

Name of Insurance Company to which Application is made (herein called the "Insurer")

LAWYERS PROFESSIONAL LIABILITY APPLICATION

NOTICE: THIS IS AN APPLICATION FOR INSURANCE WRITTEN ON A CLAIMS MADE BASIS. FURTHER NOTE THAT THE DEDUCTIBLE FOR THIS POLICY SHALL APPLY TO BOTH DAMAGES AND CLAIM EXPENSES. IF A POLICY IS ISSUED, THE APPLICATION WILL BECOME PART OF THE POLICY AS IF PHYSICALLY ATTACHED. THEREFORE, IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

INSTRUCTIONS

"You," "Your" or "Applicant" refer individually and collectively to the Named Applicant, subsidiaries, persons, entities, and the authorized agent of all person(s) and entity(ies), proposed for this insurance. Some sections of the Application may not apply to You. If this is the case, please mark "not applicable" (N/A). In the event You need more space to fully answer a question, please attach separate sheet(s) to this Application with Your full answer and indicate the question number to which You are responding. Supplements A through J are to be completed only when required.

This Application and all supplements must be signed and dated by either (a) the managing partner or managing executive of the Applicant Firm or (b) the principal, business manager or risk manager of the Applicant Firm.

EXHIBITS

COPY OF FIRM'S LETTERHEAD AND AFFILIATES' LETTERHEADS

COPY OF FINANCIAL STATEMENTS (If requested, the Company will issue a confidentiality statement to the Firm).

COPY OF ADVERTISEMENT(S) (if the Firm advertises) AND FIRM RESUME

COPY OF HOME PAGE AND INTERNET ADDRESS (if the Firm has a web site)

COPIES OF CERTAIN TABLE OF CONTENTS AND PROCEDURES

ADDENDA TO APPLICATION CONTAINING EXPLANATIONS TO CERTAIN QUESTIONS

SUPPLEMENTS

ATTACHED, IF APPLICABLE (REFER TO APPROPRIATE QUESTION)

SUPPLEMENT A - FINANCIAL QUESTIONNAIRE	Required	<input type="checkbox"/> Yes
SUPPLEMENT B - LAWYER INFORMATION	Required	<input type="checkbox"/> Yes
SUPPLEMENT C - BRANCH OFFICE AND AFFILIATE	Optional	<input type="checkbox"/> Yes <input type="checkbox"/> No
SUPPLEMENT D - ENVIRONMENTAL / REAL ESTATE	Optional	<input type="checkbox"/> Yes <input type="checkbox"/> No
SUPPLEMENT E - FINANCIAL INSTITUTIONS / BANKING	Optional	<input type="checkbox"/> Yes <input type="checkbox"/> No
SUPPLEMENT F - SECURITIES - PARTS I AND II	Optional	<input type="checkbox"/> Yes <input type="checkbox"/> No
SUPPLEMENT G - CONTROLLING INTEREST	Optional	<input type="checkbox"/> Yes <input type="checkbox"/> No
SUPPLEMENT H - INCIDENTS AND CLAIMS	Optional	<input type="checkbox"/> Yes <input type="checkbox"/> No
SUPPLEMENT I - CAREER COVERAGE QUESTIONNAIRE	Optional	<input type="checkbox"/> Yes <input type="checkbox"/> No
SUPPLEMENT J - PLAINTIFF LITIGATION	Optional	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section A. GENERAL INFORMATION

A. I. OFFICES

1. Name of Applicant Firm: _____
 Type of Firm: Individual Partnership P.A. P.C. L.L.C. L.L.P. Other _____
2. Address of Applicant's Principal Office:
 Street: _____
 City: _____ County: _____ State: _____ Zip code: _____
 E-mail address: _____ Web Page Address: _____
 Telephone number: _____ - _____ - _____ Facsimile number: _____ - _____ - _____
3. Date Firm was established: _____
4. Other offices:
 - a. Number of branch offices: _____
 - b. If a member of a network of affiliates or a consortium, number of firms in the network of affiliates or the consortium: _____

If there is a branch office or affiliate, please complete Supplemental Application C - the Branch Office and Affiliate Supplement.

A. II. LAWYERS AND STAFF

1. Total number of lawyers in the principal office and branch(es), if any:

	Current	Last Year	Two Years Ago
Partners/officers/members			
Employed lawyers			
Of counsel/counsel			
Independent contractor/per diem lawyers			
Paralegals			
Clerical			
Other staff (please describe below)			
Total			

Other Staff (if applicable): _____

2. Total number of lawyers engaged as "counsel", "of counsel" or independent contractors who billed more than 1200 hours last year:
Counsel/Of Counsel _____ Independent Contractors _____

Section B. AREA OF PRACTICE AND CLIENT PROFILE

B. I. AREAS OF PRACTICE

1. Describe the areas of the law in which the Applicant practices (based on billable and nonbillable hours) by stating the percentage for the following categories and the approximate number of partners in each area of

practice (A partner may be included in more than one area of practice.) If an area of practice has a footnote, the Applicant will be required to complete supplemental application.

AREA OF PRACTICE	% OF BILLABLE HOURS	AREA OF PRACTICE	% OF BILLABLE HOURS
Admiralty/Marine		Intellectual property: Copyright	
Antitrust/Trade Regulation		Labor: Union-management relations	
Bankruptcy		Labor: Employment law	
Bond ²		Litigation: Arbitration/Mediation	
Collection/Repossession		Litigation: Commercial	
Commercial transactions: Finance		Litigation: General Civil	
Commercial transactions: Secured transactions		Litigation: Insurance Defense	
Communications		Litigation: Plaintiff ⁴	
Corporate: Formation/Alteration		Personal Injury: Plaintiff ⁴	
Corporate: Mergers/Acquisitions		Personal Injury: Defense	
Corporate: Other (please describe)		Pro-bono: Criminal	
Criminal		Pro-bono: Other	
Energy/Natural Resources		Real estate: Commercial ¹	
Entertainment/Sports		Real estate: Residential ¹	
Environmental ¹		Real estate: Land use/Zoning ¹	
ERISA		Real estate: Title Examinations ¹	
Estate/Trust/Probate		Securities ²	
Family Law/Domestic Relations		Taxation: Corporation	
Financial Institutions/Banking ³		Taxation: Individuals	
Government/Municipal -other than bond work		Workers' compensation: Plaintiff	
Immigration/Naturalization		Workers' compensation: Defendant	
Intellectual property: Patent		Other (please describe):	
Intellectual property: Trademark			
		TOTAL (must be 100%)	

¹ If AOP is greater than 10%, the applicant must complete Supplemental Application D - Environmental and Real Estate.

