

**PROFESSIONAL LIABILITY INSURANCE FOR LAW FIRMS
APPLICATION**

NOTICE: This professional liability coverage is provided on a **Claims Made** basis. Only claims that are first made against the insured and reported to the Company during the policy term are covered, subject to the policy provisions.

Applicant Instructions: Carefully read all statements and questions on this application. Answer all questions in ink. If a question does not apply, state "N/A". If space is insufficient to answer all questions fully, use separate sheets of paper. Application and all attachments must be signed and dated by named applicant, partner or officer. A copy of your business stationery must be attached.

Effective Date Requested For This Application _____ / _____ / _____

Limits of Liability Desired: \$_____ Deductible Desired \$_____

- 1. a. Name of Applicant (Firm Name): _____
- b. Name of Designated Contact: _____
- c. Physical Address: _____
(Street) (City) (County) (State) (Zip)
- d. Telephone Number: (____)_____ Facsimile Number: (____)_____

2. Date Firm Established _____ / _____ / _____

3. Applicant is: ___ Sole Proprietor ___ Professional Association ___ Partnership
 ___ P.C. ___ LLC ___ Other (please describe)

4. During the past six (6) years, has the number of lawyers in the firm been altered by more than 30% in any one year? If Yes, provide additional information on the Detail Information Addendum. Yes No

5. List all predecessor firms of Applicant. If not applicable, state N/A. A predecessor firm is any legal entity, which is engaged in the practice of law to whose financial assets and liabilities the applicant is the majority successor in interest.

| Name of Firm | Date Established | Date of Merger |
|--------------|------------------|----------------|
| | | |
| | | |
| | | |

6. Does the applicant:
- a. have any additional office locations? Yes No
 - b. share office space with lawyers who are not a part of the applicant firm? Yes No
 - c. share secretarial service/staff with others who are not a part of the applicant firm? Yes No
 - d. share letterhead with non-firm members?..... Yes No
- If Yes to any of the above, provide details on the Detail Information Addendum and supply a sample of the letterhead.

7. If the Applicant is a sole practitioner, is a backup lawyer available in the applicant's absence? Yes No
Name and address of backup attorney: _____

8. Number support staff: ____ Law clerk/paralegal ____ Secretarial/clerical Other: ____
If ratio of staff to attorneys is greater than 2:1, provide details on the Detail Information Addendum.

9. List below, all LAWYERS of the firm. Attach a separate sheet if additional space is required.
"O" Owner/Officer/Director "P" Partner "E" Employed lawyer "OC" Of Counsel "IC" Independent Contractor

| Name of Attorney | Designation | States of Admission | Year Admitted | Date of hire with applicant or predecessor firm | Number hours CLE in the past 12 months |
|------------------|-------------|---------------------|---------------|-------------------------------------------------|----------------------------------------|
| | | | | | |
| | | | | | |
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| | | | | | |

If additional space is needed, complete the Attorney Detail Supplement.

10. Complete the following for each Part-time Attorney, Of Counsel, Independent Contractor, or Per Diem hired by the firm.

| Name of Attorney | Designation | Date of Hire | Hours worked per week for applicant | Separate Professional Liability Insurance? |
|------------------|-------------|--------------|-------------------------------------|----------------------------------------------------------|
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

11. Is any lawyer proposed for this insurance an employee of any organization other than the applicant? Yes No
If Yes, provide details on the Detail Information Addendum.

12. Has any lawyer proposed for this insurance provided any professional services as an Accountant, Realtor, Investment Advisor, Insurance Agent, Professional Agent or other non-legal capacity?..... Yes No
If Yes, provide details on the Detail Information Addendum.

13. Does any lawyer proposed for this insurance:
 a. act as a director, officer, partner or trustee for, or exercise any form of managerial or fiduciary control over, any business enterprise of a client other than the applicant? Yes No
 b. own, manage, have financial control over, or equity interest in, any business enterprise of a client other than the applicant or its predecessor firms? Yes No
 If Yes to a or b above, complete the Outside Interests Supplemental Application.

