



RENEWAL APPLICATION FOR 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 DEFENSE EXPENSES. FURTHER NOTE THAT DEFENSE EXPENSES SHALL BE APPLIED AGAINST THE RETENTION.

1. A. Name of **Applicant**: _____
Partnership: _____ Professional Corporation: _____ Other: _____
If "Other," please describe the **Applicant's** form of business organization in a separate addendum.

B. Address: _____
City: _____
State: _____ ZIP Code: _____

C. Telephone number: () _____ Fax number: () _____

D. Branch office address(es) and dates of organization (use separate addendum if necessary):

E. Total number of (as of _____, 19 _____):
Partners/officers/shareholders: _____
Associates/employed lawyers: _____
Counsel or of counsel: _____
Total lawyers: _____

F. How many attorneys have joined the firm as partners/officers/shareholders, "counsel" or "of counsel," or associates or employed attorneys since the submission date of the last application submitted to the Underwriter? _____

G. How many attorneys have left the firm since the submission date of the last application submitted to the Underwriter? _____

H. Please provide the following information with respect to each attorney to be insured (use separate addendum if necessary):

Name	D/C*	Branch	Bar Membership(s) and Admission Date(s)	Practice Area(s)	Prior Firm(s)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*Designation Code: P Partner
S Shareholder or officer of professional corporation
C Counsel or of counsel
A Associate or employed lawyer
O Other (please describe)

I. Please attach a copy of the **Applicant's** current letterhead to this Application.

2. A. Has the name of the **Applicant** changed or has any other firm or organization amalgamated with or been merged into the **Applicant** since the submission date of the last application submitted to the Underwriter?
 Yes No

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

- B. Is there any pending change in the name of the **Applicant** or pending or contemplated amalgamation or merger?
 Yes No

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

3. Please complete the Firm Financial Information Supplement to this Application.
4. Please provide the following information regarding each practice area that has accounted for two percent (2%) or more of the **Applicant's** gross billings in the current fiscal year to date or any of the past three (3) fiscal years:

Practice Area	Description of Legal Services and Representative Clients	Approximate # of Attorneys in Area*	Approximate % of Gross Billings Last Fiscal Year
_____	_____	_____	_____
_____	_____	_____	_____

*Total of this column need not equal total number of attorneys where attorneys perform work in a number of areas.

5. Please respond to the following questions with respect to each Financial Institution to which the **Applicant**, or any present or former partner/officer/shareholder, "counsel" or "of counsel," or associate or employed attorney, while acting on behalf of the **Applicant**, has provided legal services since the submission date of the last application submitted to the Underwriter. 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 in response to Question 5 does not constitute notice of a Claim or notice of a Wrongful Act. All such notices must be submitted in accordance with the policy.

- A. Name and address of Financial Institution:

- B. Date(s) services provided: _____

- C. Type(s) of legal services provided:

6. Please respond to the following questions with respect to **both** the Financial Institutions identified in Question 5, **and** all other Financial Institutions to which the **Applicant**, or any present or former partner/officer/shareholder, "counsel" or "of counsel," or associate or employed attorney, while acting on behalf of the **Applicant**, has provided legal services during the past five (5) years.

Note: Information provided in response to Question 6 does not constitute notice of a Claim or notice of a Wrongful Act. All such notices must be submitted in accordance with the policy.

- A. Has any attorney or former attorney of the **Applicant** served as a director or officer of the Financial Institution, or held an equity interest in the Financial Institution?
 Yes No

If "Yes," please provide the name of attorney(s), position(s) held, dates of service, percentage equity, and dates of ownership in a separate addendum.

- B. Is the Financial Institution (check any applicable):

In receivership or liquidation: Yes No Year: _____
In conservatorship: Yes No Year: _____
Presently operating subject to a supervisory agreement, consent agreement, or other regulatory limitation on its operations: Yes No

- C. 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 Resolution Trust Corporation ("RTC"), 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 former Federal Home Loan Bank Board ("FHLBB"), the former Federal Savings and Loan Insurance Corporation ("FSLIC"), 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.

- D. To the **Applicant's** knowledge, has the **Applicant** or any attorney or former attorney of the **Applicant** 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.

7. Please respond to the following questions if the **Applicant** or any present or former partner/officer/ shareholder, "counsel" or "of counsel," or associate or employed attorney while acting on behalf of the **Applicant**, has provided legal services during the past five (5) years 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. 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.

