Lawyers Professional Lia	bility Insurance Application
	nce company affording coverage reserves the right to reject any ttach details on a separate sheet of paper. All Applicants must
FIRST MADE DURING THE POLICY PERIOD. THE	POLICY, WHICH IF ISSUED, APPLIES ONLY TO CLAIMS LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES, AND MAY BE EXHAUSTED BY THE PAYMENT OF CLAIM
hereunder are considered legally material to the evaluation.	·
PRODUCER	APPLICANT FIRM
Name:	Name:
Address:	Principal Office Address:
Telephone #:	Telephone #:
Fax #:	Fax#:
Email Address:	Email Address:
Web Address:	Web Address:
PRODUCER NAME:	PRIMARY CONTACT NAME:
GENERAL INFORMATION	
 Type of firm:	A □ PC □ LLP □ Other (describe)

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☐ Yes No ☐

b. If a member of a network of affiliates or a consortium, number of firms in the network of affiliates or the consortium:

4. Have any branch offices been closed in the last five years? If Yes, please explain:

5. LAWYERS AND STAFF

a. Total number of Lawyers in the principal office and branch(es), if any:

	Current	Last Year	Two Years Ago
Partners/officers/members			
Employed Lawyers			
Of counsel / Counsel			
Independent contractor/per diem Lawyers			
Paralegals			
Clerical			
Other staff (please describe below)			
Total			

b.	Total number of	lawyers engaged as "co	ounsel", "of counsel"	or independent contr	ractors who billed	more than	1200 hours
	last year:	Counsel/ Of Co	unsel	Independent Cor	ntractors		

AREAS OF PRACTICE AND CLIENT PROFILE

6. AREAS OF PRACTICE

a. Describe the areas of the law in which the applicant practices (based on billable and non billable hours) by stating the percentage for the following categories.

Area of Practice	% of Practice	Area of Practice	% of Practice
Admiralty/Marine		Intellectual Property: Copyright	
Antitrust/Trade Regulation		Labor: Union-Management Relations	
Bankruptcy		Labor: Employment Law	
Bond		Litigation: Arbitration/Mediation	
Collection/Repossession		Litigation: Commercial	
Commercial Transactions: Finance		Litigation: General Civil	
Commercial Transactions: Secured Transactions		Litigation: Insurance Defense	
Communications		Litigation: Plaintiff	
Corporate: Formation/Alteration		Personal Injury: Plaintiff	
Corporate: Mergers/Acquisitions		Personal Injury: Defense	
Corporate: other (please describe)		Pro-Bono: Criminal	

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Criminal		Pro-Bono: Other		
Energy/Natural Resources		Real Estate: Commercia	ıl	
Entertainment/Sports		Real Estate: Residential		
Environmental		Real Estate: Land Use/Z	Zoning	
ERISA		Real Estate: Title Exami	nations	
Estate/Trust/Probate		Securities		
Family Law/Domestic Relations		Taxation: Corporation		
Financial Institutions/Banking		Taxation: Individuals		
Government/Municipal -Other Than Bond work	(Workers' Compensation:	: Plaintiff	
Immigration/Naturalization		Workers' Compensation:	: Defendant	
Intellectual Property: Patent		Other (please describe):		
Intellectual Property: Trademark				
		Total (must be 100%)		
 b. Have the Applicant's areas of practice varied more than 10% within the past two (2) years? Yes No If Yes, please provide details: 7. CLIENT PROFILE a. According to the sums billed as fees in the most recent fiscal year, please provide a make-up of the Firm's client base. Using your judgment, organize the client base into categories which best describe the clients. The categories are mutually exclusive. 				
Client		Pe	ercentage of Fees	
Individual				
Start Up Business (Less Than 3 Years)				
Privately Held Company Publicly Held Company				
Financial Institution				
Government Entity				
Other (please describe)				
Total				
b. For the most recent year, please list the 5 largest clients of the Firm. Use the categories Listed above to describe the area of practice.				
Name of Client/Years As Client Nature of Clie		iant'a Rusinasa	Area(a) of D	
	Nature of Cl	ient s business	Area(s) of P	ractice
	Nature of CI	ient s business	Area(s) of P	ractice
	Nature of Cl	ient s business	Area(s) of P	ractice
	Nature of CI	ient's business	Area(s) of P	ractice
	Nature of CI	ient's business	Area(s) OI P	ractice