14. Has any lawyer proposed for this insurance ever been denied the right to practice, suspended from practice, disbarred, reprimanded or had other disciplinary action taken against him or her by any court or administrative agency? If Yes, provide details on the Detail Information Addendum. Yes No

15. List All Lawyers Professional Liability Insurance carried during the past consecutive five (5) years for the applicant and/or any predecessor firm thereof. If no current coverage is in force, check the box:

| Policy Inception | Policy Expiration | Insurance Company | Policy Limits | Deductible | Annual Premium | Number Attorneys |
|------------------|-------------------|-------------------|---------------|------------|----------------|------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

16. Insurance Details:
 a. Inception date of the applicant's first continuous claims made professional liability insurance:
 b. Does the current policy have a retroactive/prior acts date applicable to the applicant?..... Yes No
 If Yes, provide exact date.
 c. Does the current policy have any limiting endorsements or exclusions? Yes No
 If Yes, provide details:
 d. Has the applicant, its predecessor firms, or any lawyer proposed for this insurance, purchased an Extended Reporting Period (ERP) Endorsement?..... Yes No
 If Yes, please complete: Effective from ____ / ____ / ____ to ____ / ____ / ____

17. Indicate the percent of the Applicant's income derived from the following types of practice. (MUST TOTAL 100%)

| DEFENSE | % | Ad Valorem Tax – Commercial | Provide Additional Information* | % |
|----------------------------------------|---|---------------------------------|---------------------------------------|---|
| Admiralty | | Ad Valorem Tax – Residential | Corporate General | |
| Arbitration / Mediation | | Administrative Law | Environmental | |
| BI/PI | | Adoptions | Fiduciary | |
| Civil Rights / Employment | | Antitrust Trade Regulations | Investment Cnslng / Money Mgt | |
| Class Action / Mass Tort | | Bankruptcy | Mergers & Acquisitions | |
| Commercial Litigation | | Collection | Oil and Gas | |
| Criminal | | Communication | Other: | |
| Insurance Company | | Construction | Venture Capital | |
| Medical Malpractice | | Corporation Formation | | |
| Product Liability | | Divorce | Complete Additional Supplement | |
| Workers Compensation | | Estate Planning | Abstracting / Title | |
| | | ERISA | Banking / Financial Institutions | |
| PLAINTIFF (complete supplement) | | Family Law (other than Divorce) | Bonds | |
| Admiralty | | Foreclosures | Copyright | |
| BI/PI Plaintiff | | Health | Entertainment | |
| Civil Rights / Employment | | Housing Court | Limited Partnerships | |
| Class Action / Mass Tort | | Immigration | Patent | |
| Commercial Litigation | | International | Private Placements | |
| Medical Malpractice | | Labor – Employee / Union | Real Estate – Residential | |
| Product Liability | | Labor – Management | Real Estate – Commercial | |
| Workers Compensation | | Local Government / Municipal | Real Estate Development | |
| | | Public Utilities | Securities – Federal | |
| TAX – Individual Preparation | | Social Security | Securities – State | |
| TAX – Commercial Preparation | | Water Law | Syndications | |
| TAX – Opinions | | Wills and Trusts | Trademark | |

* Provide additional information on the Detail Information Addendum or complete the appropriate supplement.

18. Within the past six (6) years has the applicant or any attorney proposed for this insurance:

- Provided any legal services for or on behalf of any financial institution? Yes No
 - Provided any legal services for or in connection with any IPO, Bond, Private Placement, Syndication or any Securities related matter? Yes No
 - Provided any legal services for or on behalf of any Class Action matter?..... Yes No
 - Provided any legal services for any Entertainment client or the Entertainment industry? Yes No
 - Provided any legal services for or in connection with any Copyright, Patent or Trademark matter?..... Yes No
 - Provided any legal services for or in connection with any Environmental matter?..... Yes No
- If Yes to any of the above, complete the appropriate Supplement.

19. Do you require Title Insurance Coverage?..... Yes No

- Number of lawyers who are Title Agents:
- Name of Title Company Represented:
- Do you require coverage for a Title Agency (provide name)?
- If Yes, is the agency wholly owned by the firm and/or its members?..... Yes No

20. Gross Revenue for the past three (3) years:

| Most Recent Twelve (12) months | One (1) Year Prior | Two (2) Years Prior |
|--------------------------------|--------------------|---------------------|
| | | |

21. Within the past six (6) years, has any one client generated 20% or more of gross revenue?..... Yes No
If Yes, complete the following table.

| Name of Client | Services Provided | Percentage of Gross Revenue |
|----------------|-------------------|-----------------------------|
| | | |
| | | |

22. Docket/Diary Control System:

a. Do you maintain a central docket control system? Yes No

b. Does the applicant have at least two (2) methods for docket control? Yes No

c. Does the applicant utilize a computer program for docket control? Yes No

d. Does the ultimate responsibility for docket control, including entry, rest with the handling lawyer? Yes No

e. Does the applicant crosscheck its docket controls? Yes No

f. If Yes, how frequently? _____

If No, provided details on the Detail Information Addendum.