² If AOP is greater than 10%, the applicant must complete Supplemental Application F Parts I and II - Securities

³ If AOP is greater than 10%, the applicant must complete Supplemental Application E - Financial Institution Questionnaire

⁴ If AOP is greater than 10%, the applicant must complete Supplemental Application J - Plaintiff Litigation

2. Has Applicant's areas of practice varied more than 10% within the past two (2) years? Yes No

If "Yes", provide details: _____

B. II. CLIENT PROFILE

1. According to the sums billed as fees in the most recent fiscal year, please provide a make-up of the Firm's client base. Using your judgment, organize the client base into categories which best describe the clients. Each of the categories are mutually exclusive.

Client	Percentage of Fees
Individual	
Start-up business (less than 3 years)	
Privately held company	
Publicly held company	
Financial institution	
Government entity	
Other (please describe)	
TOTAL	

2. According to sums billed as fees in the most recent fiscal year, please list the 5 largest clients of the Firm. Use the categories in question B. I. to describe the area(s) of practice. You may claim confidentiality as to the identification of the clients which are not a matter of public record. If confidentiality is claimed, then please describe only the nature of business and area of practice.

Name of client / years as client	Nature of client's business	Area(s) of practice

Section C. FIRM STRUCTURE

1. Please list below or on a separate page all Predecessor Firm(s) that have been merged into or acquired by the Firm during the past five(5) years. A Predecessor Firm is a firm which was engaged in the practice of law to whose financial assets and liabilities the Firm is the majority successor in interest. N/A

Name of Predecessor Firm	Dates of Existence	Number of Lawyers Acquired	Status of Predecessor Firm	Predecessor Firm's Retroactive Date
	From: ____ To: ____		<input type="checkbox"/> Dissolve <input type="checkbox"/> Change name/form <input type="checkbox"/> Continue to Exist	

	From: ____ To: ____		<input type="checkbox"/> Dissolve <input type="checkbox"/> Change name/form <input type="checkbox"/> Continue to Exist	
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2. Is the Firm planning any of the following changes within the next 12 months:
- a. merging with or acquiring another firm? Yes No
 - b. hiring laterals? Yes No
 - c. downsizing other than through retirement and normal attrition? Yes No
 - d. name change? Yes No
 - e. forming an L.L.P.? Yes No
 - f. redrafting the partnership agreement/operating agreement or changing the partner/member compensation? Yes No
 - g. otherwise changing the firm's structure? Yes No
- If "Yes", provide details: _____
3. Does the Firm share office space, expenses, or staff with any other lawyers or law firms? Yes No
- If "Yes", please describe the arrangement, including signage and letterheads:

Section D. MANAGEMENT STRUCTURE AND TRAINING OF PRINCIPAL OFFICE

D. I. MANAGEMENT STRUCTURE AND LEADERSHIP

1. What is the management structure of the principle office of the Firm?

Sole Practitioner	<input type="checkbox"/>	Executive Committee # in committee	<input type="checkbox"/>
Management Committee # in committee	<input type="checkbox"/>	Managing Executive	<input type="checkbox"/>
Managing Partner	<input type="checkbox"/>	Other	<input type="checkbox"/>

If other, please describe: _____

2. If the Firm is managed by a committee, does this committee meet on a regularly scheduled basis? Yes No
- If "No", please provide details. _____
3. Does the Firm employ a full time non-lawyer firm administrator? Yes No
4. Does the Firm designate or employ an **Ombudsperson**, i.e., someone with management responsibility for evaluating or dealing with actual or potential claims whether malpractice or employment related? Yes No

D. II. MANAGEMENT TRAINING AND REVIEW

1. Does the Firm have written risk management procedures? Yes No
- If "yes," are the procedures circulated or discussed with the lawyers and staff at regular intervals?

Yes No

2. Has the Firm had a risk management seminar or audit conducted within the past 2 years by an outside risk management specialist? Yes No

3. Lawyers' training:

a. Does each practice group (or the Firm, if there are no designated practice groups) offer a training program for its lawyers? Yes No

If "yes," please explain scope of training on separate sheet of paper.

b. Who is responsible for the overall supervision and control of the lawyers' training program?

4. Does the Firm use a formal system to evaluate, at least annually, the performance of all practicing lawyers (including partners/members) and staff within the Firm? Yes No

5. Staff training:

a. Does the Firm offer a training program for the staff? Yes No

b. Who is responsible for the overall supervision of the support staff? _____

6. Does the Firm have a written policy requiring that a notice of claim or potential claim be reported to an identified individual or committee as soon as a lawyer or employee of the Firm becomes aware of the claim or potential claim? Yes No

