

#### BY COMPLETING THIS APPLICATION YOU ARE APPLYING FOR COVERAGE WITH FEDERAL INSURANCE COMPANY (THE "COMPANY")

NOTICE: THE CHUBB PRO LAWYERS PROFESSIONAL LIABILITY POLICY PROVIDES CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD," OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS," AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE RETENTION AMOUNT. IN NO EVENT WILL THE COMPANY BE LIABLE FOR "DEFENSE COSTS" OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

#### **APPLICATION INSTRUCTIONS:**

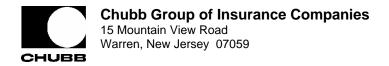
- 1. Whenever used in this Application, the term "**Applicant**" shall mean the Firm and any of its Predecessor Firm(s).
- 2. Whenever used in this Application, the term "**Lawyer**" shall mean partner/officer/shareholder/member, "counsel" or "of counsel," associate or employed lawyer.
- 3. Include all requested underwriting information and attachments. Provide a complete response to all questions and attach additional pages if necessary.
- 4. Depending on the nature of the **Applicant's** law practice, the underwriter may request that the following Supplements be completed by the **Applicant** and be a part of this application:
  - a. Securities Practice Supplement
  - b. Entertainment Law Practice Supplement
  - c. Financial Institutions Supplement
  - d. Intellectual Property Law Practice Supplement
  - e. Plaintiff Law Practice Supplement
- 5. Please attach a copy of the following for the **Applicant**:
  - a. The latest fiscal year financial statements (income statement and balance sheet), audited if available.
  - b. A copy of the **Applicant's** current letterhead.
  - c. A complete list of currently employed **Lawyers** (please include name, designation, year admitted to the bar, year joined **Applicant**, practice area and previous firm, if any).

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	5.	Please identify all branch offices of the <b>Applicant</b> as follows (use separate Addendum if necessary):										
		(a) City:State:%  Billings (as a percentage of firm-wide gross billings, previous fiscal year):%  Number of full-time attorneys resident in office:  Date of organization of office:  (b) City:State:  Billings (as a percentage of firm-wide gross billings, previous fiscal year):%  Number of full-time attorneys resident in office:  Date of organization of office:										
		(c) City: State: Stat										
II.	SPE	CIFIC INFORMATION										
	POL	ICY INFORMATION										
	1.	Limit of Liability Requested: \$										
	2.	Policy Period Requested: From to both days at 12:01 a.m. at the principal address of the <b>Applicant</b> .										
	FIRM	I INFORMATION										
	3 A.	Has the name of the <b>Applicant</b> changed or has any other firm or organization combined with or been merged into the <b>Applicant</b> within the ten (10) years prior to the date of this Application?										
	3 B	Is there any pending change in the name of the <b>Applicant</b> or pending or contemplated merger?										
		If "Yes" to either Question 3A or 3B, please give full particulars, including a list of all predecessor firms for which the <b>Applicant</b> wants coverage (Attach a separate Addendum if necessary.):										

4. Please complete the following five (5) tables, providing the requested information regarding each practice area that has accounted for the **Applicant's** gross billings in the current fiscal year to date and last year.

A. Area Of Law	Last Year	This Year	Area Of Law	Last Year	This Year
Admiralty	%	%	Criminal	%	%
Collections	%	%	Health Care	%	%
Commercial	%	%	Immigration	%	%
Corporate – General	%	%	Insurance Defense	%	%



B. Area Of Law	Last Year	This Year	Current breakdown within	particular Area of Law	(should equal 100%)
Bankruptcy	%	%	% Creditor	% Debtor	% Court Appointed Trustee
Corporate	%	%	% Formations / Dissolutions	% Mergers / Acquisitions	% Other
Domestic Relations	%	%	% Divorce	% Adoption	% Other
Labor Relations	%	%	% Management	% Union/Labor	% Other
Municipal/Government	%	%	% Defense	% General Advice	% Other
Probate/Trust/Estates	%	%	% Estate Planning	% Probate/Trust	% Other
Taxation	%	%	% Corporate Tax Advice	% Corporate Tax Litigation	% Other
Real Estate	%	%	% Commercial	% Residential	

In table **C**, if you indicate that there is any Plaintiff law practice, please complete the Plaintiff Law Practice Supplement.

