



APPLICATION FOR
LAWYERS PROFESSIONAL LIABILITY INSURANCE
WITH THE NAVIGATORS INSURANCE COMPANY OR NIC INSURANCE COMPANY
THIS APPLICATION IS FOR A
"CLAIMS MADE" INSURANCE POLICY

APPLICANT'S INSTRUCTIONS

- A. ALL QUESTIONS MUST BE ANSWERED COMPLETELY. PLEASE TYPE OR PRINT CLEARLY. IF ANY QUESTIONS ARE CONSIDERED "NOT APPLICABLE", PLEASE EXPLAIN WHY.
 - B. PLEASE USE THE COMMENTS LINE(S) FOR ADDITIONAL INFORMATION OR CONTINUE ON A SEPARATE ADDENDUM INDICATING THE QUESTION NUMBER/SUPPLEMENT.
 - C. PLEASE COMPLETE THE APPLICATION FORM AND SUPPLEMENT WHERE REQUIRED.
 - D. THIS APPLICATION AND ALL SUPPLEMENTS MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM.
 - E. THE TERM "LAWYER" IN THIS APPLICATION SHALL MEAN ANY PARTNER, EMPLOYED LAWYER, "OF COUNSEL" OR CONTRACT LAWYER.
 - F. THIS APPLICATION MAY ASK FOR DETAILS ON ACTIVITIES FOR WHICH NO COVERAGE IS PROVIDED UNDER THE INSURANCE BEING REQUESTED. PLEASE CONSULT WITH YOUR BROKER OR INSURANCE AGENT FOR DETAILS OF YOUR PROPOSED COVERAGE.
-

1. A. Name of Applicant: _____

- Individual Partnership Professional Corporation Ltd. Liability Partnership

B. Address: _____

City: _____ County: _____

State: _____ Zip: _____

C. Telephone Number: () _____ Fax Number: () _____

Email Address: _____
CCMail/Internet etc.,

D. If the Applicant has branch offices in other Cities please indicate the 3 largest by Gross Billings:

City: _____	City: _____	City: _____
State: _____ Billings %	State: _____ Billings %	State: _____ Billings %

E. Date Commenced Business: ____/____/____
Day Month Year

F. Total Gross Billings (whether collected or not, including contingent fees) by Fiscal Year:

This Year: \$ _____ Last year: \$ _____ Two years ago: \$ _____

For 12 months ending: ____/____/____
Day Month Year

G. Total number of Lawyers:

- This Year Last Year Two Years ago

H. Total number of:

- Partners/Shareholders Employed Lawyers/Associates Of Counsel Other Staff

I. For any contract Lawyers not listed in H and Employed by the Applicant in the past 12 months please indicate:

- No. of Lawyers Employed Billable hours worked Amount Billable for their Services

Comments: _____

ADDITIONAL SUPPLEMENTS

A. **Please completed Supplement Number 1 and attach a copy of the Applicant’s letterhead.**

B. **Does the Applicant currently, or did the Application at any time:**

(i) In the last Ten years provide Legal Services to any Financial Institution as defined in the instructions for Supplement Number 2? Yes No

If yes, please complete Supplement Number 2.

(ii) In the last Two years perform any Securities work? Yes No

If yes, please complete Supplement Number 3.

(iii) In any of the last Five years have any one Client or group of related Accounts produce more than 10% of Total Gross Billings? Yes No

If yes, please complete Supplement Number 4.

(iv) In the last 12 months perform any Entertainment work? Yes No

If yes, please complete Supplement Number 5

(v) In the last Five years provide any other Professional Services apart from Legal work? Yes No

If yes, please give details on a separate addendum. Please include details of applicable Insurance.

ACTIVITIES

2. C. Indicate Percentage of this years “Total Gross Billings” derived from: (OVERALL TOTAL MUST EQUAL 100%)

<u>AREA OF LAW</u>	<u>LAST YEAR</u>	<u>THIS YEAR</u>	For any area of law that represents more than 10% of the Applicants practice, complete any applicable detailed practice split		
Banking/Savings & Loan	%	%			
BI/PD & Personal Injury Litigation	%	%	%	%	%
			Plaintiff Litigation	Defense Litigation	Plaintiff Class Actions
General Corporate Advice/Litigation	%	%	%	%	%
			Plaintiff Litigation	Defense Litigation	Advice/Other
Corporate/Partnership Formation/Alteration	%	%	%	%	%
			Corporate	Partnership	Mergers/Acquisitions
Real Estate	%	%	%	%	%
			Commercial	Residential	Litigation
Securities Practice including Syndication’s/Bonds/Tax Shelters/ Ltd. Partnerships and Derivatives	%	%	%	%	%
			Plaintiff Litigation	Defense Litigation	All Other Sec work
Taxation	%	%	%	%	%
			Personal	Corporate	International
Environmental	%	%	%	%	%
			Plaintiff Litigation	Defense Litigation	Compliance Advice
Bankruptcy	%	%	%	%	%
			For Creditor	For Debator	Court appointed Trustee
Copyright/Patent	%	%	%	%	%
			Plaintiff Litigation	Defense Litigation	Advice/Filings

