

**UNITED STATES FIRE INSURANCE COMPANY
THE NORTH RIVER INSURANCE COMPANY
305 MADISON AVENUE, MORRISTOWN, NJ 07962**

LAWYERS PROFESSIONAL LIABILITY APPLICATION

NOTICE: COVERAGE FOR WHICH THIS APPLICATION IS MADE IS WRITTEN ON A CLAIMS MADE AND REPORTED BASIS MEANING, EXCEPT AS OTHERWISE PROVIDED, COVERAGE APPLIES ONLY TO **CLAIMS** FIRST MADE AGAINST THE **INSURED** AND REPORTED TO THE **INSURER** DURING THE **POLICY PERIOD**.

CAREFULLY READ THE ENTIRE POLICY FOR WHICH THIS APPLICATION IS MADE. WORDS AND PHRASES WHICH ARE PRINTED IN **BOLD ITALIC TYPEFACE** HAVE SPECIFIC MEANING AND ARE DEFINED IN SECTION IV OF THE POLICY.

THE APPLICATION, ITS ATTACHMENTS AND ALL PREVIOUS APPLICATIONS AND THEIR ATTACHMENTS SHALL SERVE AS THE BASIS OF THE POLICY, AND SHALL BECOME PART OF SUCH POLICY SHOULD A POLICY BE ISSUED, AS IF PHYSICALLY ATTACHED. THE **INSURER** RELIES UPON THE APPLICATION IN ISSUING THE POLICY. COMPLETION OF THIS APPLICATION DOES NOT IN ANY WAY IMPLY SUCH COVERAGE UNDER THE POLICY. COVERAGE IS AFFORDED ONLY IF AND TO THE EXTENT INDICATED BY THE TERMS AND CONDITIONS OF THE POLICY IF ISSUED.

Wherever the word "Applicant" is used, it will be deemed to include all attorneys within the firm and any predecessor firms.

1. Applicant Name: _____
Legal name of the Applicant to be insured

Address: _____ City: _____ State: _____ Zip: _____
Principal location

Firm Phone Number: _____ E-mail Address: _____ County: _____

Contacts: Mr. Ms. _____ Contact Phone: (if different than above) _____

2. Desired Effective Date: _____ / _____ / _____
MM / DD / YYYY 3. What year was the Applicant firm established? _____

4. Indicate number of attorneys employed by firm: _____ *Please list all attorneys on the Addendum on Page 8.*

5. What is the number of non attorney support staff (full and part time combined)? _____

6. Does the Applicant have offices other than the principal location indicated in question 1? Yes No

a. If "Yes", provide the following information for these additional offices from where you practice:

Address	City	State	Zip	# of Attorneys	# of other Employees	% of Firm's Billable Hours

b. Does the responsibility for the Applicant's other offices rest with management at the principal location? Yes No

If "No", please describe how the branch office operates and is managed: _____

7. Is the Applicant's office or suite shared with attorneys who are not members of the Applicant's firm? Yes No

8. Are there any other legal entities under which the Applicant provides legal services? Yes No

If "Yes" please list: _____

9. Gross fees billed by the Applicant for the last 2 years:

Most Current Completed Year	Prior Year
FYE: _____ / _____ MM / YYYY	FYE: _____ / _____ MM / YYYY
\$ _____	\$ _____

10. Has the Applicant rendered professional services in any mass tort / class action cases within the past five years? Yes No

11. Does the Applicant have public figures as clients (e.g. Entertainment, Politics or Sports)? Yes No

*If "Yes" please complete the **Public Figure Supplement**.*

12. At any time in the past five years, has the Applicant or any attorney of the Applicant (regardless of what firm the attorney was employed by at such time) provided legal services related to:

a. securities transactions? Yes No

b. investment vehicles or ventures? Yes No

c. money or investment management? Yes No

d. investments with clients? Yes No

13. Enter the percentage of billable hours for each area below in the past fiscal year. Indicate percentages in whole numbers next to the type of law the Applicant practices:

AREA OF PRACTICE	% OF REVENUE	AREA OF PRACTICE	% OF REVENUE
A. Anti-trust/Trade Regulation	_____%	O. Immigration	_____%
B. Arbitration	_____%	P. Investment Counseling/Money Mgt.	_____%
C. Bankruptcy	_____%	Q. Natural Resource	_____%
D. Civil Rights/Employment	_____%	R. Personal Contracts	_____%
E. Corporate / Commercial (1)	_____%	S. Plaintiff Litigation (4)	_____%
F. Copyright/ Trademark /Patent	_____%	T. Public Utilities	_____%
G. Criminal	_____%	U. Real Estate (5)	_____%
H. Defense Litigation	_____%	V. Securities/Bonds	_____%
I. Domestic Relations	_____%	W. Tax (6)	_____%
J. Elder Law	_____%	X. Title (7)	_____%
K. Environmental (2)	_____%	Y. Wills, Trusts, Estates (8)	_____%
L. ERISA/Pensions	_____%	Z. Other (please describe)	_____%
M. Financial Institution (3)	_____%	_____	
N. Government	_____%	TOTAL (must equal 100%)	_____%