, ,		,	' ' '	•	• • • • • • • • • • • • • • • • • • • •
C. Area Of Law	Last Year	This Year	Current breakdowr	n within particular Are	ea of Law (should equal 100%)
Antitrust	%	%	% Plaintiff	% Defense	% Plaintiff Class Action
Environmental	%	%	% Plaintiff	% Defense	% Compliance/Advice
Litigation - General	%	%	% Plaintiff	% Defense	
Litigation - Personal Injury	%	%	% Plaintiff	% Defense	
Litigation - Employment	%	%	% Plaintiff	% Defense	
Oil & Gas	%	%	% Plaintiff	% Defense	
Workers Compensation	%	%	% Plaintiff	% Defense	

D. Area Of Law	Last Year	This Year
Entertainment	%	%
Financial Institutions	%	%
Intellectual Property	%	%
Securities	%	%

Please complete Entertainment Law Practice Supplement
Please complete Financial Institutions Supplement
Please complete Intellectual Property Law Practice Supplement
Please complete Securities Practice Supplement

E. Specify Any Other Area Of Law	Last Year	This Year
Other	%	%
Other	%	%
Other	%	%

Attach a separate Addendum if necessary. Attach a separate Addendum if necessary. Attach a separate Addendum if necessary.

#### 5. Please provide the following firm financial information:

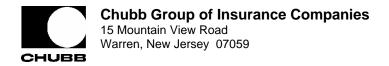
	Latest Fiscal Year (ending//)	1 <sup>st</sup> Prior Fiscal Year (ending//)	2 <sup>nd</sup> Prior Fiscal Year (ending//)
Gross Revenues			
Net Income			
Total Debt (NPV)			



		Latest Fiscal Year (ending//)	1 <sup>st</sup> Prior Fiscal Year (ending//)	2 <sup>nd</sup> Prior Fiscal Year (ending//)
Lea	ase Obligations (NPV)			
	ligations to Former rtners/Shareholders (NPV)			
Pa	tner or Shareholder Equity			
6.	Total number of lawyers: C	Current year: Pro	evious year: Tw	o years ago:
7.	Current total number of:			
	Partners/officers/sharehold Associates/employed lawye Counsel/of counsel/special Contract lawyers: Other staff:	ers:		
GEN	IERAL CLIENT INFORMATI	ON		
8.	During the last three (3) year accounted for five (5%) per			s and/or affiliates) iny single year? □ Yes □ No
	If the answer to Question 8 percentage of gross billings			y the client(s), the year, the ch client(s).
9.	During the last three (3) year 500 clients?	ars, has the <b>Applicant</b> pe	rformed legal services fo	or any Fortune ☐ Yes ☐ No
	If the answer to Question 9 and the nature of legal serv			
10.	involving or relating to a sec securities laws and regulati private, including, without li	curity, as that term is undo ons, in connection with: ( mitation, an offering, issua of reports, or delisting; or (	erstood and applied in that) any transaction of any ance, sale, resale, purchat) the issuance or public	ation" means representation ne context of federal or state y nature whatsoever, public or ase, repurchase, or distribution cation of statements or reports b
	Within the last five (5) years Legal Services in connection to the issuer, underwriter, of opinion in connection with a	on with any Securities-Rel or purchaser of securities,	ated Representation, whor as special counsel re	nether as counsel ndering a legal
If "Y	es", please complete the Sec	urities Practice Suppleme	ent.	

#### **FIRM MANAGEMENT**

11. In a separate Addendum, please describe the **Applicant's** organization and management structure (including size, method of election, and term(s) of service for the **Applicant's** managing body(ies) and description of individual practice-specific departments). If the **Applicant** has an organizational chart, please attach the same to the Addendum.



