

Carolina Casualty Insurance Company

4600 Touchton Road East, Building 100, Suite 400, Jacksonville, FL 32246

Renewal Proposal Form

Lawyers' Professional Liability Insurance

CLAIMS MADE WARNING FOR APPLICATION

THIS PROPOSAL FORM IS FOR A CLAIMS MADE AND REPORTED POLICY, RELATING TO CLAIMS MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD, THE AUTOMATIC EXTENDED REPORTING PERIOD OR THE PURCHASED EXTENDED REPORTING PERIOD, IF APPLICABLE.

Whenever printed in this Proposal Form, the terms in boldface type shall have the same meanings as indicated in the Policy. This Proposal Form is to be completed with respect to the entire Applicant Firm.

Name of Applicant Firm _____

Address _____

City _____

County _____

State _____

Zip Code _____

Phone: _____

Fax: _____

The person designated as agent of the Applicant Firm and of all **Insureds** to receive any and all notices from the **Insurer** or their authorized representatives concerning this insurance:

Name _____

Title _____

E-mail Address _____

General Information

1. Indicate the total number of personnel by location.

	Principal Office	Branch Office (a)	Branch Office (b)	Branch Office (c)
Total number of lawyers				
Paralegals or law clerks				
Other clerical/support staff				

Complete the Individual Insured Supplemental Form (LPL 29600).

2. In the past 12 months, has any lawyer in the Applicant Firm accepted a position as director, officer, trustee or partner of, or exercised any fiduciary control over, any organization other than the Applicant Firm?

Yes No

If "Yes", complete the following.

Name of Lawyer	Name of Organization	Is Organization For Profit or Non—Profit?	Is the Organization a Firm Client?	Position Held by Lawyer	Percentage of Equity Held	Percentage of Total Firm Billings
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			

3. Indicate the Applicant Firm's gross income from the practice of law for the current fiscal year.

\$ _____

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Nature of Practice

4. In the past year has there been any change in the Applicant Firm's area of practice? Yes No

If "Yes", indicate the percentage of gross income for the past fiscal year derived from the following areas of practice:

<u>Area of Practice</u>	<u>%</u>	<u>Area of Practice</u>	<u>%</u>
Administrative Law - General	_____ %	Insurance Coverage	_____ %
Admiralty/Maritime	_____ %	Insurance Defense Litigation	_____ %
Antitrust/Trade Regulation	_____ %	International Law	_____ %
Arbitration/Mediation	_____ %	Labor Relations - Labor	_____ %
Bankruptcy	_____ %	Labor Relations - Management	_____ %
Banks/Savings and Loans	_____ %	Litigation (Civil)	_____ %
Civil Rights and Discrimination	_____ %	Local Government Law – without bonds	_____ %
Collection/Repossession	_____ %	Mergers and Acquisitions	_____ %
Commercial Law	_____ %	Oil and Gas	_____ %
Commercial Litigation – Defense	_____ %	Pension and Employee Benefits	_____ %
Commercial Litigation - Plaintiff	_____ %	Personal Injury and Negligence Litigation - Defense	_____ %
Communications (FCC)	_____ %	Personal Injury and Negligence Litigation - Plaintiff	_____ %
Construction Law	_____ %	Public Contract Law	_____ %
Copyright/Patent/Trademark	_____ %	Public Utilities	_____ %
Corporate Organization/Formation	_____ %	Real Property - Conveyance	_____ %
Criminal Law	_____ %	Real Property - Development	_____ %
Entertainment/Sports – with Money Management	_____ %	Real Property - Title Examination	_____ %
Entertainment/Sports – without Money Management	_____ %	Securities Law – including municipal bonds	_____ %
Environmental Law	_____ %	Taxation - Opinions	_____ %
Estate, Trust and Probate	_____ %	Taxation - Preparation	_____ %
Family Law	_____ %	Workers' Compensation Litigation - Plaintiff	_____ %
General Corporate/Business	_____ %	Workers' Compensation Litigation - Defense	_____ %
Healthcare	_____ %	Other (list):	_____ %
Immigration and Naturalization	_____ %		_____ %
		TOTAL	100%

5. Indicate the percentage of the Applicant Firm's plaintiff cases that are class actions suits. _____ %

General Policy and Procedures

6. Since the completion of the last application, have there been any changes to the Applicant Firm's docket or conflict of interest systems or any other office procedures? Yes No

If "Yes", provide complete details on a separate sheet.

7. How many lawyers of the Applicant Firm have participated in formal continuing legal educational programs of at least 7 hours during the last year? _____

8. How many suits for collection of fees have been filed by the Applicant Firm during the past year? _____

9. Does the Applicant Firm share office space, expenses, cases, or letterhead with any other individual, of counsel, partnership, firm, or organization? If "Yes", provide, on separate attachment, the name of the entity(ies). Yes No

Carolina Casualty Insurance Company

Litigation and Claim Information

10. Has any lawyer in the Applicant Firm ever been refused admission to practice, disbarred, or suspended from practice, reprimanded, sanctioned, or disciplined by any court or administrative agency? Yes No
If "Yes", provide full details.

11. During the last 12 months:
(a) has any professional liability claim or suit been made against the Applicant Firm, or any predecessor in business, or any past or present lawyers in the Applicant Firm? Yes No
(b) has there been any change in the status of claims reported to other companies? Yes No
If "Yes" to either (a) or (b) above, provide full details on the Claim / Incident Supplemental Form (LPL 29610).

12. Is the Applicant Firm or any lawyer in the Applicant Firm aware of any fact, circumstance, or situation that might result in any professional liability claim or suit against the Applicant Firm, or any predecessor in business, or any past or present lawyers in the Applicant Firm? Yes No
If "Yes", provide full details on the Claim / Incident Supplemental Form (LPL 29610).