23. How many suits for fees were initiated by the Applicant against clients during the past 24 months?..... _____

a. How many have been resolved? _____

b. What percentage of fees are more than 90 days past due? _____

c. How frequently are invoices provided to clients? _____

24. Does the applicant utilize the following for **ALL** clients?

a. Engagement letters that include the scope of services & fee arrangements? Yes No

b. Non-engagement/declination letters? Yes No

c. Disengagement/closing letters? Yes No

If No, provide details on the Detail Information Addendum.

25. Does the applicant maintain a conflict of interest avoidance system?..... Yes No

If No, provide details on the Detail Information Addendum.

a. Systems used to check conflicts of interest: _____

b. How frequently are checks made for conflicts of interest? _____

c. How are conflict of interest situations addressed and disclosed to clients/potential clients? Check all that apply.

Non-Engagement Letters Signed Waiver Obtained from all parties

Oral Disclosure to all parties Referral to other lawyer / law firm

26. Does the applicant communicate with clients by electronic mail? Yes No

a. If Yes, are records maintained of all electronic mail communications? Yes No

b. Does the firm have guidelines restricting the types of communication over the internet? Yes No

27. Does the applicant have a website? Yes No

If Yes, provide the Web Address: _____

a. Does the website offer legal advice? Yes No

b. Does the applicant collect sensitive or confidential information at the web site? Yes No

c. Is all information collected kept confidential? Yes No

c. Does the applicant have a firewall installed to protect the network and prevent hacker attacks? Yes No

d. Does the applicant have virus-detecting software installed to protect against viruses? Yes No

e. Does the applicant have back-up and recovery systems in place? Yes No

28. Has any application for Lawyers Professional Liability Insurance on behalf of the applicant, its predecessor firms or any lawyers proposed for this insurance been declined, policy canceled or renewal of such insurance been refused? Yes No

If Yes, provide details on the Detail Information Addendum.

29. During the past five (5) years, has any claim or suit been filed against the applicant, its predecessor firms or any of the lawyers proposed for this insurance? Yes No

If Yes, complete a Claim Supplement for each claim or suit. Number? _____

30. After inquiry, is the applicant, its predecessor firms or any lawyer proposed for this insurance aware of:

a. any circumstance, act, error, omission or personal injury which could be the basis of a claim or suit? Yes No

b. any potential malpractice claim or suit reported to a previous insurance carrier? Yes No

c. any adverse judgment that could be the basis of a claim or suit? Yes No

d. any missed statute of limitations? Yes No

If Yes to any of the above, complete a Claim Supplement for each. Number? _____

NOTICE: To avoid loss of coverage, it is imperative that all known claims and/or circumstances, acts, errors or personal injuries that could result in a professional liability claim against the applicant, its predecessor firms or any lawyers in the firm be reported to your current insurer within the time period specified in your current policy.

The undersigned represents and warrants that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known, and agrees that this application and all supplements and attachments hereto shall become the basis of any coverage and a part of any policy that may be issued by the Company.

The execution of this application does not bind the undersigned to purchase any coverage offered, nor does the receipt and or review of this application bind the Company to offer coverage or issue a policy.

The undersigned understands and accepts that any policy issued will provide coverage on a **Claims Made and Reported** basis.

Warning: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance 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 the person to criminal and civil penalties.

Notice To Arizona Applicants:

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Notice To California Applicants:

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in prison. Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Notice to Colorado Resident 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 Delaware Applicants:

Any person who knowingly, and with the intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Notice To District Of Columbia Applicants:

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, any insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice To Indiana Residents:

A person who knowingly and with the intent to defraud an insurer files a statement of claims containing any false, incomplete or misleading information commits a felony.

Notice To Nevada Applicants:

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

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 Ohio Resident 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.

Notice To Pennsylvania Applicants:

Any person who knowingly and with the 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 thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.

Notice To Virginia Applications:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

APPLICANT'S AUTHORIZATION AND CERTIFICATION

The undersigned on behalf of the applicant firm and all members of the firm authorizes the release of all information to the Company from any past or present bar association of which any member of the firm is currently or has been a member; any person(s) who has information concerning any firm member's fitness to practice; any insurance company to which the applicant firm or any member of the firm has applied for professional liability insurance, whether such coverage was granted or not; and any employer for whom any member of the firm performed legal services, whether as an employee or an independent contractor.