#### **INTERNAL POLICIES AND PROCEDURES**

Genera	al												
12 A.	Does	the <b>Applicant</b> have a full t	ime	office administrator/manager?				Yes		No			
12 B.	Does	Does the <b>Applicant</b> maintain a formalized risk management program?											
12 C.	Does	Does the <b>Applicant</b> maintain a firm-wide risk management manual?											
12 D.		Does the <b>Applicant</b> have a Risk Management Partner or someone who acts as the firm's Risk Manager?											
12 E.				<b>Dicant</b> had an audit of its risk man nagement specialist from outside o				Yes		No			
12 F.				ce with, or sublet office space to, an 5 (c) of the Application Instruction		attorneys who		Yes		No			
12 G.	Does attorn		ntrac	t or refer legal work of any kind to	othe	er law firms or		Yes		No			
12 H.		the <b>Applicant</b> maintain an ate computer records?	off-	site location for the maintenance o	r sto	rage of		Yes		No			
12 I.		the <b>Applicant</b> have arrang s current office location(s)		ents in place for alternate office sparendered unusable?	ace i	n the event		Yes		No			
Addeno provide	dum. If	the <b>Applicant</b> has a Risk	Mar add	12 is "Yes", please provide the re nagement Partner or Risk Manager ition, please attach a copy of any f	, ple	ase identify th	at i	ndivid	lual				
Client I	ntake	and Conflicts Avoidance											
13 A.		e check each of the boxes nd avoid conflicts of interes		ow that describe the methods used	by t	he <b>Applicant</b>	to n	nainta	ain c	client			
		Computer		Single index files		Multiple index	file	es					
		Oral/memory		Other		None							
13 B.		Applicant uses a compute each of the boxes below t		d system to maintain client lists and describe the system(s):	d av	oid conflicts of	inte	erest,	ple	ase			
		Centralized/firm wide		All branch offices integrated		Indexed by cli	ient	nam	es				
		Indexed by client's principal's names		Indexed by client's subsidiaries		Indexed by ac	dvei	rse pa	artie	s			
		Indexed by adverse counsel		Data backed up/stored off-site		Other				_			



13 C.	that:	respect to the acceptance of	new	vicilents, do the <b>Applicant</b> 's po	Olicie	es/proceaures re	quir	e or p	rov	iae		
	i.	Any individual attorney at the	ne fir	m may accept a new client?				Yes		No		
	ii.	New client acceptance requ		Yes		No						
	iii.	New client acceptance requires approval of the Management Committee or a standing committee of the firm charged with oversight of such matters?								No		
	iv.	A firm-wide communication the acceptance of the new		sent advising of the proposed	enga	agement prior to		Yes		No		
	٧.	A credit check be performed		Yes		No						
	vi.	A background check (include be performed on the new cl		Yes		No						
	vii.	A conflicts check be perform	ned	on the new client prior to acce	ptan	ice?		Yes		No		
	viii.	Written procedures exist for	ermined?		Yes		No					
	ix.	Once a conflict of interest is determined, acceptance of the new client requires the approval of the Management Committee or a standing committee of the firm charged with oversight of such matters?										
13 D.	Does	the <b>Applicant</b> use engagen	nent	letters?				Yes		No		
		answer to the above is "Yes es/procedures with respect t		ease check each of the boxes e use of engagement letters:	belo	ow that describe	the	Appli	can	ıt's		
		Required for all new clients		Required for all new matters		Executed letter received by firm commencement	pri	or to	on f	ile		
		Standard firm-wide form (customized for individual file)		No standard forms/manuscripted by individual attorneys		Used at discreti responsible for		of atto	rney	y		
		Firm policies/procedures set forth in writing		Other								
13 E.	Does the <b>Applicant</b> use non-engagement letters?									No		
				ease check each of the boxes e use of non-engagement lette		ow that describe	the	Appli	can	ıt's		
		Required in all cases where representation is declined		Used at discretion of attorney declining representation		<ol> <li>Sent by certifi mail</li> </ol>	ed/r	egiste	∍red	I		
		Refers to applicable statute of limitations		Firm policies/procedures set forth in writing		Other				=		

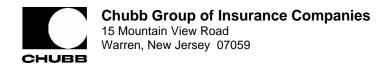


13 F.	Does	the <b>Applicant</b> use disengag	eme	ent lett	ers?			□ Yes	□ No
		answer to the above is "Yes' es/procedures with respect to					v that describe	the <b>Appli</b> o	cant's
		Required in all matters at conclusion of representation			at discretion of ney responsible for		Sent by certified mail	d/registere	d
		Firm policies/procedures set forth in writing		Othe	r				_
13 G.		e <b>Applicant's</b> policies/proce g of the engagement of third				lient l	oe informed in	□ Yes	□ No
Docket	Contr	ol Procedures							
14 A.		e check each of the boxes bet and scheduling requiremen		that o	describe the methods us	ed by	/ the <b>Applicant</b>	to manag	je its
		Computer			Individual attorney diaries		Docket clerk	/administra	ator
		Daily or weekly firm-wide circulation of master calend	dar		Outsourced calendar management		l None		
		Other					_		
14 B.		Applicant uses a computeri each of the boxes below the				and s	cheduling requi	rements, ¡	olease
		Centralized/firm wide		All br	anch offices integrated		Tracks statut	tes of limit	ation
		Updated daily			tored by multiple duals		Data backed site	up/stored	l off-
		Other					-		
Trainin	g and	Supervision							
15 A.		the <b>Applicant</b> maintain a for	rmal	traini	ng program for new lawy	ere s	es to firm		
13 A.		dures, local practice rules, a				613 6	13 10 111111	□ Yes	□ No
	If the a	answer to the above questiondum.	n is	"Yes,"	please describe such p	rogra	m(s) in a separ	ate	
15 B.	Does	the <b>Applicant</b> maintain inter	nal	Contir	nuing Legal Education (C	CLE)	requirements?	□ Yes	□ No
		answer to the above questio gal ethics?	n is	"Yes"	, are there CLE requirem	nents	for programs	□ Yes	□ No

