



APPLICATION FOR EMPLOYED LAWYERS PROFESSIONAL LIABILITY INSURANCE

THIS APPLICATION IS FOR "CLAIMS MADE AND REPORTED" INSURANCE.

NOTICE: THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

1. A) Name of Company: _____
(Wherever used, Company shall mean the Applicant.)
- B) Address of principal office of the Company: _____
City: _____ State: _____ ZIP: _____
- C) State of Incorporation: _____
- D) Total number of Employed Lawyers: _____
- E) Is any Employed Lawyer a member of the American Corporate Counsel Association (ACCA)?
 Yes No
- F) Please attach a separate page providing the following information for each Employed Lawyer to be insured: lawyer name, title, ACCA membership number (if applicable), year of admission to bar, principal area(s) of practice, and whether the lawyer is a director or officer of the Company.

COMPANY INFORMATION

2. A) Please attach a copy of the Company's latest annual report, SEC Form 10K, and most recent SEC Form 10Q, including audited financial statements with all notes and schedules, and any other relevant financial materials. If the Company has made a public offering of debt or equity within the past twenty-four (24) months, please attach prospectuses.
- B) If no annual report is available, please provide a general description of the business of the Company:



- C) Does any Employed Lawyer prepare, review, comment on, or approve financial statements, proxy statements, prospectuses, registration statements, annual or quarterly reports, or other reports filed with federal or state agencies or released to shareholders or the public regarding the Company?
 Yes No

If "Yes," please describe the role of Employed Lawyer(s) in such preparation, review, comment or approval.

- D) Does any Employed Lawyer represent individual employees of the Company in judicial, administrative, or other proceedings?
 Yes No

If "Yes," please provide details.

- E) Does any Employed Lawyer provide personal legal services to any director, officer, or employee of the Company in such director's, officer's, or employee's individual capacity?
 Yes No

If "Yes," please indicate:

- i) The type of personal legal services provided:

- ii) The percentage of the Employed Lawyer's time devoted to the provision of personal legal services: _____

6. Please provide a brief description of the structure and management of the legal department, including the legal department's placement within the general organization of the Company.

7. Does the Company and/or the legal department have written policies or procedures with regard to the following:

- | | | |
|--|------------------------------|-----------------------------|
| Training of newly hired Employed Lawyers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Continuing legal education for Employed Lawyers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Circulation and updating of commonly used form documents within the legal department? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Litigation docket control within the legal department? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Preparation and approval of legal opinions to or for the use of entities other than the Company? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Employee hiring, termination, and promotion, and the investigation and reporting of employee complaints under any federal, state, or local antidiscrimination statutes or regulations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If "No" to any of the above, please describe any relevant unwritten policies and procedures.

8. Please indicate the types of legal work that are typically referred by the Company to outside counsel and any guidelines governing such referrals.

COVERAGE AND CLAIMS HISTORY

9. After inquiry, has any Employed Lawyer ever been the subject of a reprimand or disciplined by, or refused admission to, a bar association, court or administrative agency?
 Yes No

If "Yes," please provide the name of the Employed Lawyer and a brief explanation.

10. After inquiry, have any claims or suits been made against any Employed Lawyer within the past five (5) years arising out of his or her provision of legal services, whether or not such claims or suits arose out of work performed for the Company?
 Yes No

If "Yes," please complete a Claim Summary Supplement for each such claim or suit.

NOTE: Information provided in response to Question 10 does not constitute notice of a claim or suit under any insurance policy. All such notices must be submitted in accordance with the policy.

11. After inquiry, is any Employed Lawyer aware of any circumstance, allegation, or contention as to any incident which may result in a claim or suit against any Employed Lawyer?
 Yes No

If "Yes," please complete a Claim Summary Supplement for each such circumstance, allegation, or contention.

NOTE: Information provided in response to Question 11 does not constitute notice of a claim or potential claim under any insurance policy. All such notices must be submitted in accordance with the policy.

12. A) Does the Company currently carry Employed Lawyers professional liability coverage?
 Yes No

If "Yes," please provide the following information:

Carrier: _____
Limit: _____
Deductible(s): _____
Policy Period: _____
Premium: _____

- B) Has any insurer providing Employed Lawyers professional liability coverage or similar insurance to the Company ever canceled or refused to renew such coverage? (Not applicable in Missouri.)
 Yes No

If "Yes," please provide details.

13. Does the Company carry directors and officers liability or other professional liability insurance?
 Yes No

If "Yes," please provide the following information with regard to all directors and officers and other professional liability insurance carried by the Company, and attach a copy of all notices of claims submitted to such insurers within the past three (3) years:

| | | | |
|---------------------------------------|-------|---------------------------------------|-------|
| Type of Coverage: | _____ | Type of Coverage: | _____ |
| Carrier: | _____ | Carrier: | _____ |
| Limits: | _____ | Limits: | _____ |
| Deductible(s): | _____ | Deductible(s): | _____ |
| Policy Period: | _____ | Policy Period: | _____ |
| Premium: | _____ | Premium: | _____ |
| Retroactive Date: | _____ | Retroactive Date: | _____ |
| Number of Years Continuously Insured: | _____ | Number of Years Continuously Insured: | _____ |

NOTICE TO APPLICANT - PLEASE READ CAREFULLY.

FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSONS AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT THE STATEMENTS HEREIN ARE TRUE AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY. THE UNDERWRITER IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THE APPLICATION DOES NOT BIND THE UNDERWRITER TO COMPLETE, OR THE APPLICANT TO PURCHASE, THE INSURANCE.

FOR THE PURPOSES OF THIS APPLICATION, THE "UNDERWRITER" IS THE INSURANCE COMPANY WHICH ISSUES A POLICY OF INSURANCE TO THE APPLICANT IN RELIANCE ON THIS APPLICATION. THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE UNDERWRITER AND ALONG WITH THE APPLICATION IS CONSIDERED PHYSICALLY ATTACHED TO THE POLICY AND WILL BECOME A PART OF IT. THE UNDERWRITER WILL HAVE RELIED UPON THE COMPLETE APPLICATION AND ATTACHMENTS IN ISSUING ANY POLICY.

IF THE INFORMATION IN THIS APPLICATION MATERIALLY CHANGES PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE UNDERWRITER, WHO MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION.

INFORMATION PROVIDED IN CONNECTION WITH THIS APPLICATION DOES NOT CONSTITUTE NOTICE OF A CLAIM OR NOTICE OF A POTENTIAL CLAIM. ALL SUCH NOTICES MUST BE SUBMITTED IN ACCORDANCE WITH THE POLICY.

THE UNDERSIGNED DECLARES THAT THE INDIVIDUALS AND ENTITY(IES) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT (I) THE POLICY SHALL APPLY ONLY TO "CLAIMS" MADE (OR DEEMED MADE) AND REPORTED TO THE UNDERWRITER DURING THE "POLICY PERIOD" OR TO "CLAIMS" MADE AND REPORTED TO THE UNDERWRITER DURING ANY APPLICABLE "DISCOVERY PERIOD"; (II) THE LIMIT OF LIABILITY CONTAINED IN THE POLICY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE COST OF DEFENSE AND, IN SUCH EVENT, THE UNDERWRITER SHALL NOT BE LIABLE FOR THE COSTS OF DEFENSE OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT SUCH COST OR AMOUNT EXCEEDS THE LIMIT OF LIABILITY IN THIS POLICY; AND (III) THE DEFENSE COSTS THAT ARE INCURRED SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

NOTICE TO ARKANSAS, MINNESOTA, 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 OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME.

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 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 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 OR AN APPLICATION CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF 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 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 AND NEW MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO MARYLAND 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 OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

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 OKLAHOMA APPLICANTS: 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.

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 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: This Application is signed by the undersigned authorized agent of the Applicant on behalf of the Applicant and all Employed Lawyers.

| | | |
|-------------------------------------|---|------|
| APPLICANT | AUTHORIZED AGENT <i>(Please Print Name)</i> | |
| AUTHORIZED AGENT <i>(Signature)</i> | TITLE/CAPACITY | DATE |

| | | |
|---|-------------------|--|
| PRODUCED BY <i>(Insurance Agent)</i> | INSURANCE AGENCY | |
| INSURANCE AGENCY TAXPAYER ID OR SOCIAL SECURITY NO. | AGENT LICENSE NO. | |
| ADDRESS <i>(No., Street, City, State, and ZIP Code)</i> | | |

| | | |
|---|---|-------------------|
| SUBMITTED BY <i>(Insurance Agency)</i> | INSURANCE AGENCY TAXPAYER ID OR SOCIAL SECURITY NO. | AGENT LICENSE NO. |
| ADDRESS <i>(No., Street, City, State, and ZIP Code)</i> | | |

ExecutivePerils

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 dba: Executive Perils Insurance Services

**EXECUTIVE RISK MANAGEMENT ASSOCIATES
EMPLOYED LAWYERS PROFESSIONAL LIABILITY INSURANCE
CLAIM SUMMARY SUPPLEMENT**

Name of Applicant: _____

This document is part of the Application for Employed Lawyers Professional Liability Insurance.

Instructions: This form is to be completed if any Employed Lawyer has been involved in any claim, suit, circumstance, allegation, or contention, as indicated by a "Yes" answer to either Question 10 or 11. Please complete one Claim Summary Supplement for each claim, suit, circumstance, allegation, or contention. Use separate sheets if necessary to provide complete responses.

1. Full name of individual lawyer(s) involved in claim, suit, circumstance, allegation, or contention:

2. Name of claimant(s):

3. Additional defendants:

4. Date of alleged error or misconduct: _____
5. To what insurance company was this claim, suit, circumstance, allegation, or contention reported?

6. Date of report to insurance company: _____
7. Description of claim, suit, circumstance, allegation, or contention and current status. If claim, suit, circumstance, allegation, or contention has been resolved, provide total defense costs, settlement(s), or judgment(s) incurred (including amounts within any self-insured retention). (Please attach additional sheets if necessary.)

I understand that information submitted herein becomes part of the Applicant's Application for Employed Lawyers Professional Liability Insurance and is subject to the representations and conditions set forth therein. I also understand that there will be no coverage afforded under the proposed insurance for any matter(s) listed in response to this supplement.

Authorized Agent _____ Title/ Capacity _____
(Please print name) _____ Date _____