

MUTUAL MARINE OFFICE, INC. (the NYMAGIC, Inc. group of companies)

MUTUAL MARINE OFFICE, INC. 919 Third Ave 10 th floor New York, NY 10022	APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE (CLAIMS-MADE FORM)
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1. NAME OF APPLICANT: _____

(If other than parent firm, supply full details of ownership entity)

2. MAILING ADDRESS: _____

Phone No. _____

(If multiple name and locations, please attach list ADDRESSES of ALL OFFICES)

3. DATE FIRM (PRACTICE) ESTABLISHED _____

4. Is the firm owned by, associated with, affiliated with, or controlled by any other firm? _____ If yes, give details _____

5. Number of PARTNERS _____ Number of ASSOCIATES _____ Number of "Of Counsel" _____

Number of OTHER STAFF _____

PLEASE ATTACH separately a LIST OF FULL NAMES OF ALL PARTNERS, ASSOCIATES, AND OF COUNSEL, every BAR MEMBERSHIP(S) for each, and the DATE(S) OF ADMISSION TO EACH BAR.

6. GROSS RECEIPTS (e.g., fees, billables) estimated for current year: _____

Receipts for past two years: 20__ \$ _____

20__ \$ _____

7. Percentage of gross receipts (e.g., fees, billables) 90 days or more past due: _____%

8. AREAS OF PRACTICE (Attach narrative description if necessary)

a) Describe in ALL AREAS OF PRACTICE the firm engages in and indicate PERCENTAGE OF GROSS RECEIPTS DERIVED from each:

Area of Practice	%	Area of Practice	%
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b) PLEASE ATTACH SEPARATELY lists of:

(i) FIVE LARGEST CLIENTS and description of work for each;

(ii) WEBSITE ADDRESS, and example copies of advertisements, brochures, or descriptive literature;

(iii) Current FIRM LETTERHEAD.

8. Do members of the firm always use engagement and disengagement letters for all clients? _____ If "no," detail

circumstances when engagement and disengagement letters are not used. _____

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9. Give details of any anticipated new client services or **MAJOR CHANGES** in business emphasis, areas of practice, or firm size contemplated or planned for the coming year:

10. a) The number of lawyers professional liability **CLAIMS** made against the firm, any member of the firm, or any predecessor firm in the past ten years: _____

(attach a written explanation of the circumstances of each)

b) The number of bar complaints, bar investigations, reprimands, disbarments, censures, or state lawyers regulatory actions of any member of the firm, or the firm itself during the past ten years: _____

(attach a written explanation of the circumstances of each)

c) List **ANY KNOWN INCIDENTS** which might give rise to a professional liability claim _____

d) Has any insurer cancelled or refused to renew any similar insurance during the past five years? _____
If "yes," please explain:

11. Number of **SUITS FOR FEES** commenced against clients or former clients within the last 3 years: _____

12. Give Professional Liability coverage for the last five years for the firm:

Carrier	Limit	Deductible	Premium	Expiration Month/Day/Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Expiring policy RETROACTIVE DATE: _____

13. **LIMITS OF LIABILITY** requested _____ **DEDUCTIBLE** requested _____

14. Desired **TERM OF POLICY** From _____ To _____

15. The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The applicant understands that answers to these questions are material to the underwriting decision process. The completion of this application does not bind the Company to see nor the applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this application and this application will be made a part of the policy.

The applicant understands that any subsequent contract issued by the Company will be issued on a CLAIMS MADE FORM.

Date Signature of Applicant Name Title