If the Applicant practices in any area(s) above with a numerical notation(s), complete the associated **Supplement** as follows:

- (1) Corporate/Commercial Business (3) Financial Institution (5) Real Estate (7) Title
 (2) Environmental (4) Plaintiff Litigation (6) Tax (8) Wills, Trusts, Estates

14. At any time during the last 3 years has any client of the Applicant represented more than 25% of the Applicant's annual revenue? Yes No

If "Yes", please complete the following for each client that has represented more than 25% of the Applicant's annual revenue:

Client Name	Percentage of Revenue	Services Rendered

15. Does the Applicant have any clients in which its attorneys have a combined equity interest greater than 10%? Yes No
16. In the past 5 years, has the Applicant or its personnel served as an officer, director, partner, manager, employee, committee member of any client? Yes No

If “Yes” to question 15 or 16 please complete the information below:

Attorney Name	Entity Name	Nature of Client Business	Position Held	Percent Equity Interest	Service Provided by Firm	Does the individual listed perform these services?	Is Director / Officer Insurance in force?
						Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

17. Does the Applicant have centralized procedures for identifying and resolving potential or actual conflicts of interest including cross – checking of former, existing or potential clients? Yes No
18. Does the Applicant have a centrally maintained docket control/diary? Yes No
19. Does the Applicant use engagement letters including fee agreements on all new matters undertaken by the firm? Yes No
20. Are declinations or non-engagement letters, which include time sensitive dates, issued on all matters declined by the Applicant? Yes No
21. Does the Applicant have a policy prohibiting an attorney with an investment in a client from working on transactions of such clients? Yes No
22. Does Applicant have procedures which address the conduct of employees relative to the handling confidential information of clients? Yes No
23. What percentage of Applicant’s accounts receivable is outstanding more than 90 days? _____%
24. In the last 5 years has the Applicant initiated lawsuits or arbitration procedures to enforce the collection of unpaid fees of any client? Yes No

If “Yes”, please complete the *Fee Suit Supplement*

CLAIM / INCIDENT INFORMATION

25. After inquiry of all attorneys and staff of the Applicant, within the past 5 years have any past or present personnel:
- a. been the subject of any regulatory investigation or inquiry; suspended from practice; or charged, indicted, pled no contest (“nolo contendere”), pled guilty or been convicted of any felony charge? Yes No
- If yes, please provide details and dates:* _____
- b. know of any professional liability claims made against the Applicant, its affiliates or its personnel? Yes No
 - c. become aware of any act, error or omission or fee dispute which might become the basis of a claim against the Applicant or its personnel? Yes No

NOTE: THE POLICY FOR WHICH THIS APPLICATION IS BEING MADE SHALL NOT APPLY TO ANY INCIDENTS OR CLAIMS DETAILED OR WHICH SHOULD HAVE BEEN DETAILED IN THE QUESTION 25 a, b or c ABOVE.

If “Yes” to 25 b or c above, complete the CLAIM SUPPLEMENT for each claim or potential claim

26. Within the past five years has the Applicant or its attorneys been declined, canceled, or non-renewed for professional liability insurance for any reason? (Not applicable to Missouri) Yes No
- If “Yes”, please provide dates and reasons:* _____

PRIOR INSURANCE INFORMATION

27. Does Applicant currently carry professional liability insurance? Yes No
If "Yes", provide the information requested below:

Insurance Company(not broker/agent): _____ Policy Expiration Date: ____/____/____
MM / DD / YYYY

Limits of Liability: \$ _____ Defense expenses reduce limits of liability **OR** Defense expenses are paid in addition to limits of liability

Deductible: \$ _____ Per Claim **OR** Annual Aggregate Deductible does not apply to defense expenses (first dollar defense)

Indicate the prior acts date (also known as retroactive date) for your policy: Prior Acts Date ____/____/____ Premium: \$ _____
MM / DD / YYYY

28. Does the policy above include lateral hire coverage for any of the Applicant's current attorneys? Yes No

29. Does the policy above, exclude coverage for any attorney, predecessor firms, firm affiliates, clients, specific engagements or other circumstances? Yes No

If "Yes", please describe: _____

COVERAGE SELECTION

Indicate your desired coverage selection:

30. Limits of Liability: \$ _____/_____ Defense expenses reduce limits of liability **OR** Defense expenses are paid in addition to limits of liability
per claim / aggregate

31. Deductible: \$ _____ Per Claim **OR** Annual Aggregate Deductible does not apply to defense expenses (first dollar defense)

32. Have you acquired or merged with another firm in the past 10 years? Yes No

a. If "Yes", was the Applicant the majority successor in interest to the financial assets and liabilities of the acquired or merged firm? Yes No

b. If "Yes", does the Applicant desire coverage for this entity as a predecessor firm? Yes No

If "Yes" to b. above complete the **Predecessor Firm Supplement**.

