

SECTION A - FIRM INFORMATION**A.1*****Firm Name:**

PAWNEE LAW FIRM PC

Mailing Address 1:

16037 SW UPPER BOONES FERRY RD , STE 300

Mailing Address 2:***City:**

TIGARD

***State:**

Oregon

***Zip:**

97281

Website:***Phone:**

6194583652

How did you hear about PLF Excess Coverage?

Select all that apply.

- ☐ Advertisement in Multnomah Lawyer or other legal publication
- ☐ Mailed brochure
- ☐ PLF InBrief publication, blog, or social media posts
- ☒ Online search for excess coverage
- ☐ Referred by PLF Staff or another firm (please provide the name of person who referred you below)
- ☐ Other

A.2***Application Contact Name:**

LESLIE KNOPE

***Contact Email:**

MELANIEH@OSBPLF.ORG

A.3***Type of Firm:**

Sole Practitioner

A.4***Date Firm in A.1 Began Business:**

2021-04-01

A.5***Number of Attorneys in Firm (include of counsel):**

1

A.6

Number of Non-Attorney Staff in Firm::

1

A.7

Does your firm currently have, or plan to have, any licensed paralegals on staff in 2024?☐ Yes☒ No

A.8

Does your firm employ an office manager?☒ Yes☐ No

A.9

***Desired Beginning Coverage Date:**

2024-01-01

A.10

Coverage Level Requested:

You may check more than one box to request multiple quotations. For renewing firms, the box checked notes the coverage level your Firm purchased last year.

Please note: New firms may apply only for the \$700,000 or \$1.7 million coverage levels, unless the attorneys are moving from a firm with higher limits of coverage, or unless sufficient explanation for the higher limit request is provided in the text box below.



\$700,000 / \$700,000



\$1.7 million / \$1.7 million

Reason for higher limit of coverage needed:*300 character limit.*

A.11

Cyber Coverage:

PLF Excess Coverage automatically includes a Cyber Liability & Breach Response Endorsement (Firms of 1-10 attorneys receive \$100,000 in limits, firms with 11+ attorneys receive \$250,000 in cyber limits). However, firms can apply for higher limits up to \$1 million by separate application. If you would like to apply for higher limit cyber coverage, please contact Melanie Hughes at excess@osbpflf.org to request an application.

A.12

Firm Revenue Information (please provide **estimated gross revenue information in USD):**

Current 12 Months: \$ 500

Prior 12 Months: \$ 1000

Projected Next 12 Months: \$ 1000

A.13

What is the approximate aging of your **estimated accounts receivable as of the date of your application? The total must equal 100%.**Less Than 30 Days: %Less Than 60 Days: %Less Than 90 Days: %91 Days Or More: %

☐ UNKNOWN, NEW FIRM

A.14 Please complete the following chart based upon either your **estimated** gross revenue or **estimated** billable hours for each category. The total must equal 100%.

High Net Worth Individuals (>\$1M Assets):	<input type="text"/> %	Public Companies:	<input type="text"/> %
Moderately Wealthy Individuals (>\$500K Assets):	<input type="text"/> %	Non-Profit Organizations Or Charities:	<input type="text"/> %
Individuals - All Other:	<input type="text" value="100"/> %	Government Or Public Institutions:	<input type="text"/> %
Large Private Companies (>\$1M Revenue):	<input type="text"/> %	Other (Specify):	<input type="text"/> %
Small Private Companies (<\$1M Revenue):	<input type="text"/> %	Describe Other If Over 5%:	

SECTION B - PREDECESSOR FIRMS

B.1 **Predecessor Firm:**
A former firm qualifies as a Predecessor Firm for excess coverage purposes if it was a sole proprietorship, partnership, professional corporation, or other entity (a) that is no longer engaged in the practice of law; **and** (b) at least 50% of whose attorneys are affiliated with the Firm listed in A.1.

Only firms that meet **all parts of the above definition may be considered a predecessor firm**. If you believe a firm should be listed as a Predecessor Firm, please explain your reasoning in the text box. **Note: New firms are not eligible to add Predecessor Firms, except under special circumstances.** The inclusion of Predecessor Firms is at the PLF's discretion.

If a Predecessor Firm is already listed below, do not modify any information here. Once a Predecessor Firm has been added to the coverage, it will not be removed.

Predecessor Firm Details:





Please add each firm on a new line.