The applicant firm and all members of the firm understand that the information requested by the Company may include, but not necessarily be limited to, any occurrence, incident, claim or suit in which any member of the firm may be or may have been involved; any denial, suspension, revocation or other disciplinary action taken by any bar association, governmental licensing authority, court, administrative agency or other appropriate authority; or any action of a civil or criminal nature taken against the firm or any member of the firm that resulted from or was alleged to have been a part of any professional activities. The applicant firm and all members of the firm understand that the information will be used in addition to the application in determining whether the Company will issue insurance to the firm.

The applicant firm and all members of the firm agree that the persons providing the information and their agents, directors and employees, shall not incur any liability as a result of any information released in good faith pursuant to this authorization including any errors, omissions or mistakes contained in such information.

The applicant firm and all members of the firm understand that this is an application for insurance, and shall not bind the Company to the issuance of insurance, nor shall it bind the firm to the acceptance of a policy.

THE UNDERSIGNED ON BEHALF OF THE APPLICANT FIRM AND ALL MEMBERS OF THE FIRM CERTIFIES THAT THE ABOVE APPLICATION HAS BEEN READ AND THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, MATERIAL AND COMPLETE. THE UNDERSIGNED UNDERSTANDS THAT: (1) IF THE POLICY IS ISSUED, THIS IS DONE BY THE COMPANY IN RELIANCE UPON THESE REPRESENTATIONS; AND (2) ANY COVERAGE OBTAINED BY FRAUD, MATERIAL MISREPRESENTATION OR OMISSION IS VOID.

Signature of Partner, Officer or Owner _____ Date _____

Print or Type Name _____ Title _____

Firm Name _____

**PROFESSIONAL LIABILITY INSURANCE FOR LAWYERS AND LAW FIRMS
ATTORNEY DETAIL SUPPLEMENT**

Firm: _____ Policy Number: _____ Effective Date: _____

Application Instructions: Complete this section for **ALL** attorneys proposed for this insurance.

| Name | Designation | State(s) of Admission | Year Admitted To Bar | Number CLE hours in the past 12 months | Date of Hire with Applicant Firm | Prior Firm Coverage Desired |
|------|-------------|-----------------------|----------------------|----------------------------------------|----------------------------------|----------------------------------------------------------|
| 1. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

“O” Owner/Officer/Director “P” Partner “E” Employed Lawyer “OC” Of Counsel “IC” Independent Contractor

Complete for all Part-time, Of Counsel, Independent Contractors and Per Diem Attorneys

| Name | Designation | Specialty | Date of Hire | Hours Worked Per Week | Other Professional Liability Insurance? |
|------|-------------|-----------|--------------|-----------------------|-----------------------------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

Predecessor Firms

| Name of Firm | Dates of Existence | Date of Merger or Purchase | Insurance Company | Attorneys |
|--------------|--------------------|----------------------------|-------------------|-----------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or should be known, and agrees that this Attorney Detail Supplement will be included in the basis of any coverage and a part of any policy that may be issued by the Company.

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Signature of Partner, Officer or Owner

Date

**PROFESSIONAL LIABILITY INSURANCE FOR LAWYERS AND LAW FIRMS
DETAIL INFORMATION ADDENDUM**

Use this addendum to capture the detailed information requested in the Application. This addendum is a part of the application and will become a part of any policy issued. Any warranty or fraud statements on the signature page of the application are applicable to the information provided herein.

1. Changes in number of attorneys of more than 30% in any one (1) year during the past six (6) years:

2. Docket / Diary System:

3. Audit:

4. Fee Suits (include number resolved):

5. Conflict of Interest System:

6. Back-Up Attorney:

7. Engagement / Nonengagement / Disengagement Letters:

8. Web Site Details:

9. Support Staff:

| Position | Number | Responsibilities |
|----------|--------|------------------|
| | | |
| | | |
| | | |

10. Office Sharing / Staff Sharing / Letterhead Sharing Details:

11. Additional Office Locations:

| Address | Purpose | Number attorneys | Number Support Staff |
|---------|---------|------------------|----------------------|
| | | | |
| | | | |
| | | | |

12. Employee of an organization other than the applicant firm:

13. Other Professional Services Details:

14. Area of Practice Details:

a. Corporate General: _____

b. Environmental: _____

c. Fiduciary: _____

d. Investment Counseling / Money Management: _____

e. Limited Partnerships: _____

f. Mergers & Acquisitions: _____

g. Oil and Gas: _____

h. Other: _____

i. Venture Capital: _____

15. Disciplinary Action Details:

16. Declination / Cancellation / Non-renewal Details:

17. Additional Details:

The undersigned represents and warrants that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or that should be known, and agrees that this application and all supplements and attachments hereto will become the basis of any coverage and a part of any policy that may be issued by the Company.