Estate/Trust/Probate	<u> </u> %	<u> </u> %	<u> </u> %	<u> </u> %	<u> </u> %
			Estate planning	Trust Administration	Probate
Municipal Law (Except bonds)	<u> </u> %	<u> </u> %	<u> </u> %	<u> </u> %	<u> </u> %
			Defense Litigation	Advice on Finance/Investments	Other
Domestic Relations	<u> </u> %	<u> </u> %	<u> </u> %	<u> </u> %	<u> </u> %
			Contested Divorce	Un-contested Divorce	Other
Admiralty law (Except Labor Relations)	<u> </u> %	<u> </u> %	<u> </u> %	<u> </u> %	<u> </u> %
			Plaintiff Litigation	Defense Litigation	Contract Law/International Law
Criminal	<u> </u> %	<u> </u> %			
Labor Relations	<u> </u> %	<u> </u> %	<u> </u> %	<u> </u> %	<u> </u> %
			Management Representation	Union/Labor Representation	Other
Entertainment	<u> </u> %	<u> </u> %	<u> </u> %	<u> </u> %	<u> </u> %
			Including Money Management	Ex Money Management	Litigation
Oil & Gas	<u> </u> %	<u> </u> %	<u> </u> %	<u> </u> %	<u> </u> %
			Plaintiff Litigation	Defense Litigation	Contract/Other
Other Please	<u> </u> %	<u> </u> %	<u> </u> %	<u> </u> %	<u> </u> %
Describe:	<u> </u> %	<u> </u> %	<u> </u> %	<u> </u> %	<u> </u> %
Overall Total	<u>100%</u>	<u>100%</u>			

MANAGEMENT

3. A. Is the Application managed by a management committee? Yes No
 comments: _____
 If yes, how many Partners or Officers comprise the management committee: _____
 and how often has it met in the past 12 months? _____
 comments: _____
- B. Does the Applicant employ a full time non Lawyer Administrator? Yes No
 comments: _____
- C. Does the Applicant use a peer review system to evaluate the performance of all practising Lawyers (including Partners) within the Firm? Yes No
 If yes, does this include periodic review of selected case files by a Partner not handling the case? Yes No
 Comments: _____

NEW BUSINESS

(Please insert an "X" in the appropriate box, or a "W" where the response represents the Applicant's written policy)

4. A. Are new Clients and new matters subject to approval of the Applicants management committee or at least One Independent Partner or Officer other than the Lawyer proposing to handle the case? Yes No
 comments: _____
- B. Does the approval process for new Clients include independent enquiries as to a Client's creditworthiness and reputation for reputation of legal or other bills? Yes No
 comments: _____

- C. Is information as to all new Clients made available on at least a weekly basis to all Partners or Officers of the Applicant? Yes No
 comments: _____
- D. Is a Lawyer generating new business required to associate with a Partner or Officer with specific expertise in the matter? Yes No
 comments: _____
- E. Does the Applicant have a written Policy with regard to accepting or not accepting a Client on a case or transaction for which the Client has already been represented by one of more predecessor Legal Counsel? Yes No
 comments: _____

CONFLICTS

(Please insert an "X" in the appropriate box, or a "W" where the response represents the Applicant's written policy)

