



We are pleased to provide your insurance proposal. Please review it carefully as the terms and conditions may differ from the specifications you submitted on your application.

Quotation / Proposal Sheet

Quotation Prepared by:

Quote No.: 2019-09-LPL34898-1
Quotation Date: October 08, 2019
Quotation Expires: November 01, 2019

Kevin Horsted
K.Horsted@nlada.org
Tel: 800-725-4513 / Fax: 202-452-9879

Prepared for: Lancaster County Public Defender
633 South 9th Street, Lincoln, NE, 68508
101723-NE/24

Policy Type: Lawyers Professional Liability Policy
Desired Coverage Effective Date: November 01, 2019 12:01 AM
Period: 12 Months

Location(s) to be Covered: 633 South 9th Street
Lincoln, Nebraska 68508

Limits of Insurance:

Lawyers Professional Liability:
\$1,000,000 *each claim and* \$1,000 Annual Aggregate \$6,773.00
\$1,000,000 *in the aggregate* (Does not apply to Defense Costs)
Retroactive Date: Full Prior Acts

Management Liability Errors and Omissions Endorsement:
No Coverage *No Coverage*

Employment Practices Liability:
No Coverage *No Coverage*

Criminal Defense Endorsement:
No Coverage *No Coverage*

Punitive Damages Endorsement:
No Coverage *No Coverage*

Outside Practice of Law Endorsement:
No Coverage *No Coverage*

Primary Pro Bono Endorsement: *included*
Retroactive Date: Full Prior Acts

Additional Insured(s): *included*

The Company reserves the right to reject applicants or modify premiums at any time prior to receipt of order to bind coverage.



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Additional Terms and Conditions:

n/a

Premium:	\$6,773.00
Taxes, Fees and Surcharges:	
Surplus Lines Tax	\$203.19
Total Premium	\$6,976.19

The Company reserves the right to reject applicants or modify premiums at any time prior to receipt of order to bind coverage.



1901 Pennsylvania Ave. NW, Suite 500
 Washington, DC 20006
 Telephone: 800-725-4513

Producer's Name and Address:

The Leavitt Group of Atlanta
 2200 Century Parkway, Suite 410
 Atlanta, GA 30345

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

Please read this application carefully and confirm that all information is correct

Application No.: 2019-09-LPL34898

Application Type: Lawyers Professional Liability
Applicant Name: Lancaster County Public Defender
Mailing Address: 633 South 9th Street
 Lincoln, Nebraska 68508
Primary Location: 633 South 9th Street
 Lincoln, Nebraska 68508
Contact Person: Joe D. Nigro

Please note that, for security and privacy reasons, this online policy management system can accommodate only one single contact person. All contact and correspondence will be directed to this contact person.

Applicant Information

Year established: 1970
 Type of business organization: Other
 Is the Applicant a member of NLADA? Yes No
Applicant must become a member of NLADA membership after insurance is purchased. However, membership is not required prior to completing an application for the purpose of obtaining a quote.
 Is the Applicant principally engaged in providing free or reduced-cost legal services to low-income clients? Yes No
 Is the Applicant principally engaged in helping low-income clients gain access to free or reduced-cost legal services? Yes No
 Is the Applicant principally engaged in providing advocacy, training, or technical assistance which advances the mission of the NLADA membership community? Yes No
 What percentage of legal services are provided to low-income clients? 100%

If the previous answer was not 100%, please provide additional information about legal services provided to clients who are not low income:

Applicant Information (cont'd)

Does the Applicant own, control, manage, sponsor, or participate in other entities, projects, or programs for which insurance coverage is being requested? Yes No

Please describe these other entities, projects or programs:

Please describe the mission of the Applicant and its operation:

The mission of the Lancaster County Public Defender's Office is to provide high quality legal services for indigent clients and to advocate zealously on behalf of each individual client.

Applicant's Business Addresses

1. *633 South 9th Street, Lincoln, Nebraska, 68508, Telephone 402-441-7631, Fax 402-441-6062*

Applicant Background

Which category best describes the operations of Applicant?

