



**BY COMPLETING THIS SUPPLEMENTAL RENEWAL 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.

I. NAME, ADDRESS AND CONTACT INFORMATION:

1. Name of **Applicant**: _____
2. Address of **Applicant's** Principal Office: _____
City: _____ State: _____ Zip Code: _____

II. SPECIFIC INFORMATION:

Please complete each of the following Supplements that pertains to the **Applicant's** practice and complete Section V of this Supplemental Renewal Application.

1. Securities Practice Supplement
2. Financial Institutions Supplement
3. Plaintiff Law Practice Supplement

These supplements appear on the following pages.



SECURITIES PRACTICE RENEWAL APPLICATION SUPPLEMENT

Name of **Applicant**: _____

If the **Applicant's** response to Question 10 of the Application is "Yes", this Supplement must be completed.

For the purposes of this Renewal Application Supplement, 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.

Please respond to the following questions if the **Applicant** or any **Lawyer**, while acting on behalf of the **Applicant**, provided legal services in connection with any Securities-Related Representation (as defined above) since the submission date of the last application submitted to the Company.

Note: Information provided herein does not constitute notice of a claim or of a circumstance that might give rise to a claim, nor does it constitute a summary of claims activities if one is required in connection with the **Applicant's** responses to Questions 16 and 17 of the Renewal Application.

General

1. Since the submission date of the last application submitted to the Company:

- A. To the **Applicant's** knowledge, has any issuer involved in any matter that is the subject of any Securities-Related Representation become insolvent or entered into any liquidation or reorganization proceeding since the date of such Securities-Related Representation? Yes No

If "Yes," please provide full particulars regarding the Securities-Related Representation and the subsequent insolvency, liquidation, or reorganization in a separate addendum.

- B. To the **Applicant's** knowledge, has any claim or allegation of fraud, negligence, or breach of duty been asserted against any party in connection with any matter that is the subject of any Securities-Related Representation? Yes No

If "Yes," please provide full particulars regarding the Securities-Related Representation and the claim or allegation in a separate addendum.

- C. To the **Applicant's** knowledge, has any person or entity received a subpoena from the SEC or any other federal or state agency or instrumentality in connection with any matter that is the subject of any Securities-Related Representation? Yes No

If "Yes," please provide full particulars regarding the Securities-Related Representation and the date and subject of the subpoena in a separate addendum.

2. Since the submission date of the last application submitted to the Company:

- A. Has the **Applicant**, or any past or present **Lawyer**, been suspended from practicing before the SEC or any similar state regulatory body? Yes No



Chubb Group of Insurance Companies

15 Mountain View Road
Warren, New Jersey 07059

**CHUBB PRO LAWYERS
PROFESSIONAL LIABILITY
SUPPLEMENTAL RENEWAL APPLICATION**

- B. Has the **Applicant**, or any past or present **Lawyer**, been the subject of a disciplinary action or proceeding brought by the SEC or any similar state regulatory body?

Yes No

If the answer to any of the above questions is "Yes", please provide the relevant details in a separate addendum.

3. Transaction Summary

On the attached schedule entitled "**Securities Transaction Summary**", please provide the requested information for each Securities-Related Representation undertaken by the **Applicant** or any past or present **Lawyer** since the submission of the last application submitted to the Company.

SECURITIES TRANSACTION SUMMARY

Name of **Applicant**: _____

Date of Filing	Issuer	Business of Issuer	Type of Offering *	Dollar Value of Offering	Registered (R) or Exempt(E)	Underwriter	Party Represented By Applicant**	Did Applicant Render Tax Opinion? (Y/N)

*For **type of offering**, please indicate as follows:

- PR- Private Placement SYN- Syndication GBO- Governmental Bond Offering
- IPO- Initial Public Offering LP- Limited Partnership TS- Tax Shelter
- SPO- Secondary Public Offering BO- Private Bond Offering O- Other (specify)

For **party represented by Applicant, please indicate as follows:

- I- Issuer U- Underwriter A- Accountant
- P- Purchaser L Lender O- Other (specify)

FINANCIAL INSTITUTIONS RENEWAL APPLICATION SUPPLEMENT

Name of **Applicant**: _____

This form is to be completed with respect to each Financial Institution to which the **Applicant**, any past or present **Lawyer** while acting on behalf of the **Applicant**, has provided legal services since the submission date of the last application submitted to the Company.

The term "Financial Institution" means any bank, savings and loan association, credit union, or other depository institution; or service company, subsidiary, or holding company of such an institution.

Note: Information provided herein does not constitute notice of a claim or of a circumstance that might give rise to a claim; nor does it constitute a summary of claims activity if one is required in connection with the **Applicant's** response to Questions 16 and 17 of the Renewal Application.