Note: Information provided in response to Question 7 does not constitute notice of a Claim or notice of a Wrongful Act. All such notices must be submitted in accordance with the policy.

- 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.

FIRM MANAGEMENT

8. Since the submission date of the last application submitted to the Underwriter, 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

9. Since the submission date of the last application submitted to the Underwriter, 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 |

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

10. Since the submission date of the last application submitted to the Underwriter, has any partner/officer/shareholder, "counsel" or "of counsel," or associate or employed attorney of the **Applicant** been disciplined, censured, reprimanded, suspended, or placed on probation by any state bar, judicial body, or regulatory agency?

Yes No

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

Note: Information provided in response to Question 10 does not constitute notice of a Claim or notice of a Wrongful Act. All such notices must be submitted in accordance with the policy.

11. A. Since the submission date of the last application submitted to the Underwriter, 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 full particulars in a separate addendum.

B. If any partner/officer/shareholder, "counsel" or "of counsel," or associate or employed attorney serves as an officer, director, or fiduciary of any for-profit business enterprise other than the **Applicant**, please provide the following information:

Attorney	Position	Business Enterprise	Client of Applicant? (Y/N)	Does Enterprise Maintain D&O Insurance? (Y/N)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

12. A. Since the submission date of the last application submitted to the Underwriter, has there been any change in the firm's policy with respect to its attorneys holding equity interests in, or entering into other commercial relationships with, for-profit business enterprises that are clients of the **Applicant** (or that are involved in business transactions with clients of the **Applicant**)?
 Yes No

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

B. If any attorney, individually or together with other attorneys employed by or affiliated with the **Applicant**, holds an equity interest of five percent (5%) or more in any publicly traded company, or an equity interest of more than ten percent (10%) in any privately held business enterprise, other than the **Applicant**, to which the **Applicant** has provided Professional Services, please provide the following information:

Attorney	Business Enterprise	% Ownership	Publicly Traded? (Y/N)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CLAIMS HISTORY

13. Since the submission date of the last application submitted to the Underwriter, 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 Underwriter or any other lawyers professional liability insurance policy?
 Yes No

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

14. With regard to each attorney who joined the firm as a partner/officer/shareholder, "counsel" or "of counsel," or associate or employed attorney since the submission date of the last application submitted to the Underwriter, have any claims, suits, circumstances, allegations, or contentions previously reported under any lawyers professional liability insurance policy been made against any such attorney during the last five years?
 Yes No

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

COVERAGE REQUESTED

15. Coverage limits and retention requested:
 Same as expiring? Yes No

If "No," please provide the coverage limits and retention requested on renewal below:

NOTICE TO APPLICANT - PLEASE READ CAREFULLY.

FOR THE PURPOSES OF THIS RENEWAL APPLICATION, THE "UNDERWRITER" IS THE INSURANCE COMPANY WHICH ISSUES A POLICY OF INSURANCE TO THE APPLICANT IN RELIANCE OF THIS RENEWAL APPLICATION. IT IS AGREED THAT THIS RENEWAL APPLICATION IS A SUPPLEMENT TO THE APPLICATION(S) WHICH ARE PART OF THE EXPIRING POLICY, AND THAT THOSE APPLICATION(S) TOGETHER WITH THIS RENEWAL APPLICATION CONSTITUTE THE COMPLETE APPLICATION THAT SHALL BE THE BASIS OF THE CONTRACT AND SHALL FORM PART OF THE POLICY SHOULD A POLICY BE ISSUED. THE UNDERWRITER WILL HAVE RELIED UPON THE COMPLETE APPLICATION AND ATTACHMENTS IN ISSUING ANY POLICY.

FOR THE PURPOSES OF THIS RENEWAL APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) 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 RENEWAL APPLICATION. SIGNING THIS RENEWAL APPLICATION DOES NOT BIND THE UNDERWRITER TO COMPLETE, OR THE APPLICANT TO PURCHASE, THE INSURANCE.

IF THE INFORMATION IN THIS RENEWAL 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 RENEWAL APPLICATION DOES NOT CONSTITUTE NOTICE OF A CLAIM OR NOTICE OF A WRONGFUL ACT. ALL SUCH NOTICES MUST BE SUBMITTED IN ACCORDANCE WITH THE POLICY.