5. A. How does the Applicant maintain its conflict of interest systems? Yes No
- Oral/Memory Index File Computer Other: _____
- comments: _____
- B. Is the conflict search always completed prior to accepting a Client? Yes No
 comments: _____
- C. If not. Clients accepted subject to that search and is this documented in an engagement letter? Yes No
 comments: _____
- D. Does the system contain the following information? (Please tick as appropriate)
- | | | | |
|---------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Client Name | <input type="checkbox"/> | • Previous Firms of lateral hires employed by the Applicant | <input type="checkbox"/> |
| Opposing Party | <input type="checkbox"/> | • Names of Parties whose representation was declined | <input type="checkbox"/> |
| Client Subsidiaries | <input type="checkbox"/> | • Names of any Entity in which the Applicant or any Lawyer practising with the Applicant holds an outside interest (including but not limited to an Equity interest or option to purchase Equity and/or a position as a Director/Officer/Partner/Employee) | <input type="checkbox"/> |
| Client Principals | <input type="checkbox"/> | | |
| Opposing Counsel | <input type="checkbox"/> | | |
- comments: _____
- E. Are all Lawyers in the Firm, regardless of practice area or geographical location:
- (i) able to access all conflict data held by the Applicant in their conflict search? Yes No
- (ii) required access all conflict data held by the Applicant in their conflict search? Yes No
- comments: _____
- F. Does the Applicant have a Policy not to review any privileged or confidential Client information prior to an unqualified acceptance of a Client? Yes No
 comments: _____
- G. Are potential conflicts always referred to an independent conflict Partner or committee? Yes No
 comments: _____
- H. Where representation is continues subject to conflict waiver does the Applicant have a written Policy requiring the waiver to clearly:
- (i) show the conflicting parties the nature of the conflict? Yes No
- (ii) show how it could affect the representation? Yes No

- (iii) show how the Client was advised to consider consulting another Law Firm either about the conflict and/or the original matter prior to signing the waiver? Yes No

comments: _____

- I. With the exception of positions held with Charitable Institutions in relation to pro-bono work, does the Applicant or any Lawyer practising with the Applicant hold an outside interest in a Client (including but not limited to an Equity interest or option to purchase Equity or a position as a Director/Officer/Partner/Employee? Yes No

If yes, please complete Supplement Number 4.

OUTSIDE COMMUNICATIONS

(Please insert an "X" in the appropriate box, or a "W" where the response represents the Applicant's written policy)

6. A. For what percentage of cases does the Applicant:
- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| (i) when accepting a representation send an engagement letter which clearly Shows the scope of Services to be performed and the terms and rates in which The matter will be billed? | _____ % |
| (ii) when declining a representation send a non engagement letter? | _____ % |
| (iii) when ceasing representation send a disengagement letter? | _____ % |
| (iv) incorporate a fee mediation/arbitration clause into the retainer/engagement letter? | _____ % |
- comments: _____

B. When declining a case in which a critical deadline or statute date may apply, does the Applicant always:

- (i) send a non-engagement letter? Yes No
- (ii) by certified mail? Yes No
- (iii) which clearly warns of the importance of immediately seeking alternative representation? Yes No
- (iv) and the risk of losing the chance to pursue the case if a time deadline is exceeded? Yes No

DOCKET AND CALENDAR

(Please insert an "X" in the appropriate box, or a "W" where the response represents the Applicant's written policy)

7. A. Does the Applicant maintain a central system for control of statute dates and other critical deadlines? Yes No
- comments: _____

- B. Is this central system used by all Lawyers in the Firm to control the critical statutory dates or deadlines applicable to their area of practice? Yes No
- If no, please describe: _____

- C. How many independent date controls are kept on each matter? 1 2 3
(or more, please state)
- comments: _____

- D. Does the Applicant use Perpetual Calendar Tickler Type Computer
Other (please describe): _____

- E. Is all incoming mail checked centrally for critical dates by the person(s) responsible for docket control before being distributed to the Lawyer(s) handling the matter? Yes No
- comments: _____

- F. Please describe how the Applicant ensures that statutes of limitation periods entered are correct and currently applicable for a case and take into account differences according to jurisdiction, category of defendant, cause of action, etc.,
- _____
- _____

- G. Is a list of the pending dates and deadlines on the docket control system circulated to all Lawyers or, if the Applicant is divided into formal departments, to all Lawyers in the appropriate department? Yes No
 comments: _____

TRAINING AND SUPERVISION

(Please insert an "X" in the Appropriate box, or a "W" where the response represents the Applicant's written policy)

8. A. Does the Applicant maintain a formal training program for new Lawyers with regard to office and Court procedures? Yes No
 comments: _____
- B. How many Lawyers have participated in formal continuing Legal Education programs of at least seven hours during the last year _____
 comments: _____
- C. Are all Associates under the direct supervision of a Partner or Officer? Yes No
 comments: _____

MISCELLANEOUS

(Please insert an "X" in the appropriate box, or a "W" where the response represents the Applicant's written policy)