If "no," please explain: _____

D. III. REVIEW AND TRAINING OF LATERAL HIRES

1. Please check the measures taken by the Firm to protect itself from possible claims made against the lateral hire and the Firm arising from acts, errors, or omissions committed by the lateral hire while at another firm:

a. verification of bar admission(s)

b. investigation of outside interests, e.g., director and officer positions and controlling interests in entities other than the Firm

c. investigation of possible and actual conflicts of interest, e.g., clients of prior firm(s) and equity interests in clients verification of malpractice insurance

d. require the purchase of an extended reporting period endorsement, if available

e. disclosure of past claims and potential claims

f. warranty letter regarding no known claims or potential claims

g. training in office procedures, e.g., docket and conflict of interest systems, mail, and confirmation letters

h. integration into the Firm culture

i. periodic review of clients, matters, and performance

j. other (please describe): _____

Section E. INTERNAL PROCEDURES

E. I. NEW CLIENT AND NEW MATTER INTAKE

1. Are new clients and new matters approved by a committee or at least one independent partner/member or officer other than the lawyer who proposes to handle the client/matter? Yes No

2. Does the approval process for new clients include independent inquiries as to a client's:

a. creditworthiness and reputation for payment of legal or other bills? Yes No

- b. reputation for changing law firms? Yes No
- c. reputation for suing lawyers? Yes No

3. What are the Firm's procedures in screening pro-bono commitments and who supervises them?

4. Does the Firm accept pro-bono clients in areas of practice in which the Firm does not specialize? Yes No

5. Confirmation Letters:

- a. Are engagement agreements required to be signed by all new clients prior to starting anything more than emergency work? Yes No
- b. Are billing arrangements, if any, set forth in the engagement letters? Yes No
- c. Are contingent fee arrangements, if any, set forth in the engagement letters? Yes No
- d. Are non-engagement letters required to be used when declining representations? Yes No
- e. Are scope of service letters on all new matters required to be sent to existing clients? Yes No
- f. Are letters required to be sent confirming strategy, decisions of clients, and status reports? Yes No
- g. Are disengagement letters required to be used upon terminating or completing legal professional services? Yes No

E. II. CONFLICTS OF INTEREST

1. Are all lawyers in the Firm, regardless of practice area or geographical location, required to access all conflict data held by the Firm in their conflict searches? Yes No

2. How often is the information on all new clients made available on to all lawyers in the Firm?

3. Describe how the Firm resolves potential and actual conflicts: _____

4. Who has final authority in a conflict situation?

E. III. DOCKET SYSTEM

1. Type of docket system:

- a. Does the Firm have a (check all that apply):
 Single calendar Dual calendar Pocket diary Master Listings
 Tickler file Computer system Verification of completion of events
 Other (please describe): _____

b. What is the backup system for the item(s) checked?

2. Does the control system include:
 litigated items non-litigated items statute of limitations
 dates of long-term matters other (please describe) : _____
3. Does the system have a procedure for verification of the completion of daily events and for the rescheduling of events that were not completed? Yes No

E. IV. CONTROLLING INTERESTS IN ENTITIES OTHER THAN THE FIRM

1. Are any of the Firm's lawyers a director or officer of, a partner in, holding equity interests in, or an employee of (unless an employee solely for the purpose of rendering professional legal services) a business entity other than the Firm? Yes No

If "yes," please complete the application Supplement G - Controlling Interest.

2. Does the Firm have written procedures or policy regarding:
 a) a lawyer serving as a director or officer of a client? Yes No
 b) the personal involvement of lawyers and employees in any business ventures or concerns of the Firm's clients? Yes No

If "yes" to either a or b, please describe the procedures. _____

3. Does the Firm have written procedures regarding accepting stock, deeds, or other property in lieu of fees for services rendered? Yes No

If "yes," please describe the procedures. _____

E. V. OPINION / AUDIT LETTERS

1. Is there a committee or designated lawyers who must approve all opinion letters which are likely to be relied upon by third parties? Yes No
2. How many lawyers must approve the substance of the opinion letter? _____

E. VI. FEES/BILLING PROCEDURES

1. Who is responsible for securing and inputting billing information?

2. Who has final review of the bills?

3. What percentage of the Firm's billings are overdue by 90 days or more? _____%

4. Collection of fees:

- a. How many times during the last three years has the Firm required the assistance of a third party to collect outstanding fees, i.e. collection agency, arbitrator, mediator?

This year to date _____ Last year _____ Two years ago _____

- b. How many suits for the collection of fees has the Firm filed during each of the last three years?

This year to date _____ Last year _____ Two years ago _____

- c. If the Firm has sued for its fees, how many countersuits has the Firm received during the last three years?

E. VII. CLIENT RELATIONSHIPS

1. Does the Firm have written procedures to follow if the Firm receives a complaint from a client or a client's lawyer regarding professional legal services or fees charged? Yes No

If "yes," please describe the procedures.

Section F. MISCELLANEOUS

1. Has the Firm been engaged in any national litigation matters within the last 5 years?

Yes No

If "yes," please briefly describe the nature of the litigation matter.

2. Does the Firm routinely refer clients to certain other firms?

Yes No

If "yes," please describe on a separate sheet of paper the agreement between the Firm and the other firm(s). Please state whether there is a fee arrangement between the Firm and the other firm(s).

3. Clients' assets:

- a. Does the Firm or any lawyer in the Firm provide investment advisory services to or have the authority to invest or divest assets belonging to a client? Yes No

If "yes," please provide the details (e.g., name of the lawyer(s), area(s) of practice, amount of funds for each client, and the kinds and value of assets).

- b. Is a co-signature required if checks are written?

Yes No

4. Disaster response:

- a. Do all partners/members have written procedures to follow in case the office(s) is (are) inaccessible due to flood, fire, bomb damage, or computer failure, etc.? Yes No

- b. Are these procedures kept at a location other than the office(s)?

