

**General Applicant Information**

1. Name of Firm: \_\_\_\_\_

2. Principal Address: \_\_\_\_\_

3. City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

5. Does the Firm practice from additional offices?  Yes  No

a. Please advise the address(s) of the additional locations and the names of each attorney at each location.

\_\_\_\_\_

b. Does responsibility for the Firm's other offices rest with management at your principal location?  Yes  No

c. How are the date/docket and conflict of interest avoidance systems coordinated between the offices?

\_\_\_\_\_

d. Does the Firm practice as:  Corporation  Partnership  Individual  LLC  Other

6. Date Firm was established: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YY

7. Please list the names of all predecessor firms of the applicant Firm  
(Name only those firms where the applicant is a successor to the former firm's assets and liabilities.)

Name of Former Firm	Year Established	Number of Partners/Officers

**Applicant's Practice**

8. Does the Firm or any of its attorneys share office space or staff with any other attorney(s) or with any other professional(s)?  Yes  No

9. If you are a Sole Practitioner, please advise the name, address, telephone number and professional liability carrier of your back-up attorney, who will be responsible for your affairs in the event of you are absent for an extended period of time.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Indicate the gross income for the applicable fiscal year. (Gross income means all sums billed to clients for legal services rendered.)

Year	Amount
a. Current Projected	\$ _____
b. Past Fiscal Year	\$ _____
c. Second Past Fiscal Year	\$ _____

11. List the areas of law practice in which the Firm practices (based upon gross revenue).

Area of Practice Group A.	PCT	Area of Practice Group B.	PCT	Area of Practice Group C.	PCT
Administrative Law		Appellate Law		Bankruptcy	
Anti-Trust/Trade Regulation		B.I./P.I. Defense		Collections/Repossessions	
Arbitration/Mediation		Civil Litigation Defense		Corporate Formation Alterations	
Criminal Law		Civil Rights Defense		Corporate General	
Immigration Law		Employment Law Defense		Divorce Law	
Juvenile Law		Family Law		Estate/Probate/Wills/Planning	
Lobbying		General Litigation Defense		1 Foreclosures	
Traffic Law		Insurance Defense		Medical Malpractice Defense	
Workers Comp Defense		Labor Management		Taxation	
<b>TOTAL GROUP A</b>		<b>TOTAL GROUP B</b>		<b>TOTAL GROUP C</b>	

  

Area of Practice Group D.	PCT	Area of Practice Group E.	PCT	Area of Practice Group F.	PCT
1Banking/Financial		4Admiralty		Bonds/Bond Financing	
Civil Litigation Plaintiff		4B.I./P.I. Plaintiff		Labor Unions	
Communications/FCC		3Copyright/Trademark		Limited Partnerships	
Construction Law/Litigation		4Civil Rights Plaintiff		Money Management/Investments	
Environmental		4Employment Law Plaintiff		Oil/Gas/Mineral	
General Litigation Plaintiff		2Entertainment Law		Patent Law	
Real Estate Residential		Real Estate Commercial		Securities (Federal & State)	
Tax Options		Real Estate Syndication		Sports/Entertainment Agent	
Title Law		4Workers Comp Plaintiff		Other (Please describe)	
<b>TOTAL GROUP D</b>		<b>TOTAL GROUP E</b>		<b>TOTAL GROUP F</b>	

If the Applicant Firm practices in an area the following notes, complete the appropriate supplement  
 (1)Financial Institution (2)Risk Management (3)Patent/Trademark/Copyright (4)PI/BI/PD Plaintiff Supplement

12. If your practice includes Real Estate law, please answer the following:

- a. What percentage of the Firm's real estate revenue for the last fiscal year was derived from:  
 Residential: \_\_\_\_\_% Commercial: \_\_\_\_\_% Agricultural: \_\_\_\_\_% Industrial: \_\_\_\_\_%
- b. Does the Firm accept compensation for legal services on a basis of a commission or percentage of dollar value of a transaction? (If "yes", please provide full details).  Yes  No

c. For each of the following that describes the Applicant Firm's real estate practice, please give an approximate percentage on a gross billings basis of the real estate income for the past 12 months:

<u>Service:</u>	<u>Percentage:</u>
1. Acquisition, sale, conveyance of title:	_____ %
2. Land use regulation, subdivision (zoning, not environmental)	_____ %
3. Construction documentation	_____ %
4. Representation of secured lenders/borrowers	_____ %
5. Partnerships and joint ventures	_____ %
6. Eminent domain	_____ %
7. Other (describe)	_____ %

**TOTAL 100%**

d. On a gross billing basis for the past 12 months, what percentage of the Applicant Firm's real estate revenue was derived from:

Speculative Real Estate \_\_\_\_\_% Non-Speculative Real Estate \_\_\_\_\_%

13. If the Applicant firm does any Plaintiff Litigation Representation. Please answer the following:

- a. What is the average number of years experience in this area of law for attorneys in the Firm? \_\_\_\_\_
- b. What is the average case load per attorney on an annual basis? \_\_\_\_\_
- c. What is the estimated average dollar amount of judgments, awards and settlements? \$ \_\_\_\_\_

14. Does any member of the Firm provide professional services as a practicing real estate agent or broker, insurance agent, title insurance agent, investment advisor, mediator, arbitrator, accountant, trustee or securities broker/dealer? (If yes, please provide full details)  Yes  No

15. Has any member or former member of the Firm, at any time since January 1, 1981, provided any legal services or served as a fiduciary, committee member, director, officer, partner or employee of any Financial Institution? (If yes, please complete the **Financial Institution Supplement**)  Yes  No

16. Does the Applicant Firm advertise?  Yes  No  
(If yes, please include in what type of media and include a copy of the ad and/or transcript)

17. Has the Firm or any of its members or former members (while associated with the Firm), in the past five years provided services in any way related to a security or to activities or transactions (whether or not consummated) which are or maybe subject to the Securities Acts of 1933 and 1934, any state blue sky or securities law, and other law related to any purchase, sale or offer to purchase or sell a security or any rules or regulations issued pursuant to any of the foregoing?  Yes  No  
(If yes, please complete the **Securities Supplement**)

**Staff Information**

18. Please list professional legal personnel by category, using the following \*designations.

(Please attach a separate sheet if additional space is required.)

- O= Owner/Officer/Shareholder
- A= Associate Attorney
- P= Partner
- EA= Employed Attorney
- S= Sole Practitioner
- OC= Of Counsel Attorney
- RP= Retired Partner
- PT= Part Time Attorney (less than 20 hours a month)

Name of each Attorney	Firm Designation*	Year Admitted to the State Bar Association	Year Joined Firm	Primary Area of Practice Specialty	C.E. Yes or No.

19. Please advise the following regarding the Applicant Firm's staff:

*Total Number of Attorneys	# of Clerical Support Staff	# of Lawyers added within the past 12 months	# of Lawyers terminated or resigned past 12 months

\*If over 3 attorneys, please complete the **Risk Management Supplement**

**Risk Management**

20. Is the office computerized or automated? Yes  No

a. If yes, what parts or areas of the operation and practice are computerized or automated?

\_\_\_\_\_

b. Web site address (if any) \_\_\_\_\_

c. Does the firm or any of it's members render legal services over the Internet? Yes  No

*(If yes, please complete full details)*

\_\_\_\_\_

21. Does the Firm maintain a docket/date control system and procedures with an independent date control(s) for all litigated and non-litigated items? Yes  No

a. Does the procedure provide for the immediate entry of dates, including statutory dates, procedural dates and deadlines that are applicable to the Firm's area(s) of practice? Yes  No

b. How many independent date controls are kept? \_\_\_\_\_

c. How often are they cross-checked?  Daily  Weekly  Biweekly  Monthly

d. Does the system have a procedure for daily verification of the completion or appropriate rescheduling of events? Yes  No

e. Does the ultimate responsibility for docket/date control of litigation rest with the attorney handling the case? Yes  No

f. **On the firm's letterhead, please describe how the applicant's docket/date control system operates.**

