



**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. Financial Institutions Supplement
  - c. 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 current **Lawyers** (please include name, designation, year admitted to the bar, year joined **Applicant**, practice area and previous firm, if any).

**I. NAME, ADDRESS AND CONTACT INFORMATION:**

1. Name of **Applicant**: \_\_\_\_\_
 

<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Corporation	<input type="checkbox"/> Professional Association
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Other _____
2. Address of **Applicant's** Principal Office: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_
3. Web address: \_\_\_\_\_
4. Name and Address of Primary Contact: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_



5. Please identify all branch offices of the Applicant 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: 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:

II. SPECIFIC INFORMATION:

POLICY 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 Applicant.

FIRM INFORMATION

- 3 A. Has the name of the Applicant changed or has any other firm or organization combined with or been merged into the Applicant since the submission date of the last application submitted to the Company?
3 B. Is there any pending change in the name of the Applicant 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 Applicant 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.

Table with 6 columns: A. Area Of Law, Last Year, This Year, Area Of Law, Last Year, This Year. Rows include Admiralty, Collections, Commercial, Corporate - General, Criminal, Health Care, Immigration, 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 breakdown within particular Area 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	%	%

**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)			
Lease Obligations (NPV)			
Obligations to Former Partners/Shareholders (NPV)			
Partner or Shareholder Equity			

6. Current total number of (as of \_\_\_\_\_, 20\_\_):

Partners/officers/shareholders: \_\_\_\_\_  
Associates/employed lawyers: \_\_\_\_\_  
Counsel or of counsel: \_\_\_\_\_  
Total lawyers: \_\_\_\_\_

7. How many attorneys have joined the firm as **Lawyers** since the submission date of the last application submitted to the Company? \_\_\_\_\_

8. How many attorneys have left the firm since the submission date of the last application submitted to the Company? \_\_\_\_\_

9. Since the submission date of the last application submitted to the Company, has any single client (including its subsidiaries and/or affiliates) accounted for five percent (5%) or more of the **Applicant's** gross billings?  Yes  No

10. If yes, on a separate addendum, please identify the client(s), the percentage of gross billings, and the nature of the legal services rendered for such client(s). For the purposes of this Renewal Application, the term "Securities-Related Representation" means representation involving or relating to a security, as that term is understood and applied in the context of federal or state securities laws and regulations, in connection with: (1) any transaction of any nature whatsoever, public or private, including, without limitation, an offering, issuance, sale, resale, purchase, repurchase, or distribution, or the registration or filing of reports, or delisting; or (2) the issuance or publication of statements or reports by a public or private corporation to shareholders and/or the public.

Since the submission date of the last application submitted to the Company, has the **Applicant**, or any **Lawyer**, provided any Legal Services in connection with any Securities-Related Representation, whether as counsel to the issuer, underwriter, or purchaser of securities, or as special counsel rendering a legal opinion in connection with a Securities-Related Representation, or otherwise?  Yes  No

If "Yes," please complete the Securities Practice Supplement.

11. Since the submission date of the last application submitted to the Company, has the **Applicant** performed legal services for any Fortune 500 clients?  Yes  No

If yes, on a separate addendum, please identify the client(s) and the nature of the legal services rendered for such client(s).



**FIRM MANAGEMENT**

12. Since the submission date of the last application submitted to the Company, have there been any changes in the **Applicant's** organization or management structure?  Yes  No

If "Yes," please provide full particulars in a separate addendum.

**INTERNAL POLICIES AND PROCEDURES**

13. Since the submission date of the last application submitted to the Company, have there been any changes in the **Applicant's** policies or procedures in any of the following areas:
- |  |                              |                             |
|--|------------------------------|-----------------------------|
| (a) internal legal practice procedures and/or risk management manual(s), | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) filing of suits for the collection of fees,                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) responding to client complaints,                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) client intake and conflict avoidance,                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) internal approval of opinion letters,                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) docket control,  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) training program for new attorneys,                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (h) attorney performance review.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (i) outside interests:   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If "Yes" to any of the above in Question 13, please provide full particulars in a separate addendum.

14. Since the submission date of the last application submitted to the Company, has the **Applicant** or any **Lawyer** or employee of the **Applicant** ever been:

- disbarred;
- refused admission to practice law;
- suspended;
- reprimanded;
- sanctioned;
- fined;
- placed on probation;
- held in contempt, or
- the subject of any disciplinary complaint, grievance or action

by any court, bar association, administrative agency, or regulatory body?  Yes  No

If "Yes," please provide full particulars in a separate addendum.

Note: Information provided in response to Question 14 does not constitute notice of a Claim or notice of a Wrongful Act. All such notices must be submitted in accordance with the policy.

15. Since the submission date of the last application submitted to the Company, has the **Applicant's** policy with respect to service by attorneys as officers or directors of for-profit business enterprises other than the **Applicant** changed in any way?  Yes  No

If "Yes," please provide details in a separate addendum.



**CLAIMS HISTORY**

16 Since the submission date of the last application submitted to the Company, has there been any change in the status of any claim, suit, circumstance, allegation, or contention previously reported under a lawyers professional liability insurance policy issued by the Company or any other lawyers professional liability insurance policy?  Yes  No

If "Yes," please provide full particulars in a separate addendum.

17. With regard to each attorney who joined the firm as a **Lawyer** since the submission date of the last application submitted to the Company, have any claims, suits, allegations, or contentions been made against any such attorney during the last five years and been reported under any lawyers professional liability insurance policy?  Yes  No

If "Yes," please attach a summary of each such claim or suit or description of the allegations or contentions, describing: name of claimant(s)/potential claimant(s), full name of individual lawyer(s) and firm (if other than the **Applicant**) involved, additional defendants/potential defendants, date of alleged error or misconduct, insurance company to which the claim, suit, or notice was reported, date of report, description of claim, suit, notice or circumstance 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.

**III. 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.

**IV. 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.



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

**CHUBB PRO LAWYERS  
 PROFESSIONAL LIABILITY  
 RENEWAL APPLICATION**

**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).

**V. 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 Renewal Application and in any attachments or other documents submitted with this Renewal Application are true and complete. The undersigned agree that this Renewal Application, such attachments and other documents, and all other signed applications submitted by the **Applicant** to the Company for the proposed insurance or any other insurance contract of which the proposed insurance is a direct or indirect renewal or replacement 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 Renewal Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

This Renewal 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
_____	_____	<u>Chief Executive Officer</u>
_____	_____	<u>Chief Financial Officer</u>

Produced By: Agent: _____	Agency: _____
Agency Taxpayer ID or SS No.: _____	Agent License No.: _____
Address (Street, City, State, Zip): _____	
Submitted By: Agency: _____	
Taxpayer ID or SS No.: _____	Agent License No.: _____
Address (Street, City, State, Zip): _____	