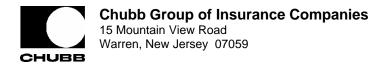


#### **Chubb Group of Insurance Companies** 15 Mountain View Road Warren, New Jersey 07059

15 C.	Are	the following subject to perior	dic, f	ormalized performance review:		
		Partners? Associates? Counsel/Of Counsel?				☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
		e answer to any of the above in edure(s) in a separate Addend		estion 15C is "Yes," please descri	be th	ne relevant review
Outsid	le Inte	erests				
16 A.	of its					ies with respect to service by any siness enterprises other than the
	<b>-</b> 1	There are no policies		Attorneys are not permitted to so serve		Service is permitted only with the approval of the Managing Partner
	v N a f	Service is permitted only with the approval of the Management Committee or a standing committee of the irm charged with oversight of such matters		Directors and officers liability insurance protecting the attorney must be procured as a condition of service as an officer or director		The firm is prohibited from providing legal services to the business enterprise
	f s	The attorney is prohibited rom providing legal services to the business enterprise		The attorney is prohibited from supervising legal services provided by the firm to the business enterprise		Firm policies/procedures set forth in writing
		Other				
16 B.	of its		ctor	w that describe the <b>Applicant's</b> or employee of any NOT-FOR-P  Attorneys are not permitted to so serve	ROF	Service is permitted only with the approval of the Managing
		Service is permitted only with the approval of the Management Committee or a standing committee of the firm charged with oversight of such matters		Directors and officers liability insurance protecting the attorney must be procured as a condition of service as an officer or director		Partner  The firm is prohibited from providing legal services to the business enterprise
		The attorney is prohibited from providing legal services to the business enterprise		The attorney is prohibited from supervising legal services provided by the firm to the business enterprise		Firm policies/procedures set forth in writing
		Other				



16 C.	c	Does the <b>Applicant</b> maintain a policy with respect to its lawyers holding equity interests in, or entering into other commercial relationships with, for-profit business enterprises that are clients of the <b>Applicant</b> (or that are involved in business transactions with clients of the						
	,	Applicant)?					□ Yes	□ No
16 D.	6	If any <b>Lawyer</b> listed in response to Question 5 (c) of the Application Instructions serves as an officer or director, or controlling fiduciary, of any FOR PROFIT business enterprise other than the <b>Applicant</b> , please attach an exhibit indicating the <b>Lawyer's</b> name, business enterprise, position, whether they are a client of the <b>Applicant</b> , and whether the enterprise maintains D&O Insurance.						
Suits	for	Fees						
17.	17. Please check each of the boxes below that describe the <b>Applica</b> suits for the collection of fees:					ies with respect	to the fili	ng of
		There are no policies		Suits for fees are prohibited		Suits for fees a only with the ap Managing Partr	proval of	
		Suits for fees are permitted only with the approval of the Management Committee or a standing committee of the firm charged with oversight of such matters		Suits for fees are permitted only after a complete review of the underlying work product to determine the likelihood of a counterclaim for negligence		Suits for fees a only after the re statutes of limit negligence as t underlying work	re permit elevant ation for o the	
		Suits for fees may be brought by any partner at the firm		Suits for fees may be brought by any attorney at the firm		Firm policies/pr forth in writing	ocedures	s set
		Other						
Legal	Op	pinions						
18.	In a separate Addendum, please describe the <b>Applicant's</b> policies/procedures (if any) for internal approval of opinion letters.							
Mone	y N	lanagement/Investment Advic	е					
19 A.		Does the <b>Applicant</b> or any of its attorneys ever exercise discretion/control over any of its clients funds other than as custodian under the <b>Applicant's</b> client trust accounts?   Yes  No						□ No
19 B.		Does the Applicant or any of its attorneys ever render investment advice to the <b>Applicant's</b> clients and/or manage their investments?						□ No
If the	ans	swer to Question 19A or 19B is "	Yes'	, please provide the relevant det	ails	in a separate Ac	ldendum	•
COVE	R/	AGE AND CLAIMS HISTORY						
MISS	οu	RI APPLICANTS/AGENTS: DO	NO	T ANSWER QUESTION 20.				
20.				insurer that has issued coverageduced limits on renewal of such			□ Yes	□ No



If "Yes," please give full particulars in a separate Addendum.