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Signature of Partner, Officer or Owner _____ Date _____

Print or Type Name _____ Title _____



PROFESSIONAL LIABILITY INSURANCE FOR LAWYERS AND LAW FIRMS CLAIM INFORMATION SUPPLEMENT

This form must be completed in its entirety for each claim or incident within the past seven (7) years:

- 1. Full Name of Applicant / Insured Firm:
2. Full Name of Attorney(s) Involved as Defendant(s) in Claim:
3. Name of Firm involved in Claim:
4. Additional Defendants:
5. Full Name of Claimant:
6. a. Indicate Type: Claim/Suit Incident
b. Indicate Status: Open Closed
7. a. Date Claim/Incident made against Firm:
b. Date Claim/Incident reported to Insurer:
c. Name of Insurer Claim/Incident was reported to:
8. If Claim is Closed, answer a, b, & c below. If claim is Open, please go to Question 9.
a. Out of Court Settlement: Yes No Date of Settlement:
b. Court Judgment: Yes No Date of Judgment:
c. Total defense costs paid: Total Indemnity paid: Deductible paid:
9. If Claim is Open, answer each of the following (do not leave any blank):
a. Claimants, settlement demand:
b. Defendants offer for settlement:
c. Insurer's Loss Reserve:
d. Insurer's Expense Reserve:
e. Defense Expenses to date
f. Applicant/Insured's estimate of settlement amount:
10. Description of alleged act, error or omission upon which claimant bases the Claim.
11. Explain what action has been taken to prevent a recurrence of a similar Claim.

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, and agrees that this supplemental will be included in the basis of any coverage and a part of any policy that may be issued by the Company.

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Signature of Partner, Officer or Owner

Date

**PROFESSIONAL LIABILITY INSURANCE FOR LAWYERS AND LAW FIRMS
OUTSIDE INTERESTS SUPPLEMENT**

Application Instruction: Complete the following for any positions or equity interests outside of the Named Insured within the past six (6) years.

NAME OF APPLICANT FIRM: _____

| A. Name of Attorney | B. Position Held | C. Name of Business | D. Period of Service | E. Professional Services | F. Nature of Business | G. Highest % Equity Interest | H. Client of the firm? | | I. D & O Insurance | | J. Non-Profit Charitable or Civic Org. | |
|------------------------|---------------------|------------------------|-------------------------|-----------------------------|--------------------------|---------------------------------|---------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------------|--------------------------|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Due to the equity and/or position identified above, have all clients been advised of the potential conflict of interest? Yes No
- Has a signed waiver been obtained from all parties? Yes No
- Does the applicant have policies and procedures in place to protect against insider trading?..... Yes No

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or should be known, and agrees that this Supplemental Application will be included in the basis of any coverage and a part of any policy that may be issued by the Company.

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Signature of Partner, Officer or Owner

Date



**PROFESSIONAL LIABILITY INSURANCE FOR LAWYERS AND LAW FIRMS
PLAINTIFF SUPPLEMENT**

1. For the firm's Bodily and Personal Injury, Workers Compensation, Civil Rights, and other Plaintiff practice, complete the following:

| A. Type of Case | B. Percentage of Billings | C. Average Number of Cases Per Year | D. Percentage of cases settled before trial | E. Average Award or Settlement | F. Largest Award or Settlement |
|----------------------|------------------------------|----------------------------------------|------------------------------------------------|-----------------------------------|-----------------------------------|
| Automobile | | | | | |
| Class Action | | | | | |
| Employment related | | | | | |
| Mass Tort | | | | | |
| Medical Malpractice | | | | | |
| Other Malpractice | | | | | |
| Product Liability | | | | | |
| Slip and Fall | | | | | |
| Workers Compensation | | | | | |
| Other (Specify): | | | | | |