THE UNDERSIGNED DECLARES THAT THE INDIVIDUAL(S) 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 "EXTENDED REPORTING PERIOD";
- (II) THE LIMIT OF LIABILITY CONTAINED IN THE POLICY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE COSTS 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 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 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 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 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 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.

This Renewal Application is signed by the undersigned authorized agent of the **Applicant** on behalf of the **Applicant** and all of its partners, owners, shareholders, officers, and employees.

APPLICANT:		
BY (<i>President, Chairman, or CEO</i>):	TITLE:	DATE:

NOTE: This Application must be signed by the President, Chairman, or CEO of the **Applicant** acting as the authorized agent of the person(s) and entity(ies) proposed for this insurance.

REQUIRED INFORMATION

PRODUCED BY (<i>Insurance Agent or Broker</i>): Please print and sign name _____	
FIRM NAME:	
TAXPAYER ID OR SOCIAL SECURITY NO.:	PRODUCER LICENSE NO.:
ADDRESS (<i>No., Street, City, State, and ZIP</i>):	
EMAIL ADDRESS:	

SUBMITTED BY (<i>Firm</i>):	TAXPAYER ID OR SOCIAL SECURITY NO.:	PRODUCER LICENSE NO.:
ADDRESS (<i>No., Street, City, State, and ZIP</i>):		

**EXECUTIVE RISK MANAGEMENT ASSOCIATES
RENEWAL APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
FIRM FINANCIAL INFORMATION SUPPLEMENT**

Name of **Applicant**: _____

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

Please supply the following information and the source financial documents listed below. For items 1, 2, and 3, supply information for your latest completed fiscal year and the prior two fiscal years. For items 4, 5, and 6, please supply the amount at year end.

- | | Latest Fiscal Year
(ending __/__/__) | 1st Prior Fiscal Year
(ending __/__/__) | 2nd Prior Fiscal Year
(ending __/__/__) |
|--|---|--|--|
|--|---|--|--|
- 1. Gross Revenues:**
Cash receipts from professional services, excluding expense reimbursements.
 - 2. Net Income:**
Total net income for distribution to active equity partners or shareholders.
 - 3. Total Debt (Net present value):**
The sum of long- and short-term debt to all creditors. Please indicate the discount rate used to compute net present value. (If net present value estimate is not available, list each obligation and its maturity date.)
 - 4. Lease Obligations (Net present value):**
Please include all leases — e.g., for real estate, furnishings, office equipment, etc. Please indicate the discount rate used to compute net present value. (If net present value estimate is not available, list all leases and show payment due by year for each.)
 - 5. Obligations to Former Partners/Shareholders (Net present value):**
Total of all payments due to retired partners/shareholders or former partners/shareholders, for whatever reasons. Please indicate the discount rate used to compute net present value. (If net present value estimate is not available, please list obligations per year for each individual.)
 - 6. Partner or Shareholder Equity:**
Total partner or shareholder equity.

Please provide latest fiscal year financial statements (income statement and balance sheet), audited if available, with the supplement.

I understand that information submitted herein becomes part of the Applicant's Renewal Application for Lawyers Professional Liability Insurance and is subject to all of the representations and conditions set forth therein.

Signature: _____ **Date:** _____
(Managing Partner or Director of Finance)

Print name: _____ **Title:** _____

**EXECUTIVE RISK MANAGEMENT ASSOCIATES
RENEWAL APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
CLAIM SUMMARY SUPPLEMENT**

Name of **Applicant**: _____

This document is part of the Renewal Application for Lawyers Professional Liability Insurance. (If this Supplement does not apply to the **Applicant**, please check here: Does Not Apply.)

Instructions:

This form is to be completed if any attorney who joined the firm as a partner/officer/shareholder, "counsel" or "of counsel," or associate or employed attorney since the submission date of the last application submitted to the Underwriter has, during the last five (5) years, been involved in any claim, suit, circumstance, allegation, or contention previously reported under any lawyers professional liability insurance policy, as indicated by a "Yes" answer to Question 14. 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) and firm 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):

I understand that information submitted herein becomes part of the Applicant's Renewal Application for Lawyers Professional Liability Insurance and is subject to the same 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 Signature of Applicant

Date

Print Name

Title