9. A. Do suits for collection of fees have to be approved by the Applicant's management committee? Yes No
 comments: _____
- B. What percentage of the Applicant's billings are more than 90 days overdue from the date the bill was sent out? _____ %
 comments: _____
- C. How many suits for collection of fees have been filed by the Applicant during the past two years?

 comments: _____
- D. Please explain what the Applicant has done to reduce the number of fee related disputes with Clients?
 (i) Monthly billing for all Clients (ii) Retainers for all new Clients
 (iii) Reporting of overdue receivables to the management committee when they exceed a set \$ amount due:
 From and one Client to any one Lawyer
- (iii) Other: _____
- E. Other than on contingent cases, what is the largest amount currently owed by a Client to the Firm for billed or unbilled time? \$ _____
- F. Can the Applicant confirm that no Lawyers listed in Supplement 1 have been disciplined, censured, suspended, had sanctions awarded against them of over \$20,000 or been put on probation by any State Bar, Judicial Body or Regulatory Agency? Yes No
 If no, please give details below or on a separate addendum.
 comments: _____
- G. Does the Applicant have a written Policy requiring complaints (by either a Client or their Counsel) to be reviewed by a Partner other than the Lawyer about whom the complaint is made? Yes No
 comments: _____
- H. Are two signatures required for all withdrawals of funds from Custodial Accounts? Yes No
 comments: _____

- I. Has the Applicant in the last ten years changed the name of the Applicant Yes No
- Merged with, acquired or been acquired by any other Firm or Organisation? Yes No
- Increased or decreased in size (by total Lawyer count) by more than 20% in a single year? Yes No
- Are any of the above currently pending or contemplated? Yes No

If yes, please give full details below or on a separate addendum, including the date of the change(s)

INSURANCE

The term "after enquiry" is deemed to mean to the knowledge of any Owner, Partner, Shareholder, Associate, Employed Lawyer, of Counsel or Employee.

10. A. Has Insurance of the type for which the Applicant is now applying ever been declined, Cancelled or had the renewal thereof refused to the Applicant? Yes No

If yes, please give details below or on a separate addendum.

comments: _____

- B. After enquiry, have any claims or suits been made in the late Ten years against the Applicant or any past or present Owners, Partners, Shareholders, Corporate Officers, Associates, Employed Lawyers, Contract Lawyers, Employees or its predecessors in business? Yes No

If yes, please complete enclosed Supplement Number 6.

comments: _____

- C. After enquiry, are any persons listed I Supplement 1 aware of any circumstances, allegations, Tolling agreements or contentions as to any incident which may result in a claim being made against the Applicant or any if its past or present Owners, Partners, Shareholders, Corporate Officers, Associates, Employed Lawyers, Contract Lawyers or Employees or its predecessor in business? Yes No

If yes, how many? _____

If yes, please complete enclosed Supplement Number 6.

comments: _____

- D. Have all claims and circumstances requiring a response in questions 10B and 10C already been reported to and accepted by a current or past Insurer? Yes No
- If no, please give full details below or on a separate addendum.

comments: _____

11. Please give details of previous Insurance purchased in the last Five years by the Applicant or predecessor Firms.

Carrier	Number Of Lawyers	Limits each Claim/ Aggregate	Deductible	Paid Premiums	Coverage dates effective From To
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

12. Has any extended claims reporting period ("tail") coverage been purchased in the last 7 years? Yes No

If yes, please give details: _____

13. Has the Applicant had continuous Professional Liability Insurance coverage for at least Five years? Yes No

If not, please give details: _____

14. Is the Applicant's expiring coverage on a standard policy WITHOUT any endorsements restricting coverage? Yes No

comments: _____

15. Is there any Prior Acts restriction or Retroactive date on the Applicant's expiring policy? Yes No

If yes, please state the Retroactive date: _____ / _____ / _____
 Day Month Year

16. Please state coverage Limits and Deductibles Requested:

\$ _____ Any one Claim and in The Aggregate, Including Costs and Expenses.	\$ _____ Each and every Claim including Costs and Expenses.
----------------------------------------------------------------------------	-------------------------------------------------------------

The Applicant declares and warrants that, after enquiry, to the best knowledge of all person to be insured the statements set forth herein and in any attachments made hereto are true and no material facts have been suppressed omitted or misstated. Underwriters reserve the right to deny or rescind coverage on any Policy that is issued as a result of this Application if, in the statements set forth herein and in any attachments made hereto it is found that material information has been omitted, suppressed or misstated.