2. Average number of Plaintiff cases handled per attorney in the past twelve (12) months..... _____
3. Does the applicant accept referrals for any of the above? Yes No
If Yes, average number of referrals received per year: _____
4. Does the applicant refer any Plaintiff matters to other law firms? Yes No
If Yes, average number of referrals per year:..... _____
5. Does an attorney meet with prospective clients prior to agreeing to representation? Yes No
6. Are nonengagement letters, including notice of the applicable statutes of limitations, issued for all matters when representation is declined? Yes No
7. What is the applicant's average time frame for filing suit prior to the expiration of the statute of limitations?
At least One Year prior: Six Months to One Year Prior: Three to Six Months Prior:
One to three Months Prior: Less than One Month Prior: Other: _____
8. Are all settlement offers provided to the client(s) in writing? Yes No
9. Are rejected settlement offers approved by the client(s) in writing? Yes No
10. Has the applicant been involved in any Class Action representation in the past six (6) years? Yes No

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, and agrees that this application shall be included in the basis of any coverage and a part of any policy that may be issued by the Company.

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Name of Applicant/Insured Firm

Signature of Partner, Officer or Owner

Date

PROFESSIONAL LIABILITY INSURANCE FOR LAWYERS AND LAW FIRMS
REAL ESTATE AREA OF PRACTICE SUPPLEMENT

1. For the firm's Real Estate practice, please complete the following:

| A. Type of Representation | B. Percentage of Practice | C. Number of Cases Per Year | D. Average Real Estate Value | E. Largest Real Estate Value |
|--------------------------------|---------------------------|-----------------------------|------------------------------|------------------------------|
| Commercial Real Estate | | | | |
| Closings | | | | |
| Development | | | | |
| Foreclosures | | | | |
| Land Use | | | | |
| Leases | | | | |
| Limited Partnerships | | | | |
| New Construction | | | | |
| Syndications | | | | |
| Title Searches / Opinions | | | | |
| Other: | | | | |
| Residential Real Estate | | | | |
| Closings | | | | |
| Foreclosures | | | | |
| Land Use | | | | |
| Leases | | | | |
| New Construction | | | | |
| Title Searches / Opinions | | | | |
| Other: | | | | |

2. Does the firm review for potential environmental concerns?.....Yes No
- a. If Yes, does the firm provide findings in a written report, including any limitations?.....Yes No
- b. If No, are clients advised to seek an independent environmental evaluation?.....Yes No
3. Does the firm provide an engagement letter, for each representation, that clearly defines the scope of representation?.....Yes No
4. During the last six (6) years, has the firm or any attorney proposed for this insurance been involved in Real Estate Syndications, or the formation of Limited Partnerships? If yes, please explain.Yes No

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, and agrees that this application shall be included in the basis of any coverage and a part of any policy that may be issued by the Company.

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Name of Applicant Firm _____

Signature of Owner, Officer or Partner _____

Date _____

**PROFESSIONAL LIABILITY INSURANCE FOR LAWYERS AND LAW FIRMS
FINANCIAL INSTITUTION SUPPLEMENT**

Application Instructions: Complete the following, if in the last six (6) years, any lawyer associated with the applicant firm and/or its predecessors has provided legal services for financial institution clients.

1. What percentage of your services is for financial institution clients?..... %
2. Of the percentage listed above, advise the percentage of these services that include:
 - a. Residential: loan documentation, real estate closings, foreclosures or title work..... %
 - b. Commercial: loan documentation, real estate closings, foreclosures or title work %
 - c. Bankruptcy or collection..... %
 - d. Trusts..... %
 1. Average number of trusts handled per year:.....
 2. Average trust value.....
 3. Highest trust value.....
 - e. Other: %
3. Within the last six (6) years, has any lawyer for the applicant or any Predecessor Firm**:
 - a. had any financial control over or equity interest in a financial institution?..... Yes No
 - b. acted as director, officer, general counsel or committee member for a financial institution? Yes No
 - c. been involved with the initial formation or provided any securities services for a financial institution? Yes No

** A Predecessor Firm is any legal entity that was engaged in the practice of law to whose financial assets and liabilities the Named Insured is the majority successor in interest.
4. Is any financial institution client **uninsured** by a government agency such as the FDIC, or NCUA?..... Yes No

Complete for any "Yes" response to questions numbered 3 and 4. Attach additional sheets as needed.

| Name and address of Financial Institution | Insured by the FDIC or NCUA? | Indicate all positions held | Percent Equity Interest | Involvement with loan approvals? | Initial formation or securities services? | Provide details for all services provided |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------|
| | FDIC <input type="checkbox"/> NCUA <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> | <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Loan Comm. <input type="checkbox"/> Gen. Counsel <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | FDIC <input type="checkbox"/> NCUA <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> | <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Loan Comm. <input type="checkbox"/> Gen. Counsel <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | FDIC <input type="checkbox"/> NCUA <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> | <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Loan Comm. <input type="checkbox"/> Gen. Counsel <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known. The undersigned agrees that this Supplemental Application will be included in the basis for any coverage and part of any policy that is issued by the Company.