1. Name and address of Financial Institution:

2. Date(s) services provided: _____

3. Type(s) of legal services provided (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> General Counsel | <input type="checkbox"/> Regulatory Counsel | <input type="checkbox"/> Loan Closings |
| <input type="checkbox"/> Loan Documentation | <input type="checkbox"/> Litigation | <input type="checkbox"/> Securities Work |
| <input type="checkbox"/> Other _____ | | |

4. Is the Financial Institution (check any applicable):

In receivership or liquidation: _____ Year: _____
In conservatorship: _____ Year: _____

Presently operating subject to a supervisory agreement, consent agreement, or other regulatory limitation on its operations: _____

5. Has any past or present **Lawyer** served as a director or officer of the Financial Institution? Yes No

Name of attorney(s), position(s) held, and dates of service:

6. Has any past or present **Lawyer** held an equity interest in the Financial Institution? Yes No

Name of attorney(s), percentage of equity owned, dates of ownership:

7. To the **Applicant's** knowledge, has there been any allegation of fraud or negligence against the Financial Institution, its directors or officers, or any outside professional who provided services to the Financial Institution by the Federal Deposit Insurance Corporation ("FDIC"), the Office of Thrift Supervision ("OTS"), the Office of the Comptroller of the Currency ("OCC"), the Federal Reserve Board ("FRB"), the Saving Association Insurance Fund ("SAIF"), the Securities and Exchange Commission ("SEC"), or any other federal or state agency, instrumentality, or corporation? Yes No

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

8. To the **Applicant's** knowledge, has the **Applicant** or any past or present **Lawyer** received a subpoena in connection with the Financial Institution from any court or the RTC, the FDIC, the OTS, the OCC, the FRB, the former FHLBB, the former FSLIC, the SEC, or any other federal or state agency, instrumentality, or corporation? Yes No

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

9. Has the **Applicant** provided Legal Services to the FDIC or the RTC in connection with the Financial Institution? Yes No

If "Yes," please describe the type of matter(s) and the dates of representation in a separate addendum.

PLAINTIFF LAW PRACTICE RENEWAL APPLICATION SUPPLEMENT

Name of **Applicant**: _____

Note: Information provided herein does not constitute notice of a claim or of a circumstance that might give rise to a claim, nor does it constitute a summary of claim activity if one is required in connection with the **Applicant's** responses to Questions 16 and 17 of the Renewal Application.

1. Since the submission date of the last application submitted to the Company, what percentage of plaintiff work was devoted to the following specialties?

Specialty	Percentage	Specialty	Percentage
Admiralty	_____	Non-Medical Professional Liability	_____
Aviation	_____	Products Liability	_____
Asbestos	_____	Personal Injury	_____
Bodily Injury/Property Damage	_____	Tobacco	_____
Breast Implant	_____	Toxic Tort	_____
Commercial	_____	Workers Compensation	_____
Employment	_____	Other (please specify)	_____
Medical Negligence	_____	Total	100%

2. Since the submission date of the last Application submitted to the Company, what percentage of the firm's plaintiff cases have been class action/multiple plaintiff cases? _____ %

Please provide details regarding each of these cases (including whether the firm was lead or local counsel, the nature of the allegations, the approximate size of the class, the resolution and settlement or award amount) (attach a separate addendum if necessary):

3. Since the submission date of the last Application submitted to the Company, what is the average dollar value of cases closed

- Less than \$25,000.
 \$25,000. - \$99,000
 \$100,000. - \$499,000.
 \$500,000. - \$999,000
 \$1,000,000. or more

4. Since the submission date of the last Application submitted to the Company, what is the largest verdict or settlement achieved by the firm? _____

5. a. How many attorneys practice in the plaintiff area? _____
b. What percentage of each attorney's time is devoted to the plaintiff practice? _____ %
6. What is the average number of plaintiff cases an individual attorney handles per year? _____
7. Since the submission date of the last Application submitted to the Company, what percentage of the firm's plaintiff cases were:
- Tried to conclusion: _____ %
 - Settled: _____ %
 - Handled on a contingency fee basis: _____ %
8. What percentage of potential plaintiff clients does the firm reject? _____ %
9. Since the submission date of the last Application submitted to the Company, has the firm changed the screening criteria it uses in client selection, other than the financial viability of the potential client's case? Yes No
- If "Yes", please describe (attach separate addendum if necessary):

10. Does the firm use written disengagement or non-acceptance letters in all cases where the firm declines to represent potential plaintiffs? Yes No
11. a. Does the firm refer cases to other law firms? Yes No
b. If "Yes", does the firm use a written referral agreement in all cases? Yes No
12. a. Does the firm accept cases with less than six (6) months to the statute of limitations? Yes No
b. If "Yes", how many such cases has the firm accepted in the past twelve (12) months? _____
13. Since the submission date of the last Application submitted to the Company, has the firm changed the procedures for tracking the Stature of Limitation on each plaintiff's case? Yes No
- If "Yes" please describe (attach separate addendum if necessary):

14. Please indicate all methods by which the firm has advertised in the period since the submission of the last application submitted to the Company (check all that apply):
- Television
 - Radio
 - Newspaper
 - Magazine
 - Yellow Pages
 - Internet or other Electronic Media
 - Billboards
 - Other (please describe): _____

III. MATERIAL CHANGE:

If there is any material change in the answers to the questions in this Supplemental Renewal 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 Supplemental Renewal 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 Supplemental Renewal 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).

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 Supplemental Renewal Application and in any attachments or other documents submitted with this Supplemental Renewal Application are true and complete. The undersigned agree that the Renewal Application, this Supplemental Renewal Application, the attachments and other documents to such Renewal Application and Supplemental Renewal Application, 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 Supplemental 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 Supplemental 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): _____

Executive Perils

11845 West Olympic Boulevard • Suite 750 • Los Angeles • CA • 90064
T: 310-444-9333 • F: 310-444-9355 • Web: www.eperils.com • CA Lic. #0E36308
dba: Executive Perils Insurance Services