Yes No

Section G. REQUESTED LIMIT/DEDUCTIBLE OPTIONS

1. Requested policy inception date: __ __/__/__ __/__/__

2. Limits of Liability requested:

\$500,000 <input type="checkbox"/>	\$3,000,000 <input type="checkbox"/>
\$1,000,000 <input type="checkbox"/>	\$5,000,000 <input type="checkbox"/>
\$2,000,000 <input type="checkbox"/>	Other <input type="checkbox"/> _____

3. Deductible requested:

\$5,000 <input type="checkbox"/>	\$100,000 <input type="checkbox"/>
\$10,000 <input type="checkbox"/>	\$250,000 <input type="checkbox"/>
\$25,000 <input type="checkbox"/>	\$500,000 <input type="checkbox"/>
\$50,000 <input type="checkbox"/>	Other (fill in amount) _____

4. List all previous lawyers' professional liability insurance policies carried during the past 5 years including policies carried by any predecessor firm:

Insurer	Policy Period	Limits of Liability	Deductible	Premium

5. Has the Firm's professional liability insurance been declined, canceled or nonrenewed during the last 5 years (MISSOURI APPLICANTS NEED NOT REPLY) Yes No

If "yes," please provide details on a separate sheet of paper.

Section H. CLAIMS HISTORY

1. Has any lawyer at the Firm been disciplined, censured, reprimanded, suspended, investigated or placed on probation by any state bar, judicial body, or regulatory agency other than for traffic violations within the last 5 years? Yes No

If "yes," please provide details. _____

2. Has the Firm, its predecessor(s), or any past or present lawyer or employee of the Firm been the subject of an incident or claim related to the practice of law within the past 5 years? Yes No

3. After inquiry of all lawyers and employees of the Firm, does any person know of any claim or act, error, or omission which could result in a claim against the Firm, any predecessor firm, or any past or present lawyer or employee of the Firm? Yes No

If "yes" to questions 2 or 3, please complete the application Supplement H - Incidents and Claims for each incident or claim.

It is agreed that with respect to Questions H. 1 through H. 3 above, if such claim(s), suit(s), investigation(s), action(s), proceeding(s), knowledge, information or involvement exists, then such claim(s), suit(s), investigation(s), action(s), or proceeding(s) and any claim or action arising therefrom or arising from such knowledge or information is excluded from the proposed coverage.

- **BEFORE YOU SIGN THIS APPLICATION, READ THESE NOTICES CAREFULLY AND DISCUSS WITH YOUR BROKER IF YOU HAVE ANY QUESTIONS.**

FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE OF ALL PERSON(S) OR ENTITIES PROPOSED FOR THIS INSURANCE DECLARES THAT, TO THE BEST OF HER/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION, AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE.

THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE AGREES THAT IF THE STATEMENTS AND INFORMATION SUPPLIED ON THIS APPLICATION OR INCORPORATED BY REFERENCE CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE **APPLICANT** OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION AND ANY INFORMATION INCORPORATED BY REFERENCE HERETO, SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IS INCORPORATED INTO AND IS PART OF THE POLICY.

SHOULD INSURER ISSUE A POLICY, **APPLICANT** AGREES THAT SUCH POLICY IS ISSUED IN RELIANCE UPON THE TRUTH OF THE STATEMENTS AND REPRESENTATIONS IN THIS APPLICATION OR INCORPORATED BY REFERENCE HEREIN. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OR INCORRECT STATEMENT OF A MATERIAL FACT, IN THIS APPLICATION, INCORPORATED BY REFERENCE OR OTHERWISE, SHALL BE GROUNDS FOR THE RESCISSION OF ANY POLICY ISSUED.

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

STATE FRAUD DISCLOSURES:

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE **APPLICANT**.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

The undersigned is a duly authorized representative of the Applicant and hereby acknowledges that reasonable inquiry has been made to obtain the answers herein which are true, correct, and complete to his/her best knowledge and belief.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, THIS STATEMENT IS INCORPORATED IN AND BECOMES A PART OF SUCH POLICY.

The undersigned authorized representative of the Firm hereby acknowledges that the Limits of Liability contained in this policy will be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Company will not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such costs or amount exceeds the applicable Limit of Liability of this policy.

The undersigned authorized representative of the Firm hereby further acknowledges that legal defense costs that are incurred will be applied against the Deductible amount.

Authorized Representative of the Firm

Date

Print Name

Attest

Title (Must be signed by the managing

Partner, managing executive, principal,
business manager or risk manager of the Firm)

Submitted by (Insurance Agent/Broker): _____

Insurance Agency/Brokerage: _____

Insurance Agency/Brokerage Taxpayer I.D. or Social Security Number: _____

Address: _____

E-mail: _____

Telephone: _____ Facsimile: _____

**LAWYERS PROFESSIONAL LIABILITY APPLICATION
SUPPLEMENT A - FINANCIAL QUESTIONNAIRE**

- A. Please supply the following financial information for the Firm. For Items 1. through 7., supply data for the latest completed fiscal year and the prior 2 fiscal years. For Item 8., please supply the amount as of year-end.

Balance Sheet Item	Latest Fiscal Year _____	Prior Fiscal Year _____	Prior Fiscal Year _____
1. Current Assets: (All cash and other assets that are likely to be converted into cash within one year)			
2. Current Liabilities (Liabilities that will be paid in one year)			
3. Total Assets (All assets of the firm)			
4. Total Liabilities (All liabilities of the firm including current liabilities and long term debt)			
5. Capital (All of the partners' /shareholders' investment in the Firm in the form of cash and assets contributed in addition to undistributed profits)			
6. Total Revenues (All amounts received (cash based accounts) or earned (accrual based accounts) from the operation of the firm)			
7. Total Expenses (All of the costs paid (cash based accounts) or incurred (accrual based accounts) from the operation of the firm)			
8. Total Average Receivables (Computed by adding the beginning of the year total receivable balance and the end of the year total receivable balance, then dividing the sum of these two amounts by 2)			

- B. List the 3 largest expenses incurred by the Firm for the latest completed fiscal year and the prior 2 fiscal years.