SECTION C - FIRM ATTORNEYS AND FORMER ATTORNEYS

C.1 Current Attorneys:

Please list the following information for each attorney presently working for the Firm, including of counsel attorneys and any other temporary/contract attorneys who are held out as members of your firm (example- contract attorneys who are listed on your firm's letterhead). If you are unsure whether an attorney needs to be added to the coverage, visit the "Exemptions from Coverage" section on this [page](#) and click the dropdown for "Law Clerk/Supervised Attorney (not engaged in the private practice of law)".

Non-Oregon Attorney Supplement required for all new Non-Oregon attorneys added. Supplement will display in Section J.

Attorney Name	OSB No.	Year Started with Firm	Status	3 hours of CLE Credit in Past Year?	Part time? (less than 250 hours per year)	Non-Oregon Attorney or Oregon attorney with principal office out
Emilee Preble	102398	2023	Sole Pract 	Yes 	No 	No 

C.2 Do all of the attorneys listed in C.1 above carry primary PLF coverage?

- ☒ Yes
☐ No

SECTION D - CLAIMS EXPERIENCE

D.1 Is any attorney in the Firm aware of any claim(s) against the Firm, a Predecessor Firm, or any attorney who worked for the Firm or a Predecessor Firm that has **NOT been reported to the PLF**? If yes, please provide details, including the name of the claimant, name of the responsible attorney, and a description of the claim and alleged damages.

- ☐ Yes
☒ No

D.2 Is any attorney in the Firm aware of any act, error, or omission or any possible claim, which might reasonably be expected to be the basis of a professional liability claim or suit against him or her, against the Firm or any Predecessor Firm, or against any present or former attorney of the Firm or any Predecessor Firm that has **NOT been previously reported to the PLF**?

- ☐ Yes
☒ No

D.3 Has any excess carrier paid any amount above the PLF's primary limit during the past 10 years?

- ☐ Yes
☒ No

D.4 Has a copy of this Application or a [Firm Attorney Questionnaire](#) been provided to all firm attorneys for their verification? (Sole practitioners check "YES").

- ☒ Yes
☐ No

SECTION E - TYPE OF PRACTICE

E.1 Please complete the chart below to describe the Firm's practice by indicating the percentage of the Firm's professional time or billings in the private practice of law devoted to each area within the most recent 12-month period for which you have data. **The total must equal 100%. Please round to the nearest whole number.** Mouse over the "?" for more detail about practice category.

Administrative/Regulatory ?	<input type="text"/> %	Employment ?	<input type="text" value="100"/> %	Municipal/Government ?	<input type="text"/> %
Admiralty ?	<input type="text"/> %	Energy:	<input type="text"/> %	Negligence/Tort - Defendant:	<input type="text"/> %
Antitrust ?	<input type="text"/> %	ERISA/Benefits ?	<input type="text"/> %	Negligence/Tort – Plaintiff:	<input type="text"/> %
Bankruptcy ?	<input type="text"/> %	Estate/Probate/Trust/Gift ?	<input type="text"/> %	Real Estate (Non Litigation):	<input type="text"/> %
Business/Banking/Comm. ?	<input type="text"/> %	Family/Juvenile/Adoption ?	<input type="text"/> %	Securities: Oregon & Federal ?	<input type="text"/> %
Civil Litigation/Appeals ?	<input type="text"/> %	Intellectual Property ?	<input type="text"/> %	Tax/Non-Profit:	<input type="text"/> %
Collections:	<input type="text"/> %	Immigration:	<input type="text"/> %	Tribal:	<input type="text"/> %
Communications/Media/Ent.:	<input type="text"/> %	Labor Relations:	<input type="text"/> %	Workers Comp. – Defendant:	<input type="text"/> %
Construction ?	<input type="text"/> %	Land Use:	<input type="text"/> %	Workers Comp. – Claimant:	<input type="text"/> %
Criminal:	<input type="text"/> %	Mediation/Arbitration:	<input type="text"/> %	Other:	<input type="text"/> %

Describe Other If Over 5%:

QUESTIONS RELATED TO LAW PRACTICE

Answers to E.2 – E.6 may require the Securities or Business Law Supplements. If required, those supplements will display in Section J.