NOTICE TO ALASKA APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE AN INSURANCE COMPANY FILES A **CLAIM** CONTAINING FALSE, INCOMPLETE, OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

NOTICE TO ARKANSAS 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 FINES AND CONFINEMENT IN PRISON."

NOTICE TO ARIZONA APPLICANTS: "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: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT **CLAIM** FOR THE PAYMENT OF A **LOSS** IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER 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 APPLICANTS: "WARNING: 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, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A **CLAIM** WAS PROVIDED BY THE APPLICANT."

NOTICE TO FLORIDA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY **INSURER**, FILES A STATEMENT OF **CLAIM** OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

NOTICE TO HAWAII APPLICANTS: "FOR OUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT **CLAIM** FOR PAYMENT OF A **LOSS** OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT OR BOTH."

NOTICE TO IDAHO APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

NOTICE TO INDIANA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN **INSURER** FILES A STATEMENT OF **CLAIM** CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION COMMITS A FELONY."

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 MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT ACT, WHICH IS A CRIME."

NOTICE TO LOUISIANA 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 FINES AND CONFINEMENT IN PRISON."

NOTICE TO MAINE 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 DENIAL OF INSURANCE BENEFITS."

NOTICE TO MARYLAND APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT **CLAIM** FOR PAYMENT OF A **LOSS** OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT TO PRISON."

NOTICE TO MASSACHUSETTS APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO MINNESOTA APPLICANTS: "A PERSON WHO SUBMITS AN APPLICATION OR FILES A **CLAIM** WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN **INSURER** IS GUILTY OF A CRIME."

NOTICE TO MISSOURI APPLICANTS: "**DEFENSE COSTS** PAID UNDER THE POLICY PROVISIONS WILL REDUCE THE AVAILABLE LIMIT OF LIABILITY AND MAY EXHAUST THEM COMPLETELY."

NOTICE TO NEBRASKA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO NEW JERSEY APPLICANTS: “ANY PERSON WHO INCLUDES ANY 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 MY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.”

NOTICE TO OHIO APPLICANTS: "ANY PERSON WHO WITH INTENT TO DEFRAUD OR KNOWING HE 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 OKLAHOMA APPLICANTS: “WARNING: 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 APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.”

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 TO TENNESSEE 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.”

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

NOTICE TO 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.”

NOTICE TO WASHINGTON 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.”

NOTICE TO WEST VIRGINIA 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 FINES AND CONFINEMENT TO PRISON.”

Completion and/or signing of this application does not bind the Applicant to purchase, nor the **Insurer** to provide, any insurance policy; however, no policy can be issued unless the application is properly completed, signed and dated.

The signatory declares that (s)he is authorized by the Applicant to sign this application on behalf of all prospective **Insureds** and that to the best of his/her knowledge the statements herein are true. The signatory agrees that if the information supplied in this application and the materials submitted therewith should change between the date this application is signed and the effective date of the proposed insurance, the signatory shall immediately notify the **Insurer** of such and shall provide the **Insurer** with information that would complete, update or correct the application or materials submitted therewith. The **Insurer** may withdraw or modify any of the terms or conditions of coverage accordingly.

ALL WRITTEN STATEMENTS, SUPPLEMENTAL APPLICATION AND MATERIALS FURNISHED TO THE *INSURER* IN CONJUNCTION WITH THIS APPLICATION ARE INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART THEREOF, AND DEEMED ATTACHED HERETO.

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE 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.

SIGNATURE* _____ PRINTED NAME* _____

*MUST BE SIGNED BY A DULY AUTHORIZED OFFICER OF THE APPLICANT ON BEHALF OF ALL *INSUREDS*.

TITLE OF SIGNATORY: _____ DATE SIGNED: ____/____/____

MM / DD / YYYY

**UNITED STATES FIRE INSURANCE COMPANY
THE NORTH RIVER INSURANCE COMPANY
305 MADISON AVENUE, MORRISTOWN, NJ 07962**

MUST BE COMPLETED IF ANY REVENUE INDICATED UNDER QUESTION 13.Y.

WILLS, TRUSTS AND ESTATES SUPPLEMENT
LAWYERS PROFESSIONAL LIABILITY APPLICATION

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Wherever the word "Applicant" is used, it will be deemed to include all attorneys within the firm and any predecessor firms.