Underwriters also reserve the right to amend the terms, conditions and limitations, coverage of any Policy that is issued as a result of this application, if subsequent to the date of this application, but prior to the inception date of such policy, there are any material alterations to the information contained herein. In the event of such material alteration, as aforesaid, the Applicant agrees to give immediate written notice to Underwriters and such notice shall attach to and form part of this application.

Signing this application does not bind the Applicant or Underwriters to complete the Insurance, but it is agreed that the statements and particulars contained herein will be relied upon by Underwriters should a Policy be issued.

This application is signed on behalf of all Owners, Partners, Shareholders, Corporate Officers and Employees.

 AUTHORISED SIGNATURE OF APPLICANT
 Must be a principal of the Applicant and a person at risk

 TITLE

Date _____ Effective Date Requested for this Insurance _____
 PLEASE MAKE CERTAIN ALL QUESTIONS ARE ANSWERED AND THAT ALL APPLICABLE SUPPLEMENTS ARE COMPLETED.
 THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL QUESTIONS ON THIS APPLICATION AND APPLICABLE SUPPLEMENTS ARE ANSWERED.

Executive Perils

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 dba: Executive Perils Insurance Services



APPLICATION FOR
LAWYERS PROFESSIONAL LIABILITY INSURANCE
WITH THE NAVIGATORS INSURANCE COMPANY OR NIC INSURANCE COMPANY
INDIVIDUAL FOR WHOM COVERAGE IS BEING SOUGHT
IN ACCORDANCE WITH QUESTION 1.H. PLEASE NAME ALL OWNERS, PRINCIPALS, PARTNERS, OFFICERS, AND
EMPLOYED LAWYERS:
NB: COVERAGE APPLIES ONLY TO WORK UNDERTAKEN FOR OR ON BEHALF OF THE APPLICANT FIRM.

	Name	Title	Year Admitted To Bar	Year Joined Applicant	Previous Firm
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____
19.	_____	_____	_____	_____	_____
20.	_____	_____	_____	_____	_____
21.	_____	_____	_____	_____	_____
22.	_____	_____	_____	_____	_____
23.	_____	_____	_____	_____	_____
24.	_____	_____	_____	_____	_____
25.	_____	_____	_____	_____	_____
26.	_____	_____	_____	_____	_____
27.	_____	_____	_____	_____	_____
28.	_____	_____	_____	_____	_____
29.	_____	_____	_____	_____	_____
30.	_____	_____	_____	_____	_____
31.	_____	_____	_____	_____	_____
32.	_____	_____	_____	_____	_____
33.	_____	_____	_____	_____	_____
34.	_____	_____	_____	_____	_____
35.	_____	_____	_____	_____	_____
36.	_____	_____	_____	_____	_____
37.	_____	_____	_____	_____	_____
38.	_____	_____	_____	_____	_____
39.	_____	_____	_____	_____	_____
40.	_____	_____	_____	_____	_____

- 41. _____
- 42. _____
- 43. _____
- 44. _____
- 45. _____
- 46. _____
- 47. _____
- 48. _____
- 49. _____
- 50. _____
- 51. _____
- 52. _____
- 53. _____
- 54. _____
- 55. _____
- 56. _____
- 57. _____
- 58. _____
- 59. _____

I UNDERSTAND THE INFORMATION SUBMITTED HEREIN BECOMES PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS

AUTHORISED SIGNATURE OF APPLICANT

TITLE

Date



**INSTRUCTIONS
FOR
FINANCIAL INSTITUTIONS SUPPLEMENT**

**PLEASE READ BOTH CATEGORY A AND B CAREFULLY BEFORE
RESPONDING.**

**IF ALL YOUR SERVICES AND/OR INVOLVEMENT'S WITH AN INSTITUTION
FALL SOLELY WITHIN CATEGORY A THEN NO DETAILS ARE REQUIRED.**

THE TERMS "INSTITUTION" OR "FINANCIAL INSTITUTION" INCLUDE ANY SAVINGS & LOAN, BANK, CREDIT UNION, SAVINGS ASSOCIATION, BUILDING LOAN ASSOCIATION; OR SERVICE COMPANY, SUBSIDIARY CORPORATION OR HOLDING COMPANY OF THE AFOREMENTIONED.

PLEASE NOTE: INFORMATION PROVIDED HEREIN DOES NOT CONSTITUTE NOTICE OR CLAIM OR POTENTIAL CLAIM.