E.2 Does your Firm or Firm attorney now provide, or have provided in the past 5 years, any of the following securities-related services? (check all that apply):

- ☐ Prepared any part of a registration statement, prospectus, offering memorandum, offering circular, disclosure statement, or set of risk factors in connection with the issuance, offer, sale, or transfer of securities.
- ☐ Prepared a subscription document, tax opinion, or legal opinion in connection with the issuance, offer, sale, or transfer of securities.
- ☐ Provided services or advice to a client regarding compliance with state or federal securities laws in connection with the issuance, offer, sale, or transfer of securities.
- ☐ Provided services or advice to a client regarding securities registration or exemption from registration in connection with the issuance, offer, sale, or transfer of securities.
- ☐ Provided services or advice to a broker-dealer, investment advisor, salesperson or finder regarding compliance with state or federal securities laws or FINRA regulations.
- ☐ Provided services in connection with the preparation or filing of any form, document, or report to be filed with the SEC, FINRA, Oregon Department of Consumer and Business Services, Division of Finance and Corporate Securities or Division of Financial Regulation, or with the securities regulatory agency of any state.
- ☐ Provided any other services or advice to a client in connection with soliciting investors or seeking investment capital.

E.3

What percent of your annual Firm practice involves work indicated above?

E.4 Business Entities:

In the past 3 years, did your Firm provide services in connection with the formation, organization, or financing of corporations, limited liability companies, limited partnerships, or other business entities or organizations?

- ☐ Yes
☒ No

E.5 Loan Documentation:

In the past 3 years, did your Firm provide services in connection with the documentation of loans or loan collateral?

- ☐ Yes
☒ No

E.6 Real Estate Financing:

In the past 3 years, did your Firm perform services in connection with the financing of real estate transactions?

- ☐ Yes
☒ No

E.7 What percent of your annual Firm practice involves work described in questions E.4 – E.6 (above)?

E.8 Does your Firm regularly document to the file, in writing, the advice given to your clients? If no, please explain.

- ☒ Yes
☐ No

E.9 If your Firm employs associates, does a partner or more experienced lawyer regularly supervise and review the work of the associate(s)?

- ☒ Yes
☐ No
☐ Not Applicable

SECTION F - OTHER INFORMATION

F.1 Does the Firm have excess coverage at the present time? If applicable, please upload **two prior years'** Declaration Sheets in Section J or email them to excess@osbplf.org.

- ☒ Yes
- ☐ No

Policy Period From	Policy Period To	Insurance Co.	Policy Limits	Name of Firm Issued Coverage
2023-01-01	2023-12-31	Melanie Insurance	1,000,000	Pawnee Law
YYYY-MM-DD	YYYY-MM-DD			

F.2 During the past 5 years, has any insurance carrier declined to issue, cancelled, refused to renew, or agreed to accept only on special terms, professional liability coverage for your Firm, any Predecessor Firm, or any attorney in your Firm or Predecessor Firm?

- ☐ Yes
- ☒ No

F.3 Does your Firm share office space with any other firm, attorney, or organization?

- ☐ Yes
- ☒ No

F.4 In the past 5 years, has any attorney in your Firm or Predecessor Firm:

(a) Been refused admission to practice, disbarred, suspended from practice or formally reprimanded by any bar association or court?

- ☐ Yes
- ☒ No

(b) Been convicted of a felony or a Class A misdemeanor (or equivalent crime in other states)?

- ☐ Yes
- ☒ No

(c) Engaged in any of the following activities: (1) conduct which is or could be the subject of bar discipline, (2) dishonest conduct, or (3) unauthorized borrowing from the Firm or a client?

- ☐ Yes
- ☒ No

(d) Been sanctioned by any court or tribunal?

- ☐ Yes
- ☒ No

F.5

Does your firm have other office locations?

If yes, please list all such locations, including the street address, city, state, and zip code, and explain whether control and supervision rest with the principal business office.

- ☐ Yes
- ☒ No

F.6 Does the Firm maintain any of counsel relationship or share letterhead with any other firm or any attorney not listed as a Firm Attorney in C.1?

- ☐ Yes
- ☒ No

F.7 Does your Firm maintain a joint venture, partnership, or ownership relationship with any other businesses or receive any compensation for referrals to such businesses?

- ☐ Yes
- ☒ No

F.8 Do any attorneys in your firm (including of counsel and contract attorneys) have separate legal practices or other professional service businesses?

If yes, please provide the following information about the attorney and their outside business in the text box below: attorney's name, OSB Number, name of outside business(es), and a description of the business(es). Only firms specifically named in Question A.1 will qualify for coverage under this plan.

- ☐ Yes
- ☒ No

F.9 Does your Firm use temporary or contract legal services, or retain attorneys as independent contractors, on behalf of clients of the Firm? If yes, please explain the volume and nature of the work performed and contractor relationship with the Firm.