1. Applicant Name: _____
Legal name of the Applicant to be insured

2. What services does the Applicant provide for clients? (Check all that apply)

- Preparation of Wills Estate Planning Probate Trust Administration
- Corporation Formation Tax Opinions Taxation Asset Protection
- Guardianship Medical Planning Litigation Other: _____

3. How many client estates or trusts are valued over:
\$1 million? _____ \$5 million? _____ \$10 million? _____

4. Does any attorney currently serve as Executor/Person Representative/Administrator or Trustee? Yes No

If "Yes", provide a list by attorney with name of client, approximate value of estates or trusts and services provided:

5. Does the Applicant or any member of the firm, have the authority to write checks, provide investment advice, make investments, or have discretionary control of funds for clients? Yes No

6. Is there a member of the Applicant firm who is a Certified Legal Specialist in estate planning and/or taxation? Yes No

7. Is it the Applicant's policy to include a review and sign off by a second attorney when drafting all new wills and trusts? Yes No

8. Does the Applicant outsource tax services in conjunction with estate and trust work? Yes No

If "Yes", does the Applicant obtain a Certificate of Insurance for outsourced work? Yes No

SIGNATURE* _____ PRINTED NAME* _____

*MUST BE SIGNED BY A DULY AUTHORIZED OFFICER OF THE APPLICANT ON BEHALF OF ALL **INSUREDS**.

TITLE OF SIGNATORY: _____ DATE SIGNED: ____/____/____
MM / DD / YYYY

**UNITED STATES FIRE INSURANCE COMPANY
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MUST BE COMPLETED IF ANY REVENUE INDICATED UNDER QUESTION 13.X.

TITLE AGENT SUPPLEMENT
LAWYERS PROFESSIONAL LIABILITY APPLICATION

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1. Applicant Name: _____
Legal name of the Applicant to be insured

2. Does anyone affiliated with the Applicant maintain any equity interest in a Title Insurance Agency? Yes No
If "Yes", please specify who and the percentage of equity interest and /or ownership: _____%

3. Does the Title Agency have a separate Title Agency Professional Liability policy? Yes No
If "No", is it covered under the Applicant's current Lawyer's professional liability policy? Yes No

4. Does the Title Insurance Agency process and issue policies? Yes No

5. Indicate the total number of title searches completed over the past two years by:
Attorneys of the Applicant: _____ Attorneys not of the Applicant: _____ Non-attorney employees of the Applicant: _____ Non-attorney subcontractors: _____

6. Does the Applicant obtain certificates of insurance from all subcontracted sources of title searches? Yes No

7. How many real estate title insurance policies has the Applicant issued in the last 12 months? _____

8. What is the approximate percentage breakdown of title related income from the following categories?
Residential _____% Commercial/Industrial _____% Agricultural _____% Other (describe) _____%

9. Does the Applicant use engagement letters when performing title searches that specify what services are being performed for that client and any potential conflicts of interest? Yes No

10. Indicate the total number of title opinions issued over the last two years: _____

11. List all title insurance companies for which the Applicant is an agent? _____

12. In the past 5 years has any title insurance company declined to take the Applicant as an agent or cancelled the Applicant's agency status for any reason? Yes No
If "Yes", please provide the name of the title insurance company, the dates involved and the reasons why.

SIGNATURE* _____ PRINTED NAME* _____

*MUST BE SIGNED BY A DULY AUTHORIZED OFFICER OF THE APPLICANT ON BEHALF OF ALL **INSUREDS**.

TITLE OF SIGNATORY: _____ DATE SIGNED: ____/____/____
MM / DD / YYYY

UNITED STATES FIRE INSURANCE COMPANY
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MUST BE COMPLETED IF ANY REVENUE INDICATED UNDER QUESTION 13.W.

TAX SUPPLEMENT
LAWYERS PROFESSIONAL LIABILITY APPLICATION

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1. Applicant Name: _____
Legal name of the Applicant to be insured

2. Please complete the following chart, providing a breakdown of the Applicant's tax practice based on gross fees billed:

AREA OF TAX PRACTICE	Percent of Revenue	AREA OF TAX PRACTICE	Percent of Revenue
A. Personal	_____%	F. Liquidation of Corporations	_____%
B. Corporate	_____%	G. Opinions on Tax Shelters	_____%
C. Estate Tax Returns	_____%	H. Opinions Involving Private Placement Memoranda	_____%
D. Investment Counselor Services	_____%	I. Other (please describe) _____	_____%
E. Subchapter S Elections	_____%	_____	
		Total (must equal 100%)	_____%

3. Provide the following for all attorneys of the Applicant who perform such tax services shown above (attach additional sheets as necessary):

Attorney Name	# of Years of Tax Experience	% of time Devoted to Tax Work	Certified Tax Specialist
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

SIGNATURE* _____ PRINTED NAME* _____
*MUST BE SIGNED BY A DULY AUTHORIZED OFFICER OF THE APPLICANT ON BEHALF OF ALL **INSUREDS**.

TITLE OF SIGNATORY: _____ DATE SIGNED: ____/____/____
MM / DD / YYYY

UNITED STATES FIRE INSURANCE COMPANY
THE NORTH RIVER INSURANCE COMPANY
305 MADISON AVENUE, MORRISTOWN, NJ 07962

MUST BE COMPLETED IF ANSWER TO QUESTION 24 IS "YES"

FEE SUIT SUPPLEMENT
LAWYERS PROFESSIONAL LIABILITY APPLICATION

NOTICE: COVERAGE FOR WHICH THIS APPLICATION IS MADE IS WRITTEN ON A CLAIMS MADE AND REPORTED BASIS MEANING, EXCEPT AS OTHERWISE PROVIDED, COVERAGE APPLIES ONLY TO **CLAIMS** FIRST MADE AGAINST THE **INSURED** AND REPORTED TO THE **INSURER** DURING THE **POLICY PERIOD**.