Latest Fiscal Year _____	Prior Fiscal Year _____	Prior Fiscal Year _____

C. **Firm's Financial Source Documents** (to be provided with this Supplemental Application):

1. Latest independently audited fiscal year financial statements (income statement and balance sheet)
2. Latest fiscal year-end management reporting package on firm-wide operations.

Authorized Representative of the **Firm**

Date:

Print Name

Attest

Title (Must be signed by the managing partner
managing executive, principal, business manager
or risk manager of the **Firm**)



LAWYERS PROFESSIONAL LIABILITY APPLICATION
SUPPLEMENT B - LAWYER INFORMATION

LAWYER'S NAME	DESIGNATION*	AREA(S) OF SPECIALTY	DATE OF HIRE	STATE(S) LICENSED	MONTH/YEAR ADMITTED	PRIOR ACTS DATE **

* - Designation Key: S - Sole Practitioner P - Partner O - Officer E - Employed Lawyer C - Counsel/Of Counsel I - Independent Contractor/Per Diem
** - If Lawyer seeks career coverage and they are with the firm less than 5 years, they must complete Supplement I - Career Coverage Questionnaire.

**LAWYERS PROFESSIONAL LIABILITY APPLICATION
SUPPLEMENT C - BRANCH OFFICE AND AFFILIATE**

BRANCH OFFICE (if the Firm has only an affiliate law firm(s), please go to page 3.)

1. List all branch office locations that are or were part of the Firm in the last five (5) years.

Branch Number	Location	Date Opened	Date Closed
1			
2			
3			
4			
5			
6			

2. State the number of lawyers presently in each branch office.

Position	Branch 1	Branch 2	Branch 3	Branch 4	Branch 5	Branch 6
Partners/Shareholders						
Lawyers						
Counsel/Of Counsel *						
Contract Lawyers/Per Diem Lawyers *						
Total Lawyers						

* - who billed more than 1200 hours last year

3. Are the branch offices incorporated into the management structure of principle office? Yes No
If "No", please describe the structure(s).

4. Do branch office partners/shareholders attend regularly scheduled full partnership/shareholder meetings? Yes No

If "No", when do the branch office partners/shareholders attend Firm -wide meetings?

5. If training programs are offered in the principal office, do all branch staff members and lawyers participate in the same type of professional and awareness training programs as those offered at the principal office? Yes No

If "No", please provide full details of the branch office training program(s).

6. If performance evaluations are conducted in the principal office, do all staff members and lawyers in the branch offices undergo the same type of performance evaluation process as staff members and lawyers in the principal office? Yes No

If "No", please provide full details of the branch office performance evaluation process(es).

7. If screening measures are taken in the principal office prior to extending an offer of employment to lateral hires, are the same measures in the branch offices as in the principle office? Yes No

If “No”, please describe the measures taken.

8. Is the new client and new matter intake process the same in branch offices as in the principal office? Yes No

If “No”, please describe the branch office new client and new matter intake process.

9. Conflict of Interest System

- a. Are all potential new clients and new matter subject to a conflict of interest search on the same conflict or interest system as used by the principal office? Yes No

- b. Are branch office clients and related parties routinely entered into the principal office? Yes No

If “No” to either 9.a. or 9.b., please describe the branch office conflict of interest system.

10. Do the branch offices follow the same procedures in the use of confirmation letters, e.g. engagement, scope of service, disengagement, and non-engagement letters as the principal office? Yes No

If “No” to any of the procedures, please explain how and when confirmation letters are used.

11. Do the branch offices implement the same policies and procedures as the principal office in allowing lawyers to serve as directors or officers, of become partners of, or hold equity interests in client entities? Yes No

If “No”, please describe the policies and procedures followed in the branch offices.

12. Do the branch offices implement the same policy as the principal office with respect to accepting stock, deeds, or other property in lieu of fees for services rendered? Yes No

If “No”, please describe the policies and procedures followed in the branch offices.

13. Do any branch office lawyers provide investment advisory services or have authority to invest or divest client assets? Yes No

If “Yes”, please provide full details including name(s) of the lawyers(s), client(s), nature of business, amount of funds for each client, the kinds and value of assets, and whether a co-signature is required for any checks written.

14. Do opinion letters issued out of the branch offices go through the same type of approval process as those in the principal office? Yes No

If “No”, please describe the approval process for opinion letters in the branch office.

-
15. Do branch offices follow the same billing procedures as the principal office? Yes No
If “No”, please describe the billing procedures in the branch office.
-
16. How many suits for fees have been filed from branch offices during each of the last 3 years?
This year to date _____ Last year _____ Two years ago _____
17. If suits for fees were filed from the branch offices, how many countersuits have the branch offices received in the last three (3) years? _____
18. If the principal office has procedures to follow for reporting client complaints, do the lawyers in the branch offices follow the same procedures as the principle office? Yes No
If “No”, please describe the complaint reporting procedures in the branch office.
-
19. Have any lawyers in the branch offices been disciplined, censored, reprimanded, suspended or placed on probation by any state bar, judicial body or regulatory agency other than for traffic violations within the last ten (10) years? Yes No
If “Yes”, please provide a full explanation.
-
20. Do the branch offices use the same docket system(s) and follow the same docket procedures as the principal office? Yes No
If “No”, please describe the office docket system and procedures in the branch office.
-
21. Do the branch offices have a disaster plan in case the office is inaccessible or files are lost because of flood, fire, bomb damage, computer failure, etc.? Yes No
22. What factors are taken into consideration when opening or closing branch offices?
-
-
-
-
-
-

AFFILIATE OFFICE(S)

1. List all office locations that are or were affiliates of the firm during the last five (5) years. Please check the firms that are still affiliated with the Firm.

Affiliate Number	Name and Location	
1		<input type="checkbox"/>
2		<input type="checkbox"/>
3		<input type="checkbox"/>
4		<input type="checkbox"/>
5		<input type="checkbox"/>
6		<input type="checkbox"/>

2. Please explain the extent of the affiliation with each firm, e.g. if a written agreement was entered into, if fees are (were) shared in any way, the nature of business referred to and by the firm, and the amount of billable hours or the number of clients referred to and by the firm.