Any person who includes any false or misleading information on an application for any insurance policy is subject to criminal and civil penalties.

Name of Applicant Firm

Signature of Partner, Officer or Owner

Date



PROFESSIONAL LIABILITY INSURANCE FOR LAWYERS AND LAW FIRMS
COPYRIGHT, PATENT AND TRADEMARK SUPPLEMENT

1. Provide a percentage breakdown of the firm's copyright, patent and trademark practice into the following categories:

Table with 5 columns: Intellectual Property Practice, Domestic (Past 12 Months, 5 year average), Foreign (Past 12 Months, 5 year average). Rows include Intellectual Property Litigation, Patent Infringement Counseling, Patent Licensing, Patent Prosecution, Trademark Prosecution, Trademark Registration/Licensing, Copyright Registration/Licensing, Patent Searches.

2. Provide the following for the firm's largest five Intellectual Property clients:

Table with 5 columns: Type of Business, Sales Per Year, Number of Patents Held or Pending, Legal Services Provided, Year Legal Services Began.

3. List the names of all lawyers engaged in Intellectual Property services during the last six years:

Table with 5 columns: Name, Practice Specialty, Years in this Specialty, Percentage of Time Billed for the Past 12 Months, Average Annual percentage of Time for the Past Six Years.

- 4. Are engagement, nonengagement and disengagement letters provided to all Intellectual Property clients?
a. Does the engagement letter outline the nature, scope and limitations of the firm's representation?
b. Is the responsibility for payment of maintenance fees, taxes or annuities clearly stated?
5. Does the firm have a computerized docketing system to alert the appropriate responsible party specific to:
a. statutory bar dates?
b. fee due dates, whether outsourced or not?
c. response dates?
6. Who reviews the docket entries for accuracy? Check all that apply.
Billing Partner, Partner in Charge of Work, Associate, Paralegal, Secretary
7. Does the firm outsource to other entities for Searches or Payment of Maintenance / Annuity Fees:
a. Does the firm verify that the outsource entity carries professional liability insurance coverage?
b. Does the firm obtain proof of insurance, such as a certificate of insurance?
8. How does the firm choose an outsource entity? Check all that apply.
Review of Work Product, Recommendations from Other Firms, Yellow Pages, Advertisements
9. Does the conflict avoidance system cross-check for conflicts between previous and existing clients?
a. Is sign off by all attorneys required before a new client can be accepted?
b. Does the firm allow equity interests with firm clients?
c. Does any firm member or spouse have a position or equity interest with an Intellectual Property client?
d. Has any firm member ever received or accepted royalties or shares in lieu of fees for services?
10. Are Opinion letters issued by the firm reviewed by at least one other attorney not associated with the matter?
11. Are client's advised in writing to mark the patented/trademarked product with the appropriate number or notice?..



COPYRIGHT (Check Box if Not Applicable) :

- 12. Does the firm's docket system include dates for:
a. Copyright renewal filing?
a. Responses to an office action?
c. Infringement action filing?
13. What is the firm's standard time frame for applying for copyright registration once instructed by the client?
14. Are transfers of ownership of copyright from one client to another fully documented in writing?

PATENT (Check Box if Not Applicable):

- 15. Does the firm request written disclosure of specific dates of all printed publications, sales, offers for sale and/or public use of intellectual property from a client prior to filing of a patent application?
16. Does the firm request in writing the client's intent to pursue or not to pursue a foreign patent application?
17. Does the firm request in writing the client's disclosure of patent applications filed in foreign countries?
18. Are foreign clients advised of the requirements needed to satisfy the establishment of the date of invention for U.S. Patents?
19. Does the firm disclose in writing to all patent clients, all dates for payment of maintenance fees, annual payments or annuities to be paid by the client to keep an application or patent in force?
20. Indicate the percentage of the types of Patent Opinions rendered by the firm.
a. Patentability
b. Infringement
c. Validity
21. For the types of patent opinions rendered, does the firm disclose the scope and extent of the search conducted that is the basis for the opinion?
22. Does the firm guarantee patent opinions rendered?
23. Does the firm disclose in writing to the client and require the client's written agreement regarding patent applications and strategies taken or to be taken with respect to the GATT implementation legislation of June 8, 1995?