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Wherever the word "Applicant" is used, it will be deemed to include all attorneys within the firm and any predecessor firms.

1. Applicant Name: _____
Legal name of the Applicant to be insured

2. Please complete the following for each suit Applicant has filed against a client for collection of fees due Applicant.

Amount of Fees Sued For	Date Fees were Due	Date Fee Suit Filed	Area of Practice	Was there a Counter Claim or Allegation of Legal Malpractice	Disposition of Fee Suit *
\$				Yes <input type="checkbox"/> No <input type="checkbox"/>	
\$				Yes <input type="checkbox"/> No <input type="checkbox"/>	
\$				Yes <input type="checkbox"/> No <input type="checkbox"/>	
\$				Yes <input type="checkbox"/> No <input type="checkbox"/>	
\$				Yes <input type="checkbox"/> No <input type="checkbox"/>	
\$				Yes <input type="checkbox"/> No <input type="checkbox"/>	
\$				Yes <input type="checkbox"/> No <input type="checkbox"/>	
\$				Yes <input type="checkbox"/> No <input type="checkbox"/>	

*P = Fees paid in full, NS = Negotiated Settlement, JP = Judgment Plaintiff, JD = Judgment Defense, O = Open

SIGNATURE* _____ PRINTED NAME* _____

*MUST BE SIGNED BY A DULY AUTHORIZED OFFICER OF THE APPLICANT ON BEHALF OF ALL **INSUREDS**.

TITLE OF SIGNATORY: _____ DATE SIGNED: ____/____/____
MM / DD / YYYY

**UNITED STATES FIRE INSURANCE COMPANY
THE NORTH RIVER INSURANCE COMPANY
305 MADISON AVENUE, MORRISTOWN, NJ 07962**

MUST BE COMPLETED IF ANY REVENUE INDICATED UNDER QUESTION 13.U.

REAL ESTATE SUPPLEMENT

LAWYERS PROFESSIONAL LIABILITY APPLICATION

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Wherever the word "Applicant" is used, it will be deemed to include all attorneys within the firm and any predecessor firms.

1. Applicant Name: _____
Legal name of the Applicant to be insured

2. That percentage of real estate practice gross fees billed generated from the following areas:

AREA OF SPECIALTY	% of Revenue	AREA OF SPECIALTY	% of Revenue
A. Residential Purchase and Sale	_____%	K. Land Use/Development	_____%
B. Commercial Purchase and Sale	_____%	L. Eminent Domain	_____%
C. Mortgages and Deeds	_____%	M. Speculative Real Estate	_____%
D. Condominiums, Cooperatives and Town House	_____%	N. Limited Partnerships	_____%
E. Homeowner Associations	_____%	O. Real Estate Syndications	_____%
F. Landlord/Tenant	_____%	P. Real Estate Trusts	_____%
G. Property Valuation/Real Estate Tax Abatement	_____%	Q. Other (please explain	_____%
H. Foreclosures	_____%	_____	_____%
I. Construction Work and Mechanics Liens	_____%	_____	_____%
J. Loan Workouts	_____%	Total (must equal 100%)	_____%

3. What is the approximate number of real estate purchases and or sale transactions handled in the last 12 months?
Residential _____
Commercial _____

4. What was the sale price of the largest real estate purchase and or sale transaction handled by the Applicant in the last 12 months?
Residential \$ _____
Commercial \$ _____

5. Has the Applicant provided legal services in connection with any property transfer in which any of its attorneys or employees also performed escrow or title services? Yes No

6. Has the Applicant rendered written opinions to clients on Land Use, Zoning and Real Property Regulatory Matters? Yes No

7. Does the Applicant require investigation of potential environmental risks before resolution of price and other central terms and conditions of real estate transactions? Yes No

SIGNATURE* _____ PRINTED NAME* _____

*MUST BE SIGNED BY A DULY AUTHORIZED OFFICER OF THE APPLICANT ON BEHALF OF ALL **INSUREDS**.

TITLE OF SIGNATORY: _____ DATE SIGNED: ____/____/____
MM / DD / YYYY

UNITED STATES FIRE INSURANCE COMPANY
THE NORTH RIVER INSURANCE COMPANY
305 MADISON AVENUE, MORRISTOWN, NJ 07962

MUST BE COMPLETED IF ANSWER TO QUESTION 11 IS "YES"

PUBLIC FIGURE SUPPLEMENT
LAWYERS PROFESSIONAL LIABILITY APPLICATION

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Wherever the word "Applicant" is used, it will be deemed to include all attorneys within the firm and any predecessor firms.