22. Does the Firm have a procedure for maintaining clients lists and identifying any actual or potential conflicts of interest? **(Please attach a description how your system works)** Yes  No

a. Does any Firm member have check signing authority for any client? Yes  No

b. If "yes", are dual signatures required? Yes  No

c. How many suits for fees have been filed in the last 2 years? \_\_\_\_\_

d. How many have been successfully resolved? \_\_\_\_\_

e. What steps have been taken to reduce the number of suits for fees in the future? \_\_\_\_\_

f. Are client communication letters utilized for all new representation or declinations to represent? **(Please attach sample forms)** Yes  No

23. Does any current member of the Firm provide any professional services to any clients in which any Firm member or SPOUSE serves as a director, officer, partner, trustee or own any equity or financial interest? *(If yes, please complete the Outside Interest Supplement or Trustee Supplement)* Yes  No

**Claim History**

24. In the past (5) five years, has any professional liability claim or suit ever been made against the Firm, any predecessor firm, any current member of the Applicant Firm or predecessor firm or any former member of the Firm or predecessor firm? Yes  No   
*If yes, How many? \_\_\_\_\_ Please complete the **Claim Supplement** and provide currently valued company loss runs*
25. Does any attorney for whom coverage is sought know of any incident, act, error or omission that could result in a claim or suit against the Firm or any predecessor firm or any of the current or former members of the firm? Yes  No   
*If yes, How many? \_\_\_\_\_ Please complete the **Claim Supplement** and provide currently valued company loss runs*
26. Have all matters in Questions 24 and 25 been reported to the Firm's former or current insurer(s) or to the former insurer of any predecessor firm or former insurer of a current member of the Firm? Yes  No
27. Has any attorney for whom coverage is sought been refused admission to practice, disbarred, suspended, reprimanded, sanctioned or held in contempt by any court, administrative agency or regulatory body? (If yes, please provide full details) Yes  No

**Insurance History**

28. Please list the Firm's Professional Liability Insurance Coverage carried during the past five (5) years, including any periods without coverage.

Name of Insurer	Policy Period From: MM/DD/YY TO: MM/DD/YY	Limits of Liability	Deductible/Retention	Premium	Number of Lawyers

29. Does the current policy have a prior acts limitation or retroactive date? Yes  No   
 (This date should be the date which the firm first purchased claims made coverage that has been continuously renewed.)  
 If "yes", please indicate date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Please forward a copy of the expiring declarations page and all endorsements) MM DD YY
30. Has the Applicant Firm or any attorney for whom coverage is sought ever purchase an extended reporting endorsement? (If "yes", please provide date purchased and term of endorsement) Yes  No
31. In the past five (5) years, has the Firm or any Firm member ever had professional liability insurance or similar insurance declined, cancelled or non-renewed? (If "yes", please provide full details) Yes  No
32. Desired Limits: \_\_\_\_\_ Desired Deductible: \_\_\_\_\_
33. Desired Effective Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 MM DD YY
34. Please attach:
- A sample of the Firm's **Letterhead**.
  - The Firm's Martindale Hubbell listing.
  - A copy of your expiring policy declarations page and all endorsements.

**Representations**

The Applicant declares that the above statement and representations are true and correct, and that no facts have been suppressed or misstated. All written statements and materials furnished to the Company, in conjunction with this application will be incorporated by reference into this application and made part hereof.

This application does not bind the Applicant to buy, or the Company to issue the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy. The undersigned Applicant declares that if the information supplied on this application changes between the dates of this application and the time when the policy is issued, the Applicant will immediately notify the company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

\_\_\_\_\_  
Signature of the Insured, Owner, Partner or Principal

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Application Instructions:**

- This form is to be completed by the Applicant who has been involved in any claim or suit within the past five (5) years, or when the Applicant is aware of any circumstance that may lead to a professional liability claim.
- If additional space is needed, please use your letterhead.
- Please type or complete this supplement in ink.
- Please answer all questions completely.
- PLEASE DO NOT ATTACH SUIT PAPERS!
- **PLEASE include currently valued company loss runs for the past 7 years.**