3. a. Does the Firm either require proof that each affiliate has legal malpractice insurance or secure a hold harmless/indemnification agreement for acts, errors or omissions committed by the affiliate?

Yes No

- b. If an affiliate is foreign, does its insurance carrier provide coverage for suits filed in the United States?

Yes No

4. Does the Firm review the financial strength of each affiliate?

Yes No

5. What factors are taken into consideration when entering into an affiliation with another law firm?

Authorized Representative of the Firm

Date:

Print Name

Attest

Title (Must be signed by the managing Partner,
managing executive, principal, business manager or risk manager of the Firm)



LAWYERS PROFESSIONAL LIABILITY APPLICATION
SUPPLEMENT D - ENVIRONMENTAL AND REAL ESTATE

- 1. During the past two (2) years has the Firm provided legal professional services pertaining to a transfer of property, lease, loan or foreclosure proceeding that includes an opinion on or evaluation of the following issues:
a. Whether the real property owned, leased, operated, to be acquired, or transferred has or will present environmental risks?
b. Whether the real or personal property owned, leased, operated, to be acquired, or transferred does or may contain hazardous substances, e.g. lead, asbestos, toxins, etc.?
c. Whether the site of the real property owned, leased, operated, to be acquired, or transferred is located in or is adjacent to ecologically protected areas, e.g. wetlands, conservation, etc.?
d. Whether any client or its affiliate has ever been fined, penalized or sued for violations of a federal, state, or local government regulation?
2. Does the Firm have a written procedure that mandates prior to the sale or transfer of interest in or management of real property (a) the Phase I investigation of real or potential environmental hazards and (b) a review with the client of the economic impact of such hazards?
3. Does the Firm have a written procedure requiring that it preserve all written records regarding disclosure of site contamination information to buyers or lessees?
4. Does the Firm require all real estate lawyers to attend CLE seminars or other legal seminars on environmental law on at least an annual basis?
5. Does the Firm perform work as a title agent?
If "yes," please respond the following questions:
a. Provide total number of policies issued within the past twelve (12) months:
b. Provide total commission income from all title policies issued within the past twelve (12) months:
c. After inquiry, is Firm aware of any demand claim or suit made within past five (5) years against the Firm under a title insurance policy issued by the Firm?
d. After inquiry, is Firm aware of any demand, claim or suit made within the past five (5) years against the Firm under a title insurance policy issued by the Firm?
6. Indicate all applicable services provided
Residential Closings
Condo Conversions
Landlord/Tenant
Commercial Closings
Escrow Agent
Syndication/Development

Authorized Representative of the Firm

Date:

Print Name

Attest

Title (Must be signed by the managing Partner, managing executive, principal, business manager or risk manager of the Firm)

**LAWYERS PROFESSIONAL LIABILITY APPLICATION
SUPPLEMENT F- SECURITIES
PART II**

		Name of Issuer	Name of Issuer
1.	Date of Offering		
2.	Type of Offering		
3.	Description of Security		
4.	Type of Business		
5.	Did Firm Render Tax Option		
6.	Date of Issuer Incorporation/Formation		
7.	Dollar Size of Offering		
8.	Which Party did Firm Represent?		
9.	Months as Client		
10.	Is Firm Affiliated with Issuer?		
11.	Did/will Firm Invest in Offering? To What Extent?		
12.	Rating of Issue/Bond		
13.	Rating Service		
14.	Underwriter		
15.	Accountant		
16.	Number of States Where Offered		
17.	Market Where Traded		
18.	Responsible Lawyer		
19.	Do any Lawyers Act as Director if Officer for Issuer?		

For Type of Offering indicate: PR - Private Placement SPO - Secondary Public Offering SY - Syndication
 IPO - Initial Public Offering B - Bond (Private) M - Municipal Financing
 For Which Party Did Firm Represent indicate: I - Issuer L - Lender P - Purchaser O - Other (specify)
 U - Underwriter IC - Insurance Company A - Auditor

 Authorized Representative of the Firm

 Date:

 Print Name

 Attest

 Title (Must be signed by the managing Partner,
 managing executive, principal, business manager
 or risk manager of the Firm)

**LAWYERS PROFESSIONAL LIABILITY APPLICATION
SUPPLEMENT F- SECURITIES
PART I**

1. a. What percentage of Firm’s securities work falls within the following areas:
(Please breakdown the securities practice percentage listed in the Areas of Practice section of the Main Application. Use the same time period, but allocate the percentages by number of transactions rather than billable hours. The subcategories are mutually exclusive. Where services apply to more than one of the subcategories, allocate the services to the predominant category. Although the Firm’s records may not coincide with subcategories, please uses as consistent a method as possible to allocate service among the subcategories. Note: a. through h. should total 100%.)

a. Securities registered under the Securities Act of 1933?	____%
b. Municipal Bonds	____%
c. Industrial development bonds	____%
d. Private placements and state securities laws filings not included in a., b., or c., above	____%
e. Compliance with proxy and reporting requirements under the Securities Exchange Act of 1934 other than in connection with takeovers or mergers of publicly held Companies	____%
f. Compliance with proxy and reporting requirements under the Securities Exchange Act of 1934 in connection with takeovers or mergers of publicly held companies	____%
g. Securities backed by subprime mortgages	____%
h. Other securities work (please describe): _____ _____ _____	____%
TOTAL	____%

- b. Of the partners/members handling the Firm’s securities work (see Main Form Application Section B. I. Areas of Practice question 1.), provide the following information:

Partner/Member	Securities Work Years of Experience	% of Total Billable Hours Allocated to Securities Work

2. For securities registered under the Securities Act of 1933, municipal bonds, industrial development bonds, private placements and state securities laws filings on which the firm worked over the past year, please indicate the percentage based on number of transactions:

- a. For which the Firm represented:

i. Issuers	____%
------------	-------

ii. Selling security holders other than the issuers	_____ %
iii. Underwriters	_____ %
iv. Investment companies	_____ %
v. Brokers or dealers	_____ %
vi. Bond counsel	_____ %
vii. Other (please describe):	_____ %

TOTAL	_____ %

b. What percentage of transactions listed in 2.a. above were initial securities offerings? _____ %

c. What percentage of these transactions fall into the following offering amounts:

i. Up to \$999,999	_____ %
ii. \$1,000,000 to \$4,999,999	_____ %
iii. \$5,000,000 to \$24,999,999	_____ %
iv. \$25,000,000 to \$49,999,999	_____ %
v. \$50,000,000 to \$99,999,999	_____ %
vi. \$100,000,000 and over	_____ %
TOTAL	_____ %

d. What percentage of transactions involved options, derivatives, or warrants? _____ %

e. What percentage of transactions trade on “pink sheets” or the small cap market? _____ %

3. Has the Firm represented clients during the past two (2) years in attempted or completed hostile or contested takeovers or mergers? Yes No

If “Yes”, please indicate the name of the client and whether the client was the acquiring or target company.

Name of Client	Acquiring or Target Company

4. Based on offering amount, list the top five (5) clients and nature of their business for whom the Firm has performed securities work over the past five (5) years. You may claim confidentiality as to the identification of the clients that are not a matter of public record. If confidentiality is claimed, then please describe only the nature of business.

If “Yes”, please complete Supplemental Application G - Controlling Interest.

Name of Client	Nature of Business

5. Have there been any claims or potential claims alleging failure to investigate on the part of the Firm on behalf of any SEC clients within the last five (5) years? Yes No

If “Yes”, please complete application Supplement H - Incidents and Claims.

6. Do any of the firm’s lawyers or staff serve as directors or officers or hold equity interests in any organization for which the Firm performs securities work? Yes No

If “Yes”, please complete application Supplement G - Controlling Interest

7. Was any person presently at the Firm ever an SEC staff member? Yes No

If “Yes”, please list:

Name of Person	Years of Employment by SEC

8. Has the Firm successfully secured no-action letters from the SEC within the last three (3) years? Yes No

- 9: During the past five (5) years, have there been any stop actions, SEC orders, proceedings, administrative reviews, or civil or criminal suits on registration statements that the Firm prepared whether or not the Firm was named? Yes No

If “Yes”, please provide full details.

10. Does the Firm or any lawyer in the firm currently have knowledge of any facts which would indicate that the Firm or a lawyer or both were or may be named or included in an investigation or administrative action by the SEC or by any state agency regulating securities?

11. During the past five (5) years has a registration statement prepared by the Firm ever been withdrawn? Yes No

If “Yes”, please provide full details.

12. During the past five (5) years has any lawyer in the Firm been disciplined or entered into a consent decree with any state or federal entity with jurisdiction over securities matters?

Yes No

If "Yes", please provide full details.

Authorized Representative of the Firm

Date:

Print Name

Attest

Title (Must be signed by the managing Partner,
managing executive, principal, business manager
or risk manager of the Firm)

**LAWYERS PROFESSIONAL LIABILITY APPLICATION
SUPPLEMENT E - FINANCIAL INSTITUTION QUESTIONNAIRE**

(to be completed for each financial institution represented during the past two (2) years)

Name of Financial Institution	Location(s)	Years of Representation	Last Fiscal Year Gross Billings
			\$

1. Has this financial institution:

- a. Failed? Yes No
- b. Been merged or sold at regulatory direction? Yes No
- c. Currently under conservatorship control? Yes No
- d. Operate under any form of regulatory agreement? Yes No

If "Yes" to any of the above questions, please describe.

2. a. Indicate the type of legal services provided to the financial institution:

- | | | | |
|--------------------------------|--------------------------|---------------------------|--------------------------|
| General Counsel | <input type="checkbox"/> | Residential Loan Closings | <input type="checkbox"/> |
| Regulatory Counsel | <input type="checkbox"/> | Commercial Loan Closings | <input type="checkbox"/> |
| Stock Offering | <input type="checkbox"/> | Fidelity Bond Claims | <input type="checkbox"/> |
| SEC Counsel | <input type="checkbox"/> | Foreclosure Litigation | <input type="checkbox"/> |
| Residential Loan Documentation | <input type="checkbox"/> | Collections | <input type="checkbox"/> |
| Commercial Loan Documentation | <input type="checkbox"/> | | |

Other (please describe) _____

- b. Of the services listed above, were any related to subprime mortgages? Yes No

If "Yes", please describe.

3. a. Does (or did, if the Firm no longer provides services for the financial institution) the Firm use engagement letters outlining the scope of its representation to the financial institution?

- Yes No

b. Does (or did, if the Firm no longer provides services for the financial institution) the Firm use scope of services letters on all new matters for the financial institution?

- Yes No

4. Are any partners/shareholders aware whether the FSLC or FDIC or their successors have filed any lawsuit, or whether any litigation pending against any director or officer of the financial institution?

Yes No

If "Yes", please describe.

5. Has any lawyer served as an officer or director of the above institution at any time during the past five (5) years?

Yes No

If "Yes", please complete Supplemental Application G - Controlling Interest.