1. Applicant Name: _____
Legal name of the Applicant to be insured

2. Provide the following information for all attorneys representing public figures (e.g. Entertainment, Politics or Sports) in the last 5 years (attach additional sheets if necessary):

Attorney Name	Number of Year's Experience in Specialty	Percentage of time Devoted to Specialty

3. List all (e.g Entertainment, Politics or Sports) clients of the Applicant who are public figures and the following information concerning them (attach additional sheets if necessary):

Client Name	Client Field of Endeavor	Type of Service Provided	Dates of Service From/To	Current Client
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

4. Does the Applicant or any member for whom coverage is sought:
- a. have a business relationship with any of the Applicant's public figure clients other than the providing of legal services? Yes No
 - b. have the authority to write checks for any public figure clients? Yes No

- c. provide investment advice or make investments for any of the public figure clients? Yes No
- d. ever served as the trustee of the public figure client's trust? Yes No
- e. negotiate personal appearances or product endorsements for the public figure clients? Yes No

If "Yes", to any part of Question 3 above, please provide complete details:

- 5. Does the Applicant or any related or controlled entity or any attorney for whom coverage is sought serve as a business manager or as a talent agent? Yes No

If "Yes", please provide complete details:

- 6. Does the Applicant for whom coverage is sought ever accept:
 - a. Percentages of transactions as compensation for legal fees? Yes No
 - b. Compensation in kind (e.g. copyrights) in return for legal services? Yes No

If "Yes", please provide complete details: _____

SIGNATURE* _____ PRINTED NAME* _____

*MUST BE SIGNED BY A DULY AUTHORIZED OFFICER OF THE APPLICANT ON BEHALF OF ALL **INSUREDS**.

TITLE OF SIGNATORY: _____ DATE SIGNED: ____/____/____
MM / DD / YYYY

UNITED STATES FIRE INSURANCE COMPANY
THE NORTH RIVER INSURANCE COMPANY
305 MADISON AVENUE, MORRISTOWN, NJ 07962

MUST BE COMPLETED IF ANSWER TO QUESTION 32.b. IS "YES"

PREDECESSOR FIRM SUPPLEMENT

LAWYERS PROFESSIONAL LIABILITY APPLICATION

NOTICE: COVERAGE FOR WHICH THIS APPLICATION IS MADE IS WRITTEN ON A CLAIMS MADE AND REPORTED BASIS MEANING, EXCEPT AS OTHERWISE PROVIDED, COVERAGE APPLIES ONLY TO **CLAIMS** FIRST MADE AGAINST THE **INSURED** AND REPORTED TO THE **INSURER** DURING THE **POLICY PERIOD**.

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Applicant Name: _____
Legal name of the Applicant to be insured

Firm Name	Date of Acquisition or Merger	Type of Legal Entity	# of Attys at Firm at Dissolution	# of Attys for whom coverage is sought	Insurer at Dissolution	Was ERP Purchased	ERP Expiration Date

SIGNATURE* _____ PRINTED NAME* _____
*MUST BE SIGNED BY A DULY AUTHORIZED OFFICER OF THE APPLICANT ON BEHALF OF ALL **INSUREDS**.

TITLE OF SIGNATORY: _____ DATE SIGNED: ____/____/____
MM / DD / YYYY

UNITED STATES FIRE INSURANCE COMPANY
THE NORTH RIVER INSURANCE COMPANY
305 MADISON AVENUE, MORRISTOWN, NJ 07962

MUST BE COMPLETED IF ANY REVENUE INDICATED UNDER QUESTION 13.S.

PLAINTIFF LITIGATION SUPPLEMENT
LAWYERS PROFESSIONAL LIABILITY APPLICATION

NOTICE: COVERAGE FOR WHICH THIS APPLICATION IS MADE IS WRITTEN ON A CLAIMS MADE AND REPORTED BASIS MEANING, EXCEPT AS OTHERWISE PROVIDED, COVERAGE APPLIES ONLY TO **CLAIMS** FIRST MADE AGAINST THE **INSURED** AND REPORTED TO THE **INSURER** DURING THE **POLICY PERIOD**.

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Wherever the word “Applicant” is used, it will be deemed to include all attorneys within the firm and any predecessor firms.

