

COLLECTIONS SUPPLEMENT

- INSTRUCTIONS:**
1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation.
  2. If a question is not applicable, state "N/A". If more space is required to answer a question, please provide details on the last page of the **Application**, or attach additional sheets as necessary.
  3. Please sign this supplement to include this completed form as part of the **Application**.

Named Insured/ Applicant: \_\_\_\_\_

Please answer the following concerning your Firm's Collections area of practice:

1. On average, how many collections matters does your Firm handle annually? \_\_\_\_\_
2. What is the average debt amount for each individual collection account handled by the Firm? \_\_\_\_\_
3. Do you have written procedures in place to verify compliance with the FDCPA, all amendments thereto and any similar state laws? YES  NO
4. Have all collection letters and correspondence been reviewed and standardized to assure compliance with all applicable federal and state statutes and regulations? YES  NO
5. Do you use a formal script that is fully compliant with all federal and state collection laws when contacting debtors by telephone? YES  NO
6. Do you accept collection cases in states outside of your office location(s)? YES  NO
7. Do you or any of your attorneys have any kind of ownership interest in a collection agency? YES  NO
8. Within the past five years, have you or any of your attorneys executed any hold harmless or indemnity agreements in favor of any collection clients regarding their violation or alleged violation of collection laws? YES  NO

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

**REAL ESTATE SUPPLEMENT**

(Complete this Supplement if any of the Firm attorneys practice in Real Estate)

- INSTRUCTIONS:**
1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation.
  2. If a question is not applicable, state "N/A". If more space is required to answer a question, please provide details on the last page of the **Application**, or attach additional sheets as necessary.
  3. Please sign this supplement to include this completed form as part of the **Application**.

**Named Insured/ Applicant:** \_\_\_\_\_

1. For each of the past two years, state the percentage of gross revenue generated by the Firm's Real Estate practice derived from:

Area of Practice	% Gross Real Estate Revenue Generated by this Area of Practice:	
	Current Year	Last Year
a. Commercial Property Purchase/Sale	_____	_____
b. Commercial Landlord/Tenant	_____	_____
c. Residential Property Purchase/Sale or Landlord/Tenant	_____	_____
d. Land Use Development	_____	_____
e. Negotiation/Preparation of Mortgages	_____	_____
f. Foreclosure, Trustees' Sales	_____	_____
g. Other (explain): _____	_____	_____

2. Are attorneys permitted to represent more than one party in the same transaction? YES  NO

3. When your firm represents a lender in a real estate transaction, does your firm require that the borrower(s) sign an acknowledgement form specifying that your firm does not represent the borrower(s) in such transaction? YES  NO

4. Does the Real Estate Practice include valuation analyses of real estate transactions? YES  NO

5. Is the Firm ever compensated by commission or as a percentage of the value of the transaction? YES  NO

**6. Title Services**

Does the Firm perform any title services? YES  NO

- If yes, what is the average number of title searches performed per year for the last 3 years? YES  NO

- If yes, does the Firm issue title opinions? YES  NO

- If yes, are property records searched by a Firm attorney? YES  NO

- If no, does the Firm use an outside vendor to perform title searches? YES  NO

- If yes, does the Firm require vendors to carry E&O insurance coverage? YES  NO

7. Are attorneys permitted to undertake escrow functions? YES  NO

8. Does the Firm, or any attorney of the Firm, have any ownership interest in a **Title Agency**? YES  NO

- If yes, does such **Title Agency** carry separate errors & omissions liability coverage? YES  NO

*If interested in endorsing coverage for such Title Agency on your policy, please complete the Title Agency Supplement.*

9. For each of the past three years, state the average dollar value of real estate matters handled:

Current Year: \_\_\_\_\_ Last Year: \_\_\_\_\_ Two Years Ago: \_\_\_\_\_

10. What is the dollar value of the largest single value real estate matter handled by the Firm in the past five years?

\_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_



**PLAINTIFF LITIGATION SUPPLEMENT**

(Complete this Supplement if any of the Firm attorneys handle plaintiffs' litigation matters as noted on the Area of Practice Profile)

- INSTRUCTIONS:**
1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation.
  2. If a question is not applicable, state "N/A". If more space is required to answer a question, please provide details on the last page of the **Application**, or attach additional sheets as necessary.
  3. Please sign this supplement to include this completed form as part of the **Application**.