Please Read Carefully

The undersigned acting on behalf of the Applicant Firm and all persons proposed for this insurance declares that the statements set forth herein are true and correct and that thorough efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Proposal Form.

The undersigned agrees that the particulars and statements contained in the Proposal Form and any material submitted herewith are their representations and that they are material and are the basis of the insurance contract. The undersigned further agree that the Proposal Form shall be considered attached to and a part of the Policy. Any material submitted with the Proposal Form shall be maintained on file with the Insurer and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

- if any significant change in the condition of the applicant is discovered between the date of this Proposal Form and the Policy inception date, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately;
- the information contained in this Proposal Form shall not be used by the Applicant Firm and/or any Insureds as notice of Claims as provided for in section VII. of the Policy, nor will the Insurer recognize and/or accept the information contained herein as notice of Claims as provided for in section VII. of the Policy;
- any Policy, if issued, will be in reliance upon the truth of such representations;
- this Proposal Form has been completed as respects the entire Applicant Firm;
- and the signing of this Proposal Form does not bind the undersigned to purchase the insurance.

Signature of Partner, Owner, Officer or Principal Title:

Dated:

Print Name

This Carolina Casualty Insurance Company Proposal Form, including any material submitted herewith, shall be held in strictest confidence.

A POLICY CANNOT BE ISSUED UNLESS THE PROPOSAL FORM IS PROPERLY SIGNED AND DATED.

Please submit this Proposal Form including appropriate documentation to:
Monitor Liability Managers, Inc., 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008-4039

Submitted by (PRODUCER) Dated:

AGENT'S NAME (Please Print Name Here) AGENT'S LICENSE NUMBER

Carolina Casualty Insurance Company

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NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO NEW MEXICO, 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 APPLICANTS OF KENTUCKY: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A CRIME AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO APPLICANTS OF FLORIDA, MINNESOTA, NEW JERSEY, OHIO, AND OKLAHOMA: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO DISTRICT OF COLUMBIA, MASSACHUSETTS, TENNESSEE, AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

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 INCLUDE IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS.

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Individual Insured Supplemental Form

Lawyers' Professional Liability Insurance

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Name of Applicant Firm

NAME ALL OWNERS, PARTNERS, OFFICERS, DIRECTORS, STOCKHOLDER EMPLOYEES, AND EMPLOYED LAWYERS. ATTACH AN ADDITIONAL INDIVIDUAL INSURED SUPPLEMENTAL FORM IF THE FIRM SIZE EXCEEDS 20.

- Designations:
- "O" Officers, Directors, or Shareholders of the Applicant Firm who are licensed lawyers
 - "P" Partners of a partnership
 - "S" Sole Proprietor
 - "E" Employed lawyers (must be employee of Applicant Firm)
 - "C" "Of Counsel" attorneys for whom coverage is desired
 - "A" Associate for whom coverage is desired

Lawyer's Name	Designation O, P, S, E, C or A	Admitted to Bar Mo/Yr	Years in Practice	Lawyer's Individual Specialty	Member in Good Standing of the following Bar Association(s)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

I understand that the information submitted herein becomes a part of the Applicant Firm's Lawyers' Professional Liability Proposal Form and is subject to the same representations and conditions.

Signature of Partner, Owner, Officer or Principal Title:

Print Name Dated:

Please submit this Proposal Form including appropriate documentation to:
Monitor Liability Managers, Inc., 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008-4034

Submitted by (PRODUCER) Dated:

AGENT'S NAME (Please Print Name Here) AGENT'S LICENSE NUMBER

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Lawyers' Professional Liability Insurance

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1. Name of Applicant Firm

APPLICANT FIRM'S INSTRUCTIONS

COMPLETE ONE FORM FOR EACH CLAIM, SUIT, OR CIRCUMSTANCE DURING THE LAST 5 YEARS. IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTIONS FULLY, PROVIDE SEPARATE ATTACHMENTS.

2. Full name of individual(s) and firm involved in the Claim, suit, or circumstance which could give rise to a Claim:
Full name(s) of Claimant (Plaintiff):
(a) (b)
Full name(s) of Defendant:
(a) (b)
Additional Defendant(s):
(a) (b)

3. Date alleged Claim, suit, or circumstance occurred: _____

4. Date Claim made against an Insured: _____

5. Location of Claim (City, State): _____

6. Has this Claim, suit, or circumstance been reported to any insurance carrier? Yes No

If "Yes", date reported to insurance company: _____

7. To which insurance company did you report this Claim, suit, or circumstance? _____

8. Current status of Claim, suit, or circumstance (circle one): Closed Open In Suit Potential

9. If Claim, suit, or circumstance is Closed, provide the following:

(a) Total damages paid: \$ (b) Total expenses paid (including deductible): \$

(TOTAL DAMAGES PAID AND TOTAL EXPENSES PAID MUST BE PROVIDED.)

10. If Claim, suit, or circumstance is Open, In Suit, or Potential, provide the following:

(a) Total damages demanded: \$ (b) Total expenses paid to date: \$

(PAID EXPENSE AMOUNT MUST BE PROVIDED. CONTACT YOUR AGENT, INSURANCE COMPANY, OR DEFENSE COUNSEL TO OBTAIN THE REQUIRED INFORMATION.)

11. (a) What specific causes of action are alleged in the Claim, suit, or circumstance? (Provide enough information to allow for an evaluation.)

(b) Description of events that gave rise to the Claim, suit, or circumstance.

(c) Explain what actions the Applicant Firm has taken to prevent a recurrence or similar claim / incident:

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