Remember that all permanent and temporary/contract attorneys who are held out as members of your firm should be included in C.1 of this application. For additional information, visit the "Exemptions from Coverage" section on this [page](#) and click the dropdown for "Law Clerk/Supervised Attorney (not engaged in the private practice of law)."

- ☐ Yes
- ☒ No

F.10 Does the Firm, any Firm Attorney, or any Firm Attorney's spouse or immediate family member possess any beneficial interest in a client business entity? If yes, please describe the percentage of ownership and the nature of the ownership interest (e.g., family business, stock in lieu of fees, etc.) below.

- ☐ Yes
- ☒ No

F.11 Does any client, case, or group of related clients or cases currently represent more than 30% of the Firm's business (or has represented more than 30% in any year in the past 3 years)?

- ☐ Yes
- ☒ No

SECTION G - PRACTICE MANAGMENT

G.1	Does the Firm have a way to reliably track client appointments, court dates, hearing dates, or other deadlines so all firm obligations are met? <input type="radio"/> No <input checked="" type="radio"/> Yes <table><tr><td><input type="checkbox"/> Computer/Calendar Software</td><td><input type="checkbox"/> Individual Attorney Diaries</td></tr><tr><td><input checked="" type="checkbox"/> Docket Clerk</td><td><input type="checkbox"/> Outsourced Calendar Management</td></tr><tr><td><input type="checkbox"/> Centralized</td><td><input type="checkbox"/> Other</td></tr><tr><td><input type="checkbox"/> Duplicate entry of all dates</td><td>Please specify what software/method is currently used:</td></tr></table>	<input type="checkbox"/> Computer/Calendar Software	<input type="checkbox"/> Individual Attorney Diaries	<input checked="" type="checkbox"/> Docket Clerk	<input type="checkbox"/> Outsourced Calendar Management	<input type="checkbox"/> Centralized	<input type="checkbox"/> Other	<input type="checkbox"/> Duplicate entry of all dates	Please specify what software/method is currently used:
<input type="checkbox"/> Computer/Calendar Software	<input type="checkbox"/> Individual Attorney Diaries								
<input checked="" type="checkbox"/> Docket Clerk	<input type="checkbox"/> Outsourced Calendar Management								
<input type="checkbox"/> Centralized	<input type="checkbox"/> Other								
<input type="checkbox"/> Duplicate entry of all dates	Please specify what software/method is currently used:								
G.2	Does your Firm put reminders on the calendar prior to key deadline dates, such as the running of a statute of limitations? <input checked="" type="radio"/> Yes <input type="radio"/> No								
G.3	Does your Firm follow up to verify that deadline-related tasks were actually performed? For example, do you confirm when service of process is completed? <input checked="" type="radio"/> Yes <input type="radio"/> No								
G.4	Does your system for tracking deadlines capture long-range or future work beyond the current calendar year? For example: yearly reminders to file annual accounting for conservatorships. <input checked="" type="radio"/> Yes <input type="radio"/> No								
G.5	Does your Firm screen new clients and cases for potential conflicts of interest prior to receiving confidential information? <input checked="" type="radio"/> Yes <input type="radio"/> No								
G.6	Does your Firm do any research on the potential client before accepting the engagement? <input checked="" type="radio"/> Yes <input type="radio"/> No								
G.7	Does your Firm provide written disclosures when there is a potential conflict and obtain written consent from clients to continue representation? <input checked="" type="radio"/> Yes <input type="radio"/> No								
G.8									

Does your Firm use “engagement” letters or fee agreements describing, in detail, the scope of the agreed upon work with all new clients? (These letters can be one agreement or separate agreements.)

- ☒ Yes
☐ No

G.9 Does your Firm use “disengagement” letters or, if the client is an ongoing client, a letter at the conclusion of each legal matter that advises the client the matter is concluded?

- ☒ Yes
☐ No

G.10 Does your Firm use "non-engagement" letters with declined clients?

- ☒ Yes
☐ No

G.11 When your Firm accepts a new case from an existing client, do you open a separate file for the new matter?

- ☒ Yes
☐ No

G.12 When your Firm accepts a new case from an existing client, do you re-confirm the terms and scope of representation?

- ☒ Yes
☐ No

G.13 Has a client ever complained about your failure to communicate?

- ☐ Yes
☒ No

G.14 If you are a solo proprietor, have you made arrangements with another attorney to assist with the temporary or permanent closure of your practice in the event of your extended absence from practice?