**Named Insured/ Applicant:** \_\_\_\_\_

1. What is the Firm's plaintiffs' litigation caseload per year for each of the last three years:  
 Current \_\_\_\_\_ Last Year \_\_\_\_\_ Two Years Ago \_\_\_\_\_
2. What is the **average** number of active cases per attorney handling Plaintiff's litigation matters per year? \_\_\_\_\_
3. a. What is the **average** dollar value of cases during the past 5 years? \_\_\_\_\_  
 Open (demand) \_\_\_\_\_ Closed (settlement) \_\_\_\_\_
- b. What is the **maximum** dollar value of cases during the past 5 years? \_\_\_\_\_  
 Open (demand) \_\_\_\_\_ Closed (settlement) \_\_\_\_\_
4. What is the percentage of plaintiff litigation involving the following? *(Must total to 100%)*  
 \_\_\_\_\_ Auto/ Slip and Fall                      \_\_\_\_\_ Products Liability  
 \_\_\_\_\_ Medical Malpractice                      \_\_\_\_\_ Workers Compensation  
 \_\_\_\_\_ Professional Liability (non-medical)      \_\_\_\_\_ Other
5. In the past five years, has the Firm represented plaintiffs in any  
 a. Securities Class Action:                      YES  NO   
 b. Other Class Actions:                              YES  NO   
 c. Mass Tort Litigation:                              YES  NO
6. Does the Firm co-assign all plaintiffs' matters to at least two attorneys?                      YES  NO
7. Are the caseloads of individual Firm attorneys in this area reviewed periodically?                      YES  NO
8. Is all incoming mail reviewed for important dates and deadlines before it is delivered to the assigned attorney?                      YES  NO
9. Does the Firm require that a Client consents in writing to the terms and conditions of a proposed settlement before that settlement is consummated?                      YES  NO
10. a. What is the percentage of cases referred to the Firm by other law firms?                      \_\_\_\_\_%
- b. Are written referral agreements used in all cases that are referred to the firm?                      YES  NO
11. a. What is the percentage of cases the Firm refers to other firms where your firm retains a portion of the fees?                      \_\_\_\_\_%
- b. Are written referral agreements used and certification of insurance obtained in all cases referred out?                      YES  NO

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

**INTELLECTUAL PROPERTY SUPPLEMENT**

(Complete this Supplement if any of the Firm attorneys handle Intellectual Property Matters)

- INSTRUCTIONS:**
1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation.
  2. If a question is not applicable, state "N/A". If more space is required to answer a question, please provide details on the last page of the **Application**, or attach additional sheets as necessary.
  3. Please sign this supplement to include this completed form as part of the **Application**.

**Named Insured/ Applicant:** \_\_\_\_\_

1. Identify all Firm attorneys admitted to or licensed by the U.S. Patent Office.

Name of Attorney	Date Admitted to Bar
_____	_____
_____	_____
_____	_____

2. (a) Indicate the percentage of gross Intellectual Property revenue derived from the following areas:

_____ Domestic patent prosecution	_____ Patent Maintenance
_____ Foreign patent prosecution	_____ Non-infringement Opinions
_____ Patent searches and filings	_____ Patent infringement litigation
_____ Trademark registration and licensing	_____ Trademark/Copyright infringement litigation
_____ Copyright registration and licensing	_____ Other (Please describe)

(b) Indicate the percentage of gross Intellectual Property revenue derived from the following industries:

_____ Biotechnical	_____ Chemical
_____ Computer	_____ Electrical
_____ Industrial	_____ Mechanical
_____ Pharmaceutical	_____ Other (Describe): _____

3. State the percentage of your patent practice that is domestic: \_\_\_\_\_ foreign: \_\_\_\_\_

4. Is an engagement letter signed by the Client required:

for all new IP Clients?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
for all new IP matters?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

5. Does your IP engagement letter specify:

a. the nature and scope of proposed engagement?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b. the deadlines and requirements to complete foreign patent filings?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
c. Client responsibility for payment of annuities, maintenance fees or taxes?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

6. Does the Firm's docket or calendar system record and monitor compliance with time limitations:

a. in connection with securing patents?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b. in connection with patent renewal?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
c. in connection with foreign IP interests?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
d. in connection with patent maintenance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

7. Are Clients informed in writing of all deadlines and time limitations in connection with their IP matters?

YES  NO

8. When rendering an opinion as to the results of a patent search, does the Firm qualify the opinion in writing with reference to the nature, scope and limitations of the search?

YES  NO

9. Does the Firm use outside vendors for patent searches?

YES  NO

If yes, does the Firm require proof of professional liability insurance or a hold-harmless agreement for all such vendors?

YES  NO

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

FINANCIAL INSTITUTIONS SUPPLEMENT

- INSTRUCTIONS:**
1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation.
  2. If a question is not applicable, state "N/A". If more space is required to answer a question, please provide details on the last page of the **Application**, or attach additional sheets as necessary.
  3. Please sign this supplement to include this completed form as part of the **Application**.

Named Insured/ Applicant: \_\_\_\_\_

1. Does any attorney provide legal services in exchange for an ownership interest in any Firm Client or directly related entity: YES  NO
2. Does any attorney serve as director, officer, general counsel, or internal committee member, or own stock in any Client financial institution that is not publicly-traded? YES  NO
3. Is any litigation pending against any director or officer of any of the Firm's financial institution Clients? YES  NO
4. In the past ten years, have any of the Firm's financial institution Clients been declared insolvent, gone into receivership, or operated under a regulatory agreement? YES  NO

5. For each affirmative answer to 3 and 4 above, identify (on a separate page, if necessary):

- a. Name/location of Client: \_\_\_\_\_
- b. If applicable, dates of insolvency or regulatory supervision: \_\_\_\_\_  
\_\_\_\_\_
- c. Nature/capacity of services provided to that Client: \_\_\_\_\_  
\_\_\_\_\_
- d. Attorney(s) providing representation: \_\_\_\_\_
- e. Date representation commenced: \_\_\_\_\_
- f. Does the Firm still represent the Client: \_\_\_\_\_
- g. The dollar value of any financial interest: \_\_\_\_\_
- h. The percentage of such financial interest: \_\_\_\_\_
- i. Whether the Client is publicly traded or privately held: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

### DOMESTIC VALUES BREAKDOWN

Please provide a breakdown of your Divorce practice:

Divorce - marital assets <\$1,000,000	%
Divorce - marital assets \$1,000,000 - \$5,000,000	%
Divorce - marital assets >\$5,000,000	%