1. Applicant Name: _____
Legal name of the Applicant to be insured

2. Please complete the following personal injury chart, providing a breakdown of the Applicant’s practice based on gross billable income and case information:

AREA OF LITIGATION	% of Revenue	Average Case Size	Largest Case Size
a. Admiralty	_____%	\$ _____	\$ _____
b. Aviation	_____%	\$ _____	\$ _____
c. Asbestos	_____%	\$ _____	\$ _____
d. Commercial	_____%	\$ _____	\$ _____
e. Medical Malpractice	_____%	\$ _____	\$ _____
f. Other Personal Injury / Property Damage	_____%	\$ _____	\$ _____
h. Pharmaceutical or Medical device	_____%	\$ _____	\$ _____
i. Products Liability	_____%	\$ _____	\$ _____
j. Professional Liability (non medical)	_____%	\$ _____	\$ _____
k. Tobacco	_____%	\$ _____	\$ _____
l. Toxic Tort	_____%	\$ _____	\$ _____
m. Workers’ Compensation	_____%	\$ _____	\$ _____
n. Other (please describe) _____	_____%	\$ _____	\$ _____
Total (must equal 100%)	_____%	\$ _____	\$ _____

3. Please provide the following for each attorney performing plaintiff work (attach additional sheets as necessary):

Name of Attorney	Years of Plaintiff Experience	Percentage of Time Devoted to Specialization in Plaintiff Work

4. Number of support staff devoted to plaintiff work? _____

5. Total number of plaintiff cases during the past 12 months: _____

6. Average number of plaintiff cases each attorney of the Applicant handles per year: _____

7. Percentage of cases: _____%

a. Settled before trial? _____%

b. Tried to conclusion? _____%

c. Referred to the Applicant by other law firms? _____%

8. Does the Applicant accept cases with less than six months to the Statute of Limitation?. Yes No

9. Has the Applicant advertised during the past 12 months through any of the following (check all that apply):

a. Television Yes No c. Newspaper Yes No e. Internet Yes No

b. Radio Yes No d. Yellow pages Yes No f. Magazines Yes No

10. Does the Applicant accept referrals from other firms or refer clients to other firms? Yes No

a. If “Yes” are written referral agreements detailing the nature and scope of fees used in all cases which are referred to the Applicant? Yes No

b. If “Yes” are written referral agreements detailing the nature and scope of fees used in all cases that the Applicant refers out? Yes No

c. Does the Applicant confirm that firms to which referrals are made carry professional liability insurance? Yes No

11. Are Settlement Authority Agreement forms (signed by your client) used when settlements are reached? Yes No

SIGNATURE* _____ PRINTED NAME* _____

*MUST BE SIGNED BY A DULY AUTHORIZED OFFICER OF THE APPLICANT ON BEHALF OF ALL **INSUREDS**.

TITLE OF SIGNATORY: _____ DATE SIGNED: _____
MM / DD / YYYY

**UNITED STATES FIRE INSURANCE COMPANY
THE NORTH RIVER INSURANCE COMPANY
305 MADISON AVENUE, MORRISTOWN, NJ 07962**

MUST BE COMPLETED IF ANY REVENUE INDICATED UNDER QUESTION 13.M.

FINANCIAL INSTITUTION SUPPLEMENT
LAWYERS PROFESSIONAL LIABILITY APPLICATION

NOTICE: COVERAGE FOR WHICH THIS APPLICATION IS MADE IS WRITTEN ON A CLAIMS MADE AND REPORTED BASIS MEANING, EXCEPT AS OTHERWISE PROVIDED, COVERAGE APPLIES ONLY TO **CLAIMS** FIRST MADE AGAINST THE **INSURED** AND REPORTED TO THE **INSURER** DURING THE **POLICY PERIOD**.

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Wherever the word "Applicant" is used, it will be deemed to include all attorneys within the firm and any predecessor firms.

1. Applicant Name: _____
Legal name of the Applicant to be insured

2. With regard to any financial institution client(s) within the past five years, has any current or former attorney of the Applicant:

a. performed services other than bankruptcy, administrative, collection, loan workout, real estate closings/foreclosures, title work/conveyances or trust work? Yes No

b. served as General Counsel, CEO, Chairman, President, Officer, Director or member of any internal committee? Yes No

If "Yes" to b above did the financial institution provide an indemnification agreement for the services performed while such position was held? Yes No

c. had any equity interest in or a loan commitment in or from said financial institution? Yes No

If "Yes" describe type and amount _____

d. performed services for a client which has been declared insolvent or operated under regulatory order or agreement? Yes No

e. performed services related to regulatory compliance, opinion letters or preferred loan documentation? Yes No

3. Please complete for each Financial Institution :

Institution Name	Institution State	Attorney or former Attorney of Applicant	Nature and capacity of services	Date Commenced	Date Ended (if applicable)	Still a client	Date of Insolvency (if applicable)
						Yes <input type="checkbox"/> No <input type="checkbox"/>	
						Yes <input type="checkbox"/> No <input type="checkbox"/>	
						Yes <input type="checkbox"/> No <input type="checkbox"/>	
						Yes <input type="checkbox"/> No <input type="checkbox"/>	
						Yes <input type="checkbox"/> No <input type="checkbox"/>	

4. With regard to the above institutions does the Applicant have any knowledge of any pending or threatened directors and officers liability or fidelity claims? Yes No

If "Yes" complete the Claims Supplement

SIGNATURE* _____ PRINTED NAME* _____

*MUST BE SIGNED BY A DULY AUTHORIZED OFFICER OF THE APPLICANT ON BEHALF OF ALL **INSUREDS**.