- Civil Legal Services Organization (LSC-Funded)

In addition to standard areas of practice, is Applicant involved in special grant work? Yes No

Please identify grant and purpose:

Does Applicant provide services for special populations? Yes No

- Civil Legal Services Organization (not LSC-Funded)

- Public Defender Agency (organization is an agency of Federal, State, or local government)

- Contract Defender (organization that contracts with government to provide criminal legal services)

Does Applicant refer cases to an outside panel of attorneys? Yes No

Are attorneys staffed and supervised within Applicant's office? Yes No

- Assigned Counsel (private practice that accepts Court Appointed cases) / Individual Attorney

- Pro Bono Program, Corporate Pro Bono Program, bar-sponsored pro bono program, or lawyer referral service

- Law School sponsored legal clinic(s)

Please list clinics to be insured, description and areas of practice, full-time equivalent of faculty supervision, and number of students:

Applicant Background (cont'd)

Public Interest, Civil Rights / Liberties or Social Service

Other

Please provide additional detail:

Does the Applicant provide any services other than legal? Yes No

Please provide additional detail concerning other non-legal services provided:

In January, 2016, we hired a social worker to provide mental health assessments and substance abuse evaluations, in addition to general social worker services.

Does the Applicant have a Private Attorney Involvement program, and/or co-counsel with volunteer lawyers, and/or refer clients to volunteer/pro bono lawyers for full representation, and/or host walk-in clinics where volunteer lawyers provide Yes No brief-advice services, and/or host community education clinics where volunteer lawyers provide information?

Number of attorneys that have agreed to provide any of the services listed above:

How many of those attorneys have actually provided any of the services listed above in the last 12 months?:

How many cases are referred to volunteer lawyers per year?

Total number of hours of legal services described above provided annually:

Please describe types of matters handled, method of screening and referral, etc.:

Staff Information and Background

Indicate the total number of staff by category:

Attorneys (number of employed attorneys, even if not engaged in client representation and/or litigation)(Full-Time):	23.00
Attorneys (number of employed attorneys, even if not engaged in client representation and/or litigation)(Part-Time):	1.00
Paralegals:	6.00
Law Clerks / Students:	4.00
Investigators / Social Workers:	3.00

Staff Information and Background (cont'd)

Support / Administrative Staff:

6.00

Other:

Please provide additional details concerning applicant's other employees:

Please complete the following information for attorneys employed by Applicant (include full-time and part-time employed lawyers). If you prefer, you may click the Documents tab and upload an Attorney list stored on a spreadsheet, Word document, etc. Any list that is uploaded should include Attorney Name, State and Year of Admission, and Hours per Month worked:

Item No.	Attorney Name	State of Admission	Year of Admission	Hours per Month
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None

Does the Applicant utilize the services of non-volunteer attorneys who are not employed by the Applicant (i.e., contract attorneys, attorneys who agree to accept cases on a reduced fee / judicare basis)? (NOTE: Please list all non-volunteer, not-employed lawyers even if they carry their own insurance.) Yes No

Please complete the following information for contract attorneys employed by Applicant. If you prefer, you may click the Documents tab and upload an Attorney list stored on a spreadsheet, Word document, etc. Any list that is uploaded should include Attorney Name, State and Year of Admission, and Hours per Month worked:

Item No.	Attorney Name	State of Admission	Year of Admission	Hours per Month
<i>None</i>				

Areas of Practice

- Admiralty & Marine
- Agent Practice / Entertainment Law
- Business Transactions Where the Value of the Transaction Is Greater Than \$500,000
- Collection of Consumer Debt
- Environmental Regulatory
- Estates / Trusts Where the Value of the Estate Is Greater Than \$1,000,000
- Family Law Where the Value of the Marital Estate Is Greater Than \$1,000,000
- Financial Transactions (Corporate Finance, Mergers & Acquisitions, Municipal Finance, or Real Estate Development)
- Intellectual Property
- Municipal Bonds
- Oil & Gas / Mineral Rights
- Plaintiff Class Action
- Plaintiff Personal Injury (Including Wrongful Death and Medical Malpractice)
- Real Estate Where the Value of the Transaction Is Greater Than \$1,000,000
- Securities

Please estimate the percentage of hours per year your firm works in each area of practice:

Business Formation:	0%
Business Transactions Where the Value of the Transaction Is Less Than \$500,000:	0%
Elder Law:	0%
Employment Law - Employee Representation:	0%
Estate and Probate - General:	0%
Estates / Trusts Where the Value of the Estate Is Less Than \$1,000,000:	0%
Family Law Where the Value of the Marital Estate Is Less Than \$1,000,000:	0%

Areas of Practice (cont'd)

Plaintiff Litigation-Social Security, Workers Compensation:	0%
Real Estate, Residential & Basic Commercial, Where the Value of the Transaction Is Less Than \$1,000,000:	0%
Tax Preparation - Individual:	0%
Water Rights:	0%
Other:	0%

Please provide additional details concerning the other area(s) of practice:

Loss Prevention / Risk Management Factors

Does the Applicant use or have:

- | | | |
|--|---|--|
| Engagement Letters with more than 80% of its new clients? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Disengagement Letters with more than 80% of clients? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Non-Engagement Letters with more than 80% of prospective clients? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Written fee agreements with at least 80% of clients? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Two or more independent docket control systems? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Written procedures regarding maintenance of custodial accounts? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| A formal system for identifying, avoiding, and disclosing conflicts of interest? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| A formal system for addressing complaints of clients? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Coverage History

Please list the professional liability insurance carried by Applicant for each of the past five years, including any interim periods during which coverage was not purchased. If no coverage was purchased, enter "none" in the carrier field for the corresponding year(s).

Year	Carrier	LPL Limit	Premium
2019	AIX	\$1,000,000	\$6,458
2018	AIX	\$1,000,000	\$6,085
2017	AIX	\$1,000,000	\$6,085
2016	AIX	\$1,000,000	\$6,100
2015	AIX	\$1,000,000	\$6,000

Prior Claims Information

Has any professional liability claim or suit been made in the past 5 years against any current or former attorney, employee, member or volunteer of the Applicant Yes No and/or the Applicant itself or any predecessor entity?

After inquiry, does any individual attorney, employee, member or volunteer of the Applicant have knowledge or information of any occurrence or incident which may Yes No give rise to a claim?

Have all matters noted in response to the prior two questions been reported to the Applicant's current insurer or to the current insurer of any predecessor entity Yes No or to the current insurer of any attorney of the Applicant?

Please complete the following information for each Claim/Incident occurring within the past 5 years:

Item No.	Description	Date of Claim/Incident	Name of Insurer	Current Status
None				

Coverage Information

Expiration date of current policy: *11/01/2019*

Please indicate desired limit (each claim / in the aggregate) for Lawyers Professional Liability coverage: *\$1,000,000/\$1,000,000*

Please indicate desired deductible: *\$1,000*

The following optional coverages are available. Please indicate the coverages for which a quote is desired:

Management Liability Errors & Omissions

How many Directors, Officers and/or employees have resigned, been terminated or retired within the last 12 months?

Does Applicant have a written human resources manual / employee handbook or equivalent written management guidelines? Yes No

Please describe how decisions regarding human resources issues are made:

Does the applicant have an internal investigation or hearing process? Yes No

Employment Practices Liability

Please specify the desired limit: *none*

Primary Pro Bono

Outside Practice of Law

Punitive Damages (\$50,000 / \$50,000)

Criminal Defense (\$50,000 / \$50,000)

Coverage Information (cont'd)

Are you requesting coverage for a Predecessor Firm(s)?:

Yes No

Please complete the following information for each Predecessor Firm:

Item No.	Predecessor Firm Name	Date Established	Date Terminated	Number of Attorneys	Percentage of Ownership Retained (%)
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None

Reporting Requirements Information

Is the Applicant required to have another entity/organization listed on the policy as an Additional Insured? Yes No

Please complete the following information for each Additional Insured:

Item No.	Name	Location
<i>None</i>		

Reporting Requirements Information (cont'd)

Is applicant required to provide notice of cancellation to another entity / organization?

Yes No

Please complete the following information for each entity / organization to which notice of cancellation must be provided:

Item No.	Name	Location
<i>None</i>		

Notice to Insured

Note: This application shall become a part of the Certificate. I/We hereby declare that the above statements and particulars are true, that I/we have not suppressed or misstated any material facts and I/we agree that this Application form shall be the basis of the Contract with Underwriters.

Signature of Applicant (Insured)

Date