Category A		
<ul style="list-style-type: none">• Fidelity bond Claims• Loan Workouts• Foreclosures• Bankruptcy	<ul style="list-style-type: none">• Litigation work• Collection• Trademark/Copyright• Labour Law	<ul style="list-style-type: none">• Loan Documentation and/or Loan Closing work if fee from the Financial Institution were LESS than \$50,000 in any one year.

IF ALL YOUR SERVICES ARE CATEGORY A, PLEASE SIGN A BLANK COPY OF THE ATTACHED FINANCIAL INSTITUTION SUPPLEMENT.

Category B	
<p>Professional Services (at any time over the last 10 years)</p> <ul style="list-style-type: none">• Counsel on any matter(s) not listed in Category A including but not limited to Regulatory/Disclosure/SEC/Stock Offering	<ul style="list-style-type: none">• Loan Documentation and/or Loan Closing work if fees from the Financial institution were MORE than \$50,000 in any one year.• Other
<p>Other Involvement's (at any time over the last 10 years)</p> <ul style="list-style-type: none">• Audit Committee• Loan Committee• Executive Committee	<ul style="list-style-type: none">• Directorship• Equity interest worth more than: \$10,000 or 2% of Equity between all Partners and Lawyers combined.

IF ANY OF YOUR SERVICES FOR A FINANCIAL INSTITUTION ARE CATEGORY B, PLEASE COMPLETE ONE OF THE ATTACHED FINANCIAL INSTITUTION SUPPLEMENTS PER INSTITUTION.



APPLICATION FOR
LAWYERS PROFESSIONAL LIABILITY INSURANCE
WITH THE NAVIGATORS INSURANCE COMPANY OR NIC INSURANCE COMPANY
FINANCIAL INSTRUCTIONS

NAME OF APPLICANT: _____

Category B (Please fill on one Supplement per Institution)

Please fill in name of the Institution even if your Client was a Holding Company:-

Name of Institution: _____

City: _____ State: _____

Dates of Service from: _____/_____/_____ to _____/_____/_____
Day Month Year Day Month Year

Total Fees billed to the above over the last 10 years:- \$ _____

Professional Services (at any time over the last 10 years)

- Professional Services (at any time over the last 10 years)
Counsel on any matter(s) not listed in Category A including but not limited to Regulatory/Disclosure/Corporate/SEC/Stock offerings. (Please describe below)
Loan Documentation and/or Loan Closing work if fees from the Financial institution were MORE than \$50,000 in any one year.
Other (Please describe below)

Other Involvement's (at any time over the last 10 years)

- Other Involvement's (at any time over the last 10 years)
Audit Committee
Loan Committee
Executive Committee
Directorship
Equity interest worth more than: \$10,000 or 2% of Equity between all Lawyers combined.

Please use the space below to provide further details on any of the above Services or Involvement's including whether the Applicant was retained on an ongoing basis or only for a single transaction.

Has the above Financial Institution to the best of your knowledge:

- Failed, been declared insolvent, placed into receivership or liquidation?
Been merged or sold at Regulatory direction?
Been placed under any Regulatory agreement including cease and desist order?
Been the subject of Criminal/Civil Litigation by Regulators, Shareholders, Bondholders or others against the Institution, its Director and Officers, or any of its Professional Advisors?
If yes, has the Applicant been requested to provide any verbal or written information to any Regulator, Potential Litigant or their Legal Representatives?

AUTHORISED SIGNATURE OF APPLICANT

TITLE

Date



APPLICATION FOR
LAWYERS PROFESSIONAL LIABILITY INSURANCE
WITH THE NAVIGATORS INSURANCE COMPANY OR NIC INSURANCE COMPANY
SECURITIES LAW

NAME OF APPLICANT: _____

What percentage of Applicant's Securities practice for past Fiscal Year involved:

- | | | | |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---|
| 1. A. | Securities registered under the Securities Act 1933 on behalf of Initial Public Offerings. | _____ | % |
| B. | Securities registered under the Securities Act of 1933 not on behalf of Initial Public Offerings. | _____ | % |
| C. | Municipal Bonds | _____ | % |
| D. | Private Placements and State Registrations, including Syndication's and Ltd Partnerships. | _____ | % |
| E. | Representations of Clients as to compliance with proxy and reporting requirements under the Securities | _____ | % |
| F. | Representations of Clients as to compliance with proxy and reporting requirements under the Securities Exchange Act of 1934 other than relative to takeovers or mergers of publicly held Companies. | _____ | % |
| G. | Derivatives. | _____ | % |
| H. | Other Securities work (Please describe): | _____ | % |