Authorized Representative of the Firm

Date:

Print Name

Attest

Title (Must be signed by the managing Partner,
managing executive, principal, business manager
or risk manager of the Firm)

**LAWYERS PROFESSIONAL LIABILITY APPLICATION
SUPPLEMENT J- PLAINTIFF LITIGATION**

1. a. What percentage of Firm’s plaintiff litigation work falls within the following areas:
(Please use the same time period as the Main Application, but allocate the percentages by number of transactions rather than billable hours.)

a. Auto Accidents	____%
b. Slip and Fall	____%
c. Product Liability	____%
d. Medical Malpractice	____%
e. Legal Malpractice	____%
f. Class Action/Mass Tort	____%
g. Other plaintiff litigation (please describe): _____ _____	____%
TOTAL	____%

- b. Of the partners/members handling the Firm’s plaintiff litigation (see Main Form Application Section B. I. Areas of Practice question 1.), provide the following information:

Partner/Member	Plaintiff Litigation Years of Experience	Average Number of Cases Handled in last year

2. a. Provide a breakdown (percentage or number) of the cases settled:
____ before trial ____ after trial ____ alternative method.
- b. Based on the cases settled, regardless of method, provide a percentage breakdown by range(s) of the awards, judgments or settlements:

i. Up to \$99,999	____%
ii. \$100,000 to \$499,999	____%
iii. \$500,000 to \$999,999	____%
iv. \$1,000,000 to \$9,999,999	____%
v. \$10,000,000 to \$49,999,999	____%
vi. \$50,000,000 and over	____%

TOTAL	____%
-------	-------

3. Does the Firm accept cases that are less than three (3) months prior to the expiration of the Statute of Limitations? Yes No

If “yes”, please describe the procedures the Firm has in place to ensure the proper filings are completed prior to the expiration of the Statute of Limitations.

4. List the three (3) largest awards, judgments or settlements the Firm has obtained in the past two (2) years.

Case Type	Dollar Amount

Authorized Representative of the Firm

Date:

Print Name

Attest

Title (Must be signed by the managing partner or managing executive of the Firm)



**LAWYERS PROFESSIONAL LIABILITY APPLICATION
SUPPLEMENT G - CONTROLLING INTEREST**

(This application is to be completed about each lawyer who holds or has held a position or has or did have an equity interest in any business entity other than the Firm within the past 2 years)

NAME AND LOCATION OF BUSINESS ENTITY	NATURE OF BUSINESS (INDICATE IF NOT-FOR-PROFIT)	NAME OF LAWYER	INDICATE WHETHER ANY POSITION(S) HELD IS OR WAS AS A DIRECTOR, OFFICER, EMPLOYEE (INCLUDE TITLE), OR PARTNER AND DATES EACH POSITION WAS HELD	EQUITY PERCENTAGE, IF ANY	TIME PERIOD EQUITY WAS HELD	CLIENT (YES/NO)

LAWYERS PROFESSIONAL LIABILITY APPLICATION
SUPPLEMENT H - INCIDENTS AND CLAIMS

(to be completed for each incident and claim on behalf of anyone who has been the subject of a disciplinary action, incident, claim or suit within the past five(5) years)

A. PARTIES TO THE INCIDENT OR CLAIM

1. Name of Firm: _____
2. Name(s) of all individual(s) of Firm involved in the incident, claim or suit:

3. Name of Claimant(s):

4. Name of (s) of any additional defendant(s):

5. Insurance carrier(s) to which incident, claim or suit was reported:

B. DESCRIPTION OF INCIDENT OR CLAIM

1. Date alleged act, error, or omission: _____
2. Date Firm became aware of incident, claim or suit: _____
3. Check type: Incident Claim Suit
4. Please describe the events giving rise to the incident, claim or suit (PLEASE DO NOT ATTACH PLEADINGS):

5. Please list each alleged act, error, or omission which form the basis of the claim or suit, including specific counts of any pleadings.

6. Please describe the nature of the alleged damages and dollar amount sought.

C. STATUS OF CLAIM

1. Check status of claim: Open Closed

2. If OPEN:

Total Damages Alleged: \$ _____
Claimant's Settlement Demand: \$ _____
Defendant's Offer to Settle: \$ _____
Defense Costs Accrued to Date: \$ _____

3. If CLOSED:

Total Amount Paid (Including deductible or retention amount):
Indemnity: \$ _____
Legal: \$ _____

D. RISK MANAGEMENT ISSUES

1. Cite the area of the Firm's practice from which the claim arose. Please refer to the Areas of Practice set forth in question B. I. of this Application.

2. Describe any action taken by the **Firm** to reduce the potential for recurrence of a similar type matter.

3. Was this incident, claim or suit asserted in response to any action by the **Firm** for fees?

Yes No

Authorized Representative of the **Firm**

Date:

Print Name

Attest

Title (Must be signed by the managing Partner,
managing executive, principal, business manager
or risk manager of the **Firm**)

**LAWYERS PROFESSIONAL LIABILITY APPLICATION
SUPPLEMENT I - CAREER COVERAGE QUESTIONNAIRE**

Any partner/member of the Firm that has been with the firm for five years or less and is seeking career coverage, must complete this application.

1. Partner/Member's Name: _____

2. Provide partner/member's employment history for the past five years (other than the Applicant Firm)

Firm/Entity	City, State	Dates of Employment From/To		Primary Areas of Practice

3. Proposed Retroactive Date: _____

4. Has partner/member been disciplined, censored, reprimanded, suspended, or placed on probation by any state bar, judicial body, or regulatory agency other than for traffic violations within the last 10 years?

Yes No

If "yes," please provide details. _____

5. Has partner/member been the subject of an incident or claim related to the practice of law within the past 5 years? Yes No

If "yes," please complete the application Supplement H - Incidents and Claims for each incident or claim.

6. Claims and incidents which could result in a claim:

- a. Does the partner/member know of any claim or act, error, or omission which could result in a claim against them?

Yes No

If “yes,” please complete the application Supplement H - Incidents and Claims for each incident or claim.

- b. Have all of the matters indicated above been reported to the appropriate professional liability carrier(s)?

Yes No

If “no,” please explain. _____

Authorized Representative of the Firm

Date:

Print Name

Attest

Title (Must be signed by the managing Partner,
managing executive, principal, business manager
or risk manager of the Firm)