21.			excess lawyers' profer each of the past five	essional liability insura e (5) years.	ance policies carr	ied by the <b>A</b> p	pplicant,	
Policy	Period	Insurer	Policy No(s).	Limits of Liability	Retention	Annual	Premium	
22.		disbarred; refused admissio suspended; reprimanded; sanctioned; fined; placed on probati held in contempt; the subject of any	n to practice law;  ion; or v disciplinary compla	int, grievance or actio	on.			
	by any court, bar association, administrative agency, or regulatory body?   If "Yes," please attach an Addendum outlining the relevant details, including the name of the lawyer, dates, current disposition and a copy of the final opinion or decision of the court, bar association, administrative agency or regulatory body.							
23	convicte	d of a felony or a cr please attach an A	rime of moral turpitudes of moral turpitudes of moral turpitudes of moral turpitudes of the control of the cont	r employee of the <b>App</b> de? ne relevant details, ind the sentence and/or s	cluding the name	☐ Yes		
III.	REPRE	SENTATION: PRIC	OR KNOWLEDGE C	OF ACTS/CIRCUMST	ANCES/SITUAT	IONS		
24 A.				against the Applicant usiness in the past five		past □ Yes	□ No	
24 B.				or coverage aware of a		tance,  □ Yes	□ No	
	If the answer to any of the above in Question 24 is "Yes," please attach a summary of each such claim, suit, fact circumstance or situation describing: name of claimant(s)/potential claimant(s), full name of individual lawyer(s) and firm (if other than the <b>Applicant</b> ) involved, additional defendants/potential defendants, date of alleged error or misconduct, insurance company to which the claim, suit, fact, circumstance or situation was reported, date of report, description of claim, suit, fact, circumstance or situation and current status. If claim has been resolved, provide total defense costs, settlement(s) or judgment(s) incurred (including amounts within any self-insured							

retention), action taken by the **Applicant** to prevent recurrence of a similar claim or circumstance.

Without prejudice to any other rights and remedies of the Company, the **Applicant** understands and agrees that if any such claim, suit, fact, circumstance, or situation exists, whether or not disclosed above in response to questions 24, any claim or action arising from such claim, suit, fact, circumstance, or situation is excluded from coverage under the proposed policy, if issued by the Company.

#### IV. MATERIAL CHANGE:

If there is any material change in the answers to the questions in this Application before the policy inception date, the **Applicant** must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

#### V. NOTICES:

The **Applicant's** submission of this Application does not obligate the Company to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the Application for coverage is accepted. The **Applicant** hereby authorizes the Company to make any inquiry in connection with this Application.

Notice to Arkansas, Louisiana, Maryland, Minnesota, New Mexico and Ohio Applicants: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

**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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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 agencies.

**Notice to District of Columbia, Maine, Tennessee and Virginia 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 Florida and Oklahoma Applicants:** Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of: a felony (in Oklahoma) or a felony of the third degree (in Florida).

**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 false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is a crime.

**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 Oregon and Texas Applicants:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.



Notice to New York and 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 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 (in New York) or criminal and civil penalties (in Pennsylvania).

#### VI. DECLARATION AND SIGNATURE:

The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare that to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application and in any attachments or other documents submitted with this Application are true and complete. The undersigned agree that this Application and such attachments and other documents shall be the basis of the insurance policy should a policy providing the requested coverage be issued; that all such materials shall be deemed to be attached to and shall form a part of any such policy; and that the Company will have relied on all such materials in issuing any such policy.

The information requested in this Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

This Application must be signed by the chief executive officer and chief financial officer of the **Applicant** acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

Date	Signature		Title Chief Executive Officer	
			Chief Financial Officer	
Produced By: Agent:_		Agency:		
Agency Taxpayer ID or	SS No.:	Agent Lic	ense No.:	
Address (Street, City, S	State, Zip):			
Submitted By: Agency	·			
Taxpayer ID or SS No.		Agent License N	o.:	
Address (Street, City, S	State, Zip):			