Note: The PLF Handbook, [“Planning Ahead: A Guide to Protecting Your Clients’ Interests in the Event of your Disability or Death”](#) can assist you with this process.

- ☐ Yes
☒ No
☐ Not Applicable

G.15 Does your law firm use artificial intelligence (or AI) to assist with legal research or for other professional purposes? If “yes,” please specify the system and describe how your firm uses it.

- ☐ Yes
☒ No

SECTION H - OTHER PROVISIONS

H.1

Representations

The undersigned represents that the information contained herein is true and correct as of the date this Application is executed, and that it shall be the basis of the Excess Plan and deemed to be incorporated therein if the Professional Liability Fund accepts this Application by issuance of an Excess Plan. It is hereby agreed and understood that this representation constitutes a continuing obligation to report to the Professional Liability Fund as soon as practicable any material change in the circumstances of the applicant's practice of law, including, but not limited to, the size of the Firm and the information contained on each Supplemental Application submitted herewith.

H.2

Release of Claim Information

The undersigned hereby authorizes release of claim information from any prior insurer to the Professional Liability Fund. The undersigned understands that the PLF will use for underwriting purposes internal PLF claims information about the firm attorneys listed in Sections C.1, C.4, and C.6. The undersigned warrants that he or she has authority from the attorneys listed at Section C.1, C.4, and C.6 to receive claim information from the PLF as part of the underwriting process.

H.3

Claims Made Excess Plan

The undersigned understands and accepts that the Excess Plan applied for provides coverage on a "claims made" basis for only those claims that are made against the applicant while the Excess Plan is in force, that defense costs are included within coverage limits, and that all coverage ceases with the termination of the Excess Plan unless the undersigned exercises certain extended reporting coverage options available in accordance with the terms of the Excess Plan.

H.4

Failure to Report Claims

The undersigned agrees that failure to report any claims made against the applicant or any attorney in the applicant's firm under any current or previous coverage or policy of insurance, or failure to reveal known facts that may give rise to a claim against any prior, current, or future coverage or insurers, may result in the absence of coverage for any matter that should have been reported or in the failure of coverage altogether.

H.5

OFAC Compliance

The undersigned acknowledges that by submitting this application the Firm and Firm Attorneys will be checked against the Office of Foreign Assets Control (OFAC) list and that a quote may not be issued if the Firm or a Firm Attorney is included on such list.

SECTION I - ASSESSABILITY

I.1

Supplemental Excess Assessment

The undersigned acknowledges that the Excess Plan is assessable as provided in Section XI of the Excess Plan. Assessment may be made during the Coverage Period or in future years to cover Excess Program claims and expenses in such fashion as may be provided in the Excess Plan. The undersigned warrants that he or she has authority to sign for and bind the Firm and its partners, shareholders, members, and professional corporations for payment of supplemental assessments in accordance with the terms of the Excess Plan.

It is agreed that completion of this Application does not obligate the Firm to purchase excess coverage from the Professional Liability Fund, nor does it bind the Professional Liability Fund to issue coverage. If coverage is issued, this Application, along with the Declaration Sheets, and any applicable endorsements, will be deemed a part of the Firm's Excess Plan.

It is agreed that any coverage provided by the Professional Liability Fund will be according to the applicable Claims Made Excess Plan, and that any representations made in this Application or in the related instructions and question and answer sheet or any requests made by the Firm in this Application will not expand coverage beyond that stated in the Declarations Sheet, applicable Claims Made Excess Plan, and any Endorsements issued to the Firm.

By checking this box I certify that I have the authority to submit this application for PLF Excess Coverage on behalf of the Firm named in A.1. I further certify that the answers on this application are true and accurate as of today.



***I Agree To The Above.**

SECTION J - ATTACHMENTS & SUPPLEMENTAL FORMS

Please upload a current copy of your Declarations page, if your law firm currently has coverage with another provider.

Declarations:

Browse & Upload

[/excess/declarations/2021 5x5 Treaty1702588449-19542.pdf](#) -

J.1 Does your firm use multiple letterheads?

- ☐ Yes
☒ No

J.2 Please upload copies of all Letterhead. If your firm uses WordPerfect, please upload as a PDF.

Firm Letterheads:

Browse & Upload Letterhead

[/excess/letterhead/2021 5x5 Treaty1702588523-19554.pdf](#) -

J.3 Additional comments and supplements, please upload as a PDF.

Additional Comments:

Browse & Upload Supplement/Comment