2. Please list the main Industries that the Applicant represents on Securities work (e.g. Computer Software, chemicals)

- | | | | | | |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----|--------------------------|----|
| 3. A. | Does the Applicant conduct what is commonly referred to as a "due diligence" | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| B. | If yes, does the Applicant make routine use of checklists in its investigations? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| C. | During the past Five years has the Applicant been involved in or have the knowledge of any facts which would indicate that they may be included in an investigation of administrative action by the S.E.C. or any State Agency Regulating Securities? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| D. | Does the Applicant require a "cold review" of every offering or disclosure documents by a Lawyer who was not involved in drafting the original document? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| E. | Does the Applicant have a procedure for obtaining a new client history of changing Securities Lawyer or Accountants or Investment Bankers? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| F. | What steps does the Applicant take to verify information supplied by Clients and Third Parties? | | | | |

4. Please list Representation in the past Two years in a takeover or merger and tick Client Company.

Name of Acquiring Company	Client	Name of target Company	Client	Value of Transaction
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	\$ _____

5. Please list all Securities transactions in excess of \$1m which the Applicant has been involved in the past Two years and provide the following information in the spaces below.
1. Issuer The name of the Organization issuing the Securities
 2. Issuer est..... Number of years the Issuer has been trading
 3. Business The business activity of the Issuer (Computer Software, Real Estate etc..)
 4. Offering size..... Dollar size of Offering
 5. Issuer size..... Book value of Issuer prior to Offering
 6. Date..... If filed, the date of filing, otherwise the estimated date
 7. Security type Form of Security offered e.g. Common Stock, Municipal, Ltd Partnership unit etc.
 8. Investment grade Please name grade and source if applicable
 9. Underwriter The name of the Organization Underwriting the Securities
 10. Accountant The name of the Accountant involved in this Offering
 11. Client..... Please indicate your client as I – Issuer/U = Underwriter/O – Other work relied on in prospectus or offering documents.

Issuer	Issuer size	Business		
\$	\$	/ /		
Offering size	Issuer size	Date	Security type	Investment grade
Underwriter	Accountant		Client	

Issuer	Issuer size	Business		
\$	\$	/ /		
Offering size	Issuer size	Date	Security type	Investment grade
Underwriter	Accountant		Client	

Issuer	Issuer size	Business		
\$	\$	/ /		
Offering size	Issuer size	Date	Security type	Investment grade
Underwriter	Accountant		Client	

Issuer	Issuer size	Business		
\$	\$	/ /		
Offering size	Issuer size	Date	Security type	Investment grade
Underwriter	Accountant		Client	

 AUTHORISED SIGNATURE OF APPLICANT

 TITLE

 Date



APPLICATION FOR
LAWYERS PROFESSIONAL LIABILITY INSURANCE
WITH THE NAVIGATORS INSURANCE COMPANY OR NIC INSURANCE COMPANY
CLIENT INTEREST SUPPLEMENT

NAME OF APPLICANT: _____

Please provide details for any Entity in which the Applicant or any Lawyer practicing Law with the Applicant holds a Client interest defined as:

- A. an Equity interest or option to purchase Equity and/or
B. a position as Director/Officer/Partner/Employee and/or
C. any Entity which has produced over 10% of the Applicant's total Annual Gross billings at any time over the past Five years.

No details are required for Positions held with Charitable Organizations connected with Pro-Bono services

Name of Entity: _____
1. A. Equity Interest [] Yes [] No If yes, please indicate:
Total market value of Equity/Options: \$ _____ % Interest if more than 1% _____
B. Outside Position [] Yes [] No If yes, please indicate:
Name(s) of Lawyers with Position in Entity and what Position held: _____
C. More than 10% of Applicants Gross Billings in the last Five Years [] Yes [] No
If yes, please indicate: The current % of Billings _____ %
Highest % any one year _____ % In 19 _____
2. A. Industry/Type of Business _____
B. Please describe the Services rendered: _____
C. Has the Applicant Firm entered into any agreement to receive compensation for Services rendered in the form of an Equity interest or any option to purchase Equity? [] Yes [] No
D. Has the Applicant performed any Services for this Client in relation to the preparation of any disclosure or offering documents for Investors and/or state or Federal Regulators? [] Yes [] No
If yes, what steps have been taken to avoid an actual or alleged conflict of interest? _____

AUTHORISED SIGNATURE OF APPLICANT _____

TITLE _____

Date _____



APPLICATION FOR
LAWYERS PROFESSIONAL LIABILITY INSURANCE
WITH THE NAVIGATORS INSURANCE COMPANY OR NIC INSURANCE COMPANY
ENTERTAINMENT

