



PROVIDER APPLICATION

Applicant Instructions:

Answer all questions **in full**. Type or print using **ink** only.
If space is insufficient to answer all questions fully, attach separate sheet.
Application must be signed and dated by named applicant, partner or officer.
All attachments to application must be signed and dated by named applicant, partner or officer.
A copy of the face sheet of your professional liability policy must be attached.

Date: _____

1. Applicant Name: _____
Last First Middle

2. Name of Firm: _____

Mailing Address: _____
Street City County Zip Code

Telephone No.: _____ Facsimile No.: _____

3. Applicant Social Security #: _____ OR Federal Employer I.D.: _____

4. Applicant or firm members are fluent in the following foreign languages: _____

5. Date admitted to the Bar: _____ State(s): _____

6. Date Established: _____ Number of years in private practice: _____

7. Applicant is: Partnership Professional Corporation Professional Association Sole Proprietor

8. Are there other office locations? Yes No. If yes, please list with a breakdown of staff by location on a separate sheet.

9. Is the Applicant or members of the firm proposed for this application a member of any organization or bar association?
 Yes No. If yes, please list lawyer and organization:

10. Does the Applicant or any other firm members provide or offer any ancillary services? Yes No. If yes, please explain:

11. Please explain the firm's automation/computer capabilities:

12. Please briefly explain the firm's diary system for dates (i.e. due dates diared in more than one place):

13. State the Number of Employees:

_____ law clerks _____ accountants _____ paralegals
_____ abstractors _____ investigators _____ secretarial/clerical/support staff

14. List below all LAWYERS related to the Applicant. Attach separate sheet if additional space is required.

DESIGNATION:

- P** Partners of the partnership
- E** Employed lawyers (employees of Applicant)
- RP** Retired partners of the Applicant
- O** Officers, directors, shareholders of the corporation who are licensed lawyers
- S** Sole Proprietor
- OC** Of Counsel lawyers of the Applicant
- TA** Title Agent

Name	Designation(s)	Age	Year Admitted to the Bar	Years in Practice	State of Admission to Bar

15. Briefly explain how your firm handles conflict of interest situations:

16. Indicate the following areas of law for which you wish to provide services to Guardian Legal Services insured:

- A. Adoption
- B. Bankruptcy (Ch. 7 & 13)
- C. Civil Action
- D. Consumer Protection
- E. Dissolution
- F. DUI Defense
- G. Legal Document Review
- H. Business Law
- I. Family Law
- J. Insurance Law
- K. Juvenile Proceedings
- L. Mediation/Arbitration
- M. Sale & Purchase of Primary Residence
- N. Tenant Matters
- O. Traffic Matters
- P. Trusts
- Q. Wills
- R. Immigration
- S. Probate
- T. Other Areas of Specialty

17. Has the Applicant or other firm members ever been denied the right to practice, suspended from practice, disbarred, reprimanded or had other disciplinary action taken against them by any court or administrative agency? Yes No.
If yes, please explain:

18. Have any claims or suits been made during the past five years against the Applicant or any other firm members? Yes No. If yes, please attach a statement of details. INFORMATION SHOULD INCLUDE: **A)** Name of Claimant, **B)** Date of Claim, **C)** Nature of Claim, **D)** Amounts Sought, **E)** Amounts Paid, **F)** any Reserve Amounts, AND **G)** Present Status of Claims.

19. Is the Applicant or other firm members proposed for this application aware of any circumstance, act, error, omission or personal injury which may result in a claim against them? Yes No. If yes, please attach a statement of details. INFORMATION SHOULD INCLUDE: **A)** Name of Potential Claimant, **B)** Date Applicant first became aware of Potential Claim, **C)** Nature of Incident, **D)** Potential Damages.

I hereby make application to become a participating attorney of Guardian Legal Services, Inc. As inducement to GLS to accept this application I hereby:

- a) represent and warrant that I am an active member of the Florida Bar and maintain an office for the private practice of law within that state;
- b) represent and warrant that I maintain legal malpractice insurance coverage of at least \$100,000/300,000;
- c) represent and acknowledge that I have received and read a copy of the GLS participating Provider Agreement and agree that if this application is accepted, I will abide and be bound by all the terms and conditions thereof.

APPLICANT SIGNATURE

DATE

PLEASE ATTACH A COPY OF THE FACE SHEET OF YOUR PROFESSIONAL LIABILITY POLICY