TITLE OF SIGNATORY: _____ DATE SIGNED: ____/____/____
MM / DD / YYYY

UNITED STATES FIRE INSURANCE COMPANY
THE NORTH RIVER INSURANCE COMPANY
305 MADISON AVENUE, MORRISTOWN, NJ 07962

MUST BE COMPLETED IF ANY REVENUE INDICATED UNDER QUESTION 13.K.

ENVIRONMENTAL SUPPLEMENT
LAWYERS PROFESSIONAL LIABILITY APPLICATION

NOTICE: COVERAGE FOR WHICH THIS APPLICATION IS MADE IS WRITTEN ON A CLAIMS MADE AND REPORTED BASIS MEANING, EXCEPT AS OTHERWISE PROVIDED, COVERAGE APPLIES ONLY TO **CLAIMS** FIRST MADE AGAINST THE **INSURED** AND REPORTED TO THE **INSURER** DURING THE **POLICY PERIOD**.

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Wherever the word “Applicant” is used, it will be deemed to include all attorneys within the firm and any predecessor firms.

1. Applicant Name: _____
Legal name of the Applicant to be insured

2. Please provide the following for each attorney performing environmental work (attach additional sheets as necessary):

Name of Attorney	Years of Environmental Experience	Percentage of Time Devoted to Specialization in Environmental

3. Please list the Applicant Firm’s major environmental clients and the type of work provided (attach additional sheets as necessary):

Client Name	Type of work provided (e.g. CERCLA, SARA, RCRA, Other)

4. Does the Applicant use any independent contractors? Yes No

If “Yes” complete the following:

Name	Services Performed	% of Environmental Gross Billings	Evidence of E & O Required
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

- 5. Does the Applicant render opinions regarding liability for “clean-up” expenditures including “super lien” liability? Yes No
- 6. Does the Applicant render opinions regarding compliance of clients operating within environmental laws? Yes No
- 7. Does the Applicant recommend Environmental Due Diligence Audits? Yes No
 - a. If “Yes”, does the Applicant have a written procedure which addresses the Applicant’s referral of environmental consultants to the Applicant’s clients? Yes No
 - b. If “Yes”, does the procedure require written confirmation of the communications with the client verifying the client’s responsibility for both the engagement decision and any resultant risks? Yes No
- 8. Does the Applicant interpret Environmental Compliance Audits for its clients? Yes No
- 9. Does the Applicant have a procedure to ensure that its clients disclose all material environmental liabilities? Yes No
- 10. Has any client, including but not limited to, all past and present parent subsidiaries, divisions or spin-offs ever been fined, penalized, cited or sued for violation of any federal, state or local environmental law or regulation? Yes No

SIGNATURE* _____ PRINTED NAME* _____

*MUST BE SIGNED BY A DULY AUTHORIZED OFFICER OF THE APPLICANT ON BEHALF OF ALL **INSUREDS**.

TITLE OF SIGNATORY: _____ DATE SIGNED: ____/____/____
MM / DD / YYYY

UNITED STATES FIRE INSURANCE COMPANY
THE NORTH RIVER INSURANCE COMPANY
305 MADISON AVENUE, MORRISTOWN, NJ 07962

MUST BE COMPLETED IF ANY REVENUE INDICATED UNDER QUESTION 13.E.

CORPORATE / COMMERCIAL BUSINESS SUPPLEMENT
LAWYERS PROFESSIONAL LIABILITY APPLICATION

NOTICE: COVERAGE FOR WHICH THIS APPLICATION IS MADE IS WRITTEN ON A CLAIMS MADE AND REPORTED BASIS MEANING, EXCEPT AS OTHERWISE PROVIDED, COVERAGE APPLIES ONLY TO **CLAIMS** FIRST MADE AGAINST THE **INSURED** AND REPORTED TO THE **INSURER** DURING THE **POLICY PERIOD**.

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Wherever the word “Applicant” is used, it will be deemed to include all attorneys within the firm and any predecessor firms.

1. Applicant Name: _____
Legal name of the Applicant to be insured

2. Please indicate the areas below that are included in your Commercial Business practice: (Check all that apply)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Admiralty / Marine | <input type="checkbox"/> Business Transactions/ Advice | <input type="checkbox"/> Commercial Litigation | <input type="checkbox"/> Construction Law |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Corporate Formation | <input type="checkbox"/> Secured Transactions | <input type="checkbox"/> Financing / Loans |
| <input type="checkbox"/> Corporate Administration | <input type="checkbox"/> Collections / Repossession | <input type="checkbox"/> Labor Union Related | <input type="checkbox"/> Other: _____ |

SIGNATURE* _____ PRINTED NAME* _____

*MUST BE SIGNED BY A DULY AUTHORIZED OFFICER OF THE APPLICANT ON BEHALF OF ALL **INSUREDS**.

TITLE OF SIGNATORY: _____ DATE SIGNED: ____/____/____
MM / DD / YYYY