1 Please attach a list of your "ENTERTAINMENT" CLIENTS

2. Please indicate the percentage of the Applicant's entertainment work derived from:

Film % TV % Music % Sports % Other %

3. Where the Applicant has represented a combination of two or more of the following in a transaction:

- Artist/Player
Agent/Manager
Record Company/Studio/Team
Producer
Lenders/Investors

Does the firm obtain and hold on file signed conflict waivers from all parties? [] Yes [] No

If yes, for how long has this Policy been in force _____ and when was the last
Transaction for which no signed conflict waivers obtained? _____

4. Does the Firm perform any money management or Investment advice on behalf of its
Entertainment Clients? [] Yes [] No

If yes, please give details:

5. Does the Firm ever bill fees based on a percentage of an Entertainment Client's income?

If so at what rate _____%

6. Please briefly describe the Services rendered for Entertainment Clients:

AUTHORISED SIGNATURE OF APPLICANT

TITLE

Date



APPLICATION FOR
LAWYER PROFESSIONAL LIABILITY INSURANCE
WITH THE NAVIGATORS INSURANCE COMPANY OR NIC INSURANCE COMPANY
CLAIM FORM

NAME OF APPLICANT: _____

- A. THIS FORM IS TO BE COMPLETED IF THE APPLICANT OR ANY LAWYERS NAMED IN SUPPLEMENT 1 IS CURRENTLY OR HAS BEEN INVOLVED IN ANY CLAIM OR SUIT DURING THE LAST TEN YEARS AS INDICATED BY A "YES" ANSWER TO QUESTIONS 10B OR 10C.
B. IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY, PLEASE USE SEPARATE ADDENDUM. DO NOT ATTACH COPIES OF SUMMONS AND COMPLAINT.
C. PLEASE NOTE THIS SUPPLEMENT IS FOR UNDERWRITING INFORMATION AND DOES NOT CONSTITUTE NOTICE OF CLAIM. IF YOU WISH TO NOTIFY A CLAIM ON YOUR CURRENT OR EXPIRING POLICY PLEASE CHECK THE CLAIM PROVISIONS OF YOUR POLICY AND/OR SEEK ADVICE FROM YOUR BROKER.
D. PLEASE LEAVE NO BLANKS

1. Full Name of individual(s) and name of Firm involved in the claim:

- A. _____
B. _____
C. _____

2. Additional Defendants:

- A. _____
B. _____
C. _____

3. Full Name of Claimant: _____

4. Date of alleged error: _____

5. To what Company did you report this claim: _____

6. Date reported to Insurance Company: _____

7. From which Area of Law as described in Question 2C Activities, did the claim or circumstance arise?

8. Please indicated: Present status of claim: (Tick One) and fill in the spaces below as appropriate.

Circumstance /Claim [] OPEN CLAIM In Suit [] CLOSED CLAIM Closed without payment [] Closed with payment []

Amounts Outstanding

Amounts Paid

Amount asked in summons: \$ _____ Defence costs Paid by Applicant: \$ _____

Claimant's settlement demand: \$ _____ Defence costs paid by Insurer: \$ _____

Defendant's offer for settlement: \$ _____ Damages/Settlement paid by Applicant: \$ _____

Defence costs to date: \$ _____ Damages/Settlement paid by Insurer: \$ _____

Insurers Current Loss reserve: \$ _____ Date of Settlement: _____

9. (Please provide enough information to allow an evaluation – DO NOT ATTACH SUMMONS AND COMPLAINT)
A. Please describe the Services rendered and how they relate to the Parties in this matter?

- B. Describe plaintiff's allegation/Applicants response and evaluation:

- C. Value of the case or transaction to your Client: \$ _____ Trail Date: _____ / _____ / _____
Day Month Year

- D. Applicant's evaluation of value of this claim: Est Loss \$ _____
Est Defence costs \$ _____

Current Cast Status: _____

- E. Please explain what has been done to avoid a recurrence of this type of claim:

I UNDERSTAND THE INFORMATION SUBMITTED HEREIN BECOMES PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS AND THAT THERE WILL BE NO COVERAGE AFFORDED UNDER THE PROPOSED INSURANCE FOR ANY MATTER(S) LISTED IN RESPONSE TO THIS SUPPLEMENT

AUTHORISED SIGNATURE OF APPLICANT

TITLE

Date