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Please list below or on a s during the past five (5) yea		firm(s) that have been merged into	or acquired by the Firm	
Name of Predecessor Firm	Date of Existence	Number of Lawyers Acquired	Predecessor Firm's Retroactive Date	
	From:			
	To: From:			
	To:			
9. Is the Firm planning any of	the following changes within t	he next 12 months:		
 Merging with or acquiring 	g another firm?		☐ Yes No ☐	
b. Hiring laterals?			☐ Yes No ☐	
c. Downsizing other than the	nrough retirement and normal attr	ition?	☐ Yes No ☐	
d. Name change?			☐ Yes No ☐	
e. Forming an L.L.P.?			☐ Yes No ☐	
compensation?		nent or changing the partner/membe	Yes No 🗌	
g. Otherwise changing the			☐ Yes No ☐	
If Yes, provide details: _		 	☐ 163 NO ☐	
10. Does the Firm share office space, expenses, or staff with any other lawyers or law firms? ☐ Yes No ☐ If Yes, please describe the arrangement, including signage and letterheads:				
MANAGEMENT STRUCTURE	AND TRAINING OF PRINCIP	AL OFFICE		
11. MANAGEMENT STRUC	TURE AND LEADERSHIP			
a. What is the management structure of the Firm? Sole Practitioner Managing Partner Managing Executive Management Committee Number in committee: Executive Committee Number in committee: Other Please describe: Please describe:				
b. If the Firm is managed by a committee, does this committee meet on a regularly scheduled basis? Yes No If No, provide details:				
c. Does the Firm employ a ful	ll time non-lawyer firm administrat	or? Yes No		
d. Does the Firm designate or employ an ombudsperson, i.e., someone with management responsibility for evaluating or dealing with actual or potential claims whether malpractice or employment related?				

FIRM STRUCTURE

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12	. IV	IANAGEMENT TRAINING AND REVIEW
	a.	Does the Firm have written risk management procedures?
	b.	Has the Firm had a risk management seminar or audit conducted within the past 2 years by an outside risk management specialist? Yes No
	C.	Lawyers' training: Does each practice group (or the Firm, if there are no designated practice groups) offer a training program for its lawyers? Yes No I If Yes, please explain scope of training on separate sheet of paper. If Yes, who is responsible for the overall supervision and control of the lawyers' training program?
	d.	Does the Firm use a formal system to evaluate, at least annually, the performance of all practicing lawyers (including partners/members) and staff within the Firm?
	e.	Staff training: Does the Firm offer a training program for the staff? Yes No Who is responsible for the overall supervision of the support staff? Yes No
	f.	Does the Firm have a written policy requiring that a notice of claim or potential claim be reported to an identified individual or committee as soon as a lawyer or employee of the Firm becomes aware of the claim or potential claim? Yes No If No, please explain:
13	. R	EVIEW AND TRAINING OF LATERAL HIRES
	ar	ease check the measures taken by the Firm to protect itself from possible claims made against the lateral hire and the Firm ising from acts, errors, or omissions committed by the lateral hire while at another firm:] Verification of bar admission(s)
		Investigation of outside interests, e.g., director and officer positions and controlling interests in entities other than the Firm
		Investigation of possible and actual conflicts of interest, e.g., clients of prior firm(s) and equity interests in clients verification of malpractice insurance
		Require the purchase of an extended reporting period endorsement, if available
		Disclosure of past claims and potential claims
		Warranty letter regarding no known claims or potential claims
		Training in office procedures(e.g., docket, conflict of interest systems, mail, confirmation letters):
		Integration into the Firm culture
		Periodic review of clients, matters, and performance
		Other (please describe):
IN	ΓEF	RNAL PROCEDURES
14	. N	EW CLIENT AND MATERIAL INTAKE
	a.	Has the Firm been engaged in any national litigation matters within the Last 5 years? ☐ Yes No ☐ If Yes, please briefly describe the nature of the litigation matter:
	b.	Does the Firm routinely refer clients to certain other firms? Yes No If Yes, please describe on a separate sheet of paper the agreement between the Firm and the other firm(s). Please state

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whether there is a fee arrangement between the firm and the other firm(s). c. Clients' Assets: (1) Does the Firm or any lawyer in the Firm provide investment advisory services to or have the authority to invest or divest assets belonging to a client?