TRADEMARK (Check Box if Not Applicable):

- 24. Does the firm's docket system advise regarding dates for:
a. Response to all PTO actions?
b. Declaration of use after registration?
c. Statement of incontestability after registration?
d. Renewal of trademark?
25. Does the firm:
a. Perform searches of the records of the PTO for trademarks?
b. Search common law sources, such as publications and business indices for existing trademarks?
c. Outsource the searching to an entity to perform PTO searches?
d. Outsource the searching to an entity to search common law sources?
26. Does the firm advise that the trademark search is not guaranteed against all common law sources?
27. Are transfers of ownership of trademarks from one entity to another fully documented in writing?
28. Are all trademark assignments promptly and properly recorded with the PTO?
29. Does the firm advise the client in writing of the use of proper trademark notice?

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, and agrees that this Supplemental Application shall be included in the basis of any coverage and a part of any policy that may be issued by the Company.

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Name of Applicant Firm

Signature of Partner, Officer and/or Owner

Date



PROFESSIONAL LIABILITY INSURANCE FOR LAW YERS AND LAW FIRMS ENTERTAINMENT SUPPLEMENT

Name of Firm: _____

1. Provide the following for your Entertainment clients in the past Twelve (12) months.

Table with 4 columns: Type of Client, Number of Clients, Percentage of Fees, Clients. Rows include Journalism, Motion Pictures, Music Industry, Musicians / Performers, Product Representation, Publishing, Radio, Sports, Television, Theater, and Other (Specify).

If additional space is needed, provide by attachment.

2. With respect to any Entertainment client, within the past six (6) years, has any member of the firm or any predecessor firm:

- a. Acted as a business manager? Yes No
b. Acted as an Agent? Yes No
c. Made or recommended any financial investments? Yes No
d. Controlled any assets? Yes No
e. Arranged any financing any project or venture? Yes No
f. Negotiated any contract? Yes No

If "Yes", provide detail by attachment.

3. Are engagement letters provided to all Entertainment clients? Yes No

4. Does the applicant accept a percentage of profits/billings in lieu of fees? Yes No

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, and agrees that this Entertainment Application shall be included in the basis of any coverage and a part of any policy that may be issued by the Company.

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Signature of Partner, Officer or Owner

Date



PROFESSIONAL LIABILITY INSURANCE FOR LAWYERS AND LAW FIRMS
SECURITIES SUPPLEMENT

1. List the names of all lawyers engaged in securities and/or securities related practice (including tax and corporate services for such) during the past six (6) years:

Table with 5 columns: Name, Practice Specialty, Years in this Specialty, Percentage of Time Billed for the Past Twelve (12) months, Average Annual Percentage of time for the Past Six (6) Years

2. Gross revenue derived from securities and /or securities related practice:

Table with 5 columns: Type, Gross Revenue: Past Twelve (12) Months, Number Transactions For the Past Twelve (12) Months, Highest Annual Revenue for the Past Six (6) years, Total Number of Transactions for the Past Six (6) years

3. Does the firm accept securities in lieu of fees as payment for services rendered involving securities-related transactions? (If Yes, provide details)..... Yes [] No []

4. List all securities offerings, private placements, limited partnerships, syndications and bonds handled in the past six (6) years:

Table with 8 columns: Year, Client, Industry, Type of Representation (list all that apply), Size of Offering, Primary (P) or Secondary (S), Taken Up or Not, Type of Transaction

5. Other than primary and secondary offerings, describe in detail any other work involving securities practice:

6. By attachment, describe in detail what steps are taken to satisfy the "due diligence" requirements under Section 11 of the Securities Act of 1933.

7. Does the firm provide investment counselor services or render tax opinions in connection with the transactions handled? (If Yes, provide details)..... Yes [] No []

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, and agrees that this Securities Supplement will be included in the basis of any coverage and a part of any policy that may be issued by the Company.

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Name of Applicant / Insured Firm

Signature of Partner, Officer or Owner

Date