

Covers nonprofit civil legal aid, pro bono and volunteer lawyer programs, immigration legal services, tenant and consumer advocacy, and court self-help centers. Private law firms use CWCO-SUP-LAWFIRM. Complete with ACORD 125. Attach a list of attorneys and accredited representatives, the case management and conflict-check procedure, the volunteer attorney agreement, and the latest Form 990.

1 APPLICANT / ORGANIZATION INFORMATION

LEGAL ORGANIZATION NAME	DBA	FEIN	YEARS OPERATING
MAIN OFFICE ADDRESS	CITY / STATE / ZIP	WEBSITE	

Funding sources (check all):
☐ Legal Services Corporation (LSC)
☐ IOLTA / state bar
☐ Government contracts
☐ Foundations
☐ Private donors
☐ Court-awarded fees

EXECUTIVE DIRECTOR / CONTACT	PHONE	EMAIL

NUMBER OF OFFICES	STATES WHERE ATTORNEYS PRACTICE

2 OPERATIONS

DESCRIPTION OF SERVICES (AREAS OF LAW, CLIENTS SERVED, HOW CASES ARE TAKEN AND ASSIGNED)

AREA OF PRACTICE	% OF CASES

Areas: housing / eviction defense; family law and domestic violence; immigration; public benefits; consumer and debt; employment; elder law; disability; veterans; expungement / reentry; education; tax (LITC); impact litigation and class actions.

Staffing and volume:

Staff attorneys	Paralegals / accredited reps	Volunteer attorneys	Law students	Cases opened per year
Hotline or advice-only contacts				

3 EXPOSURE & RISK QUESTIONS — CASE HANDLING & PROFESSIONAL LIABILITY

The ABA's pro bono standards recommend professional liability covering the program, its staff, and its volunteers — volunteer and referral attorneys are a common gap.

3-1 Is every matter entered in a case management system with deadlines calendared and checked by a second person?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-2 Is a conflict check run for every new client and opposing party before advice is given?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-3 Are engagement or limited-scope letters used to define what the organization will and won't do?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-4 Are volunteer and pro bono attorneys covered by the organization's policy, or required to carry their own?	☐ Yes ☐ No
IF YES, EXPLAIN	

3-5 Do non-lawyer staff (paralegals, accredited representatives, navigators) give advice or appear before agencies?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-6 Does the organization bring class actions, impact litigation, or suits against government agencies or large landlords?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-7 Does the organization hold client funds or settlement money in a trust account?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-8 Has a client complained to the bar, or alleged a missed deadline or bad advice, in the last 5 years?	☐ Yes ☐ No
IF YES, EXPLAIN	

4 EXPOSURE & RISK QUESTIONS — FUNDING, SECURITY & DATA

Insurers have excluded high-profile advocacy groups and organizations with material political exposure from some legal aid programs.

4-1 Does the organization receive LSC funds, and has it had an LSC or Inspector General compliance finding?	☐ Yes ☐ No
IF YES, EXPLAIN	
4-2 Does the organization lobby, run public campaigns, or take positions that draw public or political attention?	☐ Yes ☐ No
IF YES, EXPLAIN	
4-3 Have staff received threats from opposing parties, or is there a security plan for offices and courthouses?	☐ Yes ☐ No
IF YES, EXPLAIN	
4-4 Do staff visit clients in homes, shelters, jails, or detention centers?	☐ Yes ☐ No
IF YES, EXPLAIN	
4-5 Are client files encrypted, with multi-factor authentication on email and case systems?	☐ Yes ☐ No
IF YES, EXPLAIN	
4-6 Does the organization hold immigration documents, Social Security numbers, or health records for clients?	☐ Yes ☐ No
IF YES, EXPLAIN	
4-7 Has a funder recaptured or disallowed grant costs in the last 5 years?	☐ Yes ☐ No
IF YES, EXPLAIN	

5 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL (\$, ILLUSTRATIVE)	NUMBER OF EMPLOYEES	ATTORNEYS ON STAFF
ANNUAL BUDGET (\$, ILLUSTRATIVE)	GOVERNMENT GRANTS (%)	ATTORNEY FEES AWARDED (\$, ILLUSTRATIVE)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 5 years.

CURRENT LAWYERS PROFESSIONAL CARRIER

LIMIT / DEDUCTIBLE

D&O / EPL CARRIER

6-1 Has any carrier declined, cancelled, or non-renewed coverage for this organization in the last 5 years?

☐ Yes ☐ No

IF YES, EXPLAIN

6-2 Has a malpractice, employment, or data breach claim been made in the last 5 years?

☐ Yes ☐ No

IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED (\$, ILLUSTRATIVE)	OPEN / CLOSED

6-3 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one?

☐ Yes ☐ No

IF YES, EXPLAIN

7 RISK MANAGEMENT & SAFETY

7-1 Are new attorneys and volunteers supervised by experienced attorneys until signed off?

☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Are case closing letters sent to every client?

☐ Yes ☐ No

IF YES, EXPLAIN

7-3 Do staff complete annual training on ethics, confidentiality, and data security?

☐ Yes ☐ No

IF YES, EXPLAIN

8 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: 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 and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)

TITLE

DATE

PRODUCER — CORY WASHINGTON & CO. LLC

PRODUCER SIGNATURE (TYPE FULL NAME)

DATE