – Business Organization	_____ % Natural Resources/Oil & Gas
_____ % Admiralty/Marine Plaintiff	_____ % Criminal	_____ % Personal Injury/Property Damage Defense
_____ % Antitrust/Trade Regulations	_____ % Environmental Law	_____ % Personal Injury/Property Damage Plaintiff
_____ % Banking/Financial Institutions	_____ % Family Law	_____ % Real Estate/Commercial
_____ % Business Transaction/Commercial Law	_____ % Government Contracts/Claims	_____ % Real Estate/Residential
_____ % Civil Rights/Discrimination	_____ % Immigration/Naturalization	_____ % Securities Law (SEC)
_____ % Civil/Commercial Litigation – Defense	_____ % Intellectual Property	_____ % Taxation
_____ % Civil/Commercial Litigation – Plaintiff	_____ % International Law	_____ % Wills, Estate, Trust, Probate & Planning
_____ % Collection & Bankruptcy	_____ % Labor Management Representation	_____ % Workers Compensation – Defense
_____ % Construction (Building Contracts)	_____ % Labor Union Representation	_____ % Workers Compensation – Plaintiff
_____ % Consumer Claims	_____ % Local Government	_____ % Other: _____