Yes No If Yes, please provide the details (e.g., name of the lawyer(s), area(s) of practice, amount of funds for each client, and the kinds and value of assets). (2) Is a co-signature required if checks are written? ☐ Yes No ☐ Disaster response: (1) Do all partners/members have written procedures to follow in case the office(s) is (are) inaccessible due to flood, fire, bomb damage, or computer failure, et c.? ☐ Yes No ☐ (2) Are these procedures kept at a location other than the office(s)? ☐ Yes No ☐ e. Are new clients and new matters approved by a committee or at least one independent partner/member or officer other than the lawyer who proposes to handle the client/matter? ☐ Yes No ☐ f. Does the approval process for new clients include independent inquiries as to a client's: Creditworthiness and reputation for payment of legal or other bills? ☐ Yes No ☐ Reputation for changing law firms? Tes No Reputation for suing lawyers?
Yes No g. What are the Firm's procedures in screening pro-bono commitments and who supervises them? h. Does the Firm accept pro bono clients in areas of practice in which the Firm does not specialize? \square Yes No \square i. Confirmation Letters: Are engagement agreements required to be signed by all new clients prior to starting anything more than emergency work? ☐ Yes No ☐ (2) Are billing arrangements, if any, set forth in the engagement letters?

Yes No (3) Are contingent fee arrangements, if any, set forth in the engagement letters?

Yes No (4) Are non-engagement letters required to be used when declining representations? ☐ Yes No ☐ (5) Are scope of service letters on all new matters required to be sent to existing clients? ☐ Yes No ☐ (6) Are letters required to be sent confirming strategy, decisions of clients, or status reports? ☐ Yes No ☐ (7) Are disengagement letters required to be used upon terminating or completing legal professional services? \square Yes No \square 15. CONFLICTS OF INTEREST Are all lawyers in the Firm, regardless of practice area or geographical location, required to access all conflict data held by the Firm in their conflict searches?
Yes No b. How often is the information on all new clients made available on to all lawyers in the Firm? \square Yes No \square

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Describe how the Firm resolves potential and actual conflicts?

Who has final authority in a conflict situation?

16. DOCKET SYSTEM

	a.	Type of docket system:	
		(1) Does the Firm have a (check all that apply):	
		☐ Single Calendar	☐ Master Listing
		☐ Dual calendar	☐ Tickler File
		☐ Pocket Diary	☐ Computer System
		☐ Verification of Completion of Events	☐ Other (please describe):
		(2) What is the backup system for the checked item(s)?	
	b.	Does the control system include (check all that apply):	
		☐ Litigated items	☐ Statutes of limitations
		☐ Non litigated items	
	C.	Does the system have a procedure for verification of the owere not completed? \Box Yes $$ No \Box	completion of daily events and for the rescheduling of events that
17.	a.	employee solely for the purpose of rendering professional Does the Firm have written procedures or policy regarding (1) A lawyer serving as a director or officer of a client?	ther in, holding equity interests in, or an employee of (unless an legal services) a business entity other than the Firm? Yes No Yes No in any business ventures or concerns of the Firm's clients?
	C.	Does the Firm have written procedures regarding accepting rendered?	ng stock, deeds, or other property in Lieu of fees for services
		If Yes, please describe the procedures:	
18.	a.	PINION / AUDIT LETTERS Is there a committee or designated Lawyers who must ap parties? How many Lawyers must approve the substance of the or	prove all opinion Letters which are likely to be relied upon by third binion Letter?
19.	FEE	ES / BILLING PROCEDURES	
	a.	Who is responsible for securing and inputting billing inform	nation?
	b.	Who has final review of the bills?	
	C.	What percentage of the Firm's billings are overdue by 90	days or more?
	d.	Collection of fees:	
		(1) How many times during the Last three years has the outstanding fees, i.e. collection agency, arbitrator, me	
		Year to date: Last year:(2) How many suits for the collection of fees has the firm Year to date: Last year:	Two years ago: filed during each of the last three years: Two years ago:

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20.	CLIE	ENT RELATIONSHIPS				
	Does the Firm have written procedures to follow if the Firm receives a complaint from a client or a client's lawyer regarding professional legal services or fees charged? Yes No				's lawyer regarding	
	If Yes	s, please describe the proced	dures:			
MIS	CFL	LANEOUS				
14110	JOLL	LAITEOUU				
21.	INSU	JRANCE REQUESTED A	ND PRIOR INSURA	ANCE		
	a. R	equested policy inception da	te:			
	Ε	mits of liability requested: ach Claim: ggregate Limit:				
		eductible requested: ach Claim:				
		ist all previous lawyers' profe y any predecessor firm:	ssional liability insurar	nce policies carried during th	e past 5 years includ	ling policies carried
		Insurance Company	Policy Limit	Deductible/Retention	Premium	Policy Period
	F		\$	\$	\$	
			Ψ	Ψ	'	
	-		\$	\$	\$	
	-					
			\$	\$	\$	
	-		\$	\$	\$	
		Has the Firm's professional li If Yes, please provide details	\$ \$ \$ ability insurance beer	\$ \$ \$ \$ and declined, canceled or nonre	\$ \$ \$	st 5 years? Yes No
CL			\$ \$ \$ ability insurance beer	\$ \$ \$ \$ and declined, canceled or nonre	\$ \$ \$	st 5 years? Yes No
	AIMS Has	If Yes, please provide details HISTORY any lawyer at the Firm been	\$ \$ sability insurance beer on a separate sheet	\$ \$ \$ \$ and declined, canceled or nonre	\$ \$ senewed during the law	on probation by any state
	AIMS Has a bar, j	If Yes, please provide details HISTORY any lawyer at the Firm been	\$ \$ sability insurance beer on a separate sheet of the second separate she	\$ \$ \$ and declined, canceled or nonresof paper. reprimanded, suspended, in raffic violations within the Las	\$ \$ senewed during the law	on probation by any state
22.	Has a bar, j	If Yes, please provide details HISTORY any lawyer at the Firm been judicial body, or regulatory ages, please provide details on a	\$ \$ shillity insurance beer on a separate sheet of the separate sheet of parts or any past or present sheet or past or present sheet or past or pa	\$ \$ \$ andeclined, canceled or nonresof paper. reprimanded, suspended, in affic violations within the Lastaper. t lawyer or employee of the F	\$ \$ senewed during the law vestigated or placed to 5 years? Yes	I on probation by any state No □
22.	Has a bar, j	If Yes, please provide details HISTORY any lawyer at the Firm been judicial body, or regulatory age, please provide details on a the Firm, its predecessor(s),	\$ \$ shillity insurance beer on a separate sheet of particular and	\$ \$ \$ andeclined, canceled or nonresof paper. reprimanded, suspended, in affic violations within the Lastaper. t lawyer or employee of the F Yes No	\$ \$ senewed during the law vestigated or placed to 5 years? Yes	I on probation by any state No □

(3) If the Firm has sued for its fees, how many countersuits has the Firm received during the Last three years?

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24. After inquiry of all Lawyers and employees of the Firm, does any person know of any claim or act, error, or omission which could result in a claim against the Firm, any predecessor firm, or any past or present Lawyer or employee of the Firm?

Yes No

If Yes, please provide details on a separate sheet of paper.

It is agreed that with respect to Questions 23, 24, and 25 above, if such claim(s), suit(s), investigation(s), action(s), proceeding(s), knowledge, information or involvement exists, then such claim(s), suit(s), investigation(s), action(s), or proceeding(s) and any claim or action arising therefrom or arising from such knowledge or information is excluded from the proposed coverage.

NOTICE TO APPLICANT - PLEASE READ CAREFULLY.

THE UNDERSIGNED AUTHORIZED MANAGER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED MANAGER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE, ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL FORM THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY.

ALL WRITTEN STATEMENTS, DOCUMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

NOTICE TO 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 SUBJECTS THE PERSON TO CRIMINAL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWLINGLY 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 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 AUHTORITIES.

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.

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NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES A 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, SUBJECT TO CRIMINAL PROSECUTION AND CIVIL PENALTIES.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWLINGLY 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 A DENIAL OF INSURANCE BENEFITS.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE AND MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

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 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 (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO 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 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 (365:15-10, 36 §3613.1).

NOTICE TO OREGON 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 MATERIALLY FALSE, INCOMPLETE, OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIME.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES A 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, SUBJECT TO CRIMINAL PROSECUTION AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND 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 VERMONT APPLICANT: ANY PERSON WHO KNOWLINGLY 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTE: A POLICY CANNOT BE ISSUED UNLESS THIS APPLICATION IS PROPERLY SIGNED BY THE CHIEF EXECUTIVE OFFICE OR PRESIDENT AND DATED.

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NOTE: ANY PERSON SIGNING THIS APPLICATION ACKNOWLEDGES, IS AWARE AND AGREES THAT THE LIMIT OF LIABILITY CONTAINED IN THE POLICY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY COSTS OF DEFENSE AND, TO THE EXTENT THAT THE LIMIT OF LIABILITY OF THE POLICY IS EXCEEDED THE INSURER SHALL NOT BE LIABLE FOR COSTS OF DEFENSE, THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT, AND THAT COSTS OF DEFENSE SHALL BE APPLIED AGAINST THE APPLICABLE RETENTION.

DATE	SIGNATURE
	TITLE Must be signed by the managing partner, managing executive, principal, business manager or risk manager of the Firm.
NAME OF BROKER	
NAME OF AGENCY	
ADDRESS	
LICENSE NUMBER	
DATE SIGNED	

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