

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**.

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.

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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

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

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* _____

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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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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* _____
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UNITED STATES FIRE INSURANCE COMPANY
 THE NORTH RIVER INSURANCE COMPANY
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MUST BE COMPLETED IF ANSWER TO QUESTION 24 IS "YES"

FEE SUIT SUPPLEMENT
 LAWYERS PROFESSIONAL LIABILITY APPLICATION

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1. Applicant Name: _____
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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* _____

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

REAL ESTATE SUPPLEMENT

LAWYERS PROFESSIONAL LIABILITY APPLICATION

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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* _____

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

PUBLIC FIGURE SUPPLEMENT
LAWYERS PROFESSIONAL LIABILITY APPLICATION

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1. Applicant Name: _____
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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* _____

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

PREDECESSOR FIRM SUPPLEMENT

LAWYERS PROFESSIONAL LIABILITY APPLICATION

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

PLAINTIFF LITIGATION SUPPLEMENT
LAWYERS PROFESSIONAL LIABILITY APPLICATION

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1. Applicant Name: _____
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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* _____

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FINANCIAL INSTITUTION SUPPLEMENT
LAWYERS PROFESSIONAL LIABILITY APPLICATION

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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* _____

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TITLE OF SIGNATORY: _____ DATE SIGNED: ____/____/____
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MUST BE COMPLETED IF ANY REVENUE INDICATED UNDER QUESTION 13.K.

ENVIRONMENTAL SUPPLEMENT
LAWYERS PROFESSIONAL LIABILITY APPLICATION

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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

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.Y.

WILLS, TRUSTS AND ESTATES SUPPLEMENT
LAWYERS PROFESSIONAL LIABILITY APPLICATION

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

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

- | | | | |
|--|---|-------------------------------------|---|
| <input type="checkbox"/> Preparation of Wills | <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Probate | <input type="checkbox"/> Trust Administration |
| <input type="checkbox"/> Corporation Formation | <input type="checkbox"/> Tax Opinions | <input type="checkbox"/> Taxation | <input type="checkbox"/> Asset Protection |
| <input type="checkbox"/> Guardianship | <input type="checkbox"/> Medical Planning | <input type="checkbox"/> Litigation | <input type="checkbox"/> 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