1. Name of Applicant Firm: \_\_\_\_\_

2. Full name of individual(s) of firm involved in the claim: \_\_\_\_\_

3. Full name of Claimant: \_\_\_\_\_

4. Indicate whether:  Claim/Suit  Incident

5. Date of alleged error: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Claim: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YY MM DD YY

6. Additional Defendants: \_\_\_\_\_

7. IF CLOSED:

Total Loss Paid including Deductible: \$ \_\_\_\_\_

Indicate whether:  Court Judgment  Out of Court Settlement

8. IF PENDING:

Claimant's settlement demand? \$ \_\_\_\_\_

Defendant's offer for settlement? \$ \_\_\_\_\_

Insurer's loss reserve? \$ \_\_\_\_\_

Deductible? \$ \_\_\_\_\_

Is claim in Suit? Yes  No  If "Yes", Amount asked in summons? \$ \_\_\_\_\_

9. NAME OF INSURER: \_\_\_\_\_

10. Description of claim: \_\_\_\_\_

a. Alleged act, error or omission upon which Claimant bases claim: \_\_\_\_\_

b. Description of case and events: \_\_\_\_\_

c. Description of the type and extent of injury or damage sustained: \_\_\_\_\_

d. What measures have you or will you take to prevent similar claims from arising: \_\_\_\_\_

NOTICE

I understand that the information submitted herein becomes a part of my professional liability application and is subject to the same warranty and conditions. Must be signed and dated by an Owner, Partner, or Principal as duly authorized on behalf of the applicant.

\_\_\_\_\_  
Signature of Owner, Partner or Principal

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date







**NOTE: Financial Institution means any savings and loan association, bank, credit union, savings bank, banking and loan association, commercial banking institution or any similar subsidiary or affiliate thereof. Please attach a separate sheet should you need more space in order to explain your activities more fully.**

1. Name of Applicant: \_\_\_\_\_
2. Since January 1, 1981, has any member of the Applicant Firm or any of its predecessors represented any financial institution which has been declared insolvent or operated under regulatory direction or a regulatory agreement?  Yes  No

*(If yes, please provide the name and location of the financial institution, dates and nature of services provided)*

3. Since January 1, 1981, has any member of the Applicant Firm or any of its predecessors served as general counsel, CEO, Chairman, President or any other officer, director or member of any committee of any financial institution?  Yes  No

*(If yes, please provide the names of the attorney(s), dates and description of services provided, official capacity and the name and location of the financial institution represented)*

4. Since January 1, 1981, has any member of the Applicant Firm or any of its predecessors had any equity interest in any financial institution?  Yes  No

*(If yes, please provide the names of the attorney(s), dates and description of services provided, official capacity, dollar and percentage value of equity and the name and location of the financial institution represented)*

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\_\_\_\_\_  
Signature of Owner, Partner or Principal

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

1. Name of Applicant: \_\_\_\_\_
2. Does the Applicant Firm practice Entertainment Law, Investment Counseling or Money Management services?  Yes  No
- If "yes", please answer the following:
- a. Name(s) of Client(s): \_\_\_\_\_
- b. Does the Applicant Firm have authority to write or sign checks for any of your entertainment or investment clients?  Yes  No
- c. Does the Applicant Firm counsel these clients regarding their assets, or make investments from them?  Yes  No
- d. Does the Applicant Firm, or any related or controlled entity, negotiate personal appearances by your Clients or serve as an artist's manager or talent agency?  Yes  No
- e. Does the Applicant Firm negotiate or arrange financing other than normal contract negotiations?  Yes  No
- f. Does the Applicant Firm receive any compensation from lenders for arranging financing?  Yes  No
3. Has the Applicant Firm or any of its members accepted a royalty interest from any oil or gas/natural resources client?  Yes  No
4. Does, the Applicant Firm evaluate prospective clients to determine the client's financial strength, management Expertise, reputation, nature of business and any history of changing attorneys?  Yes  No
5. Does the Applicant Firm evaluate prospective clients to determine the client's financial strength, management Expertise, reputation, nature of business and any history of changing attorneys?  Yes  No
6. Does the Applicant Firm have a plan to relocate to an "off site" facility in the event of an unexpected emergency?  Yes  No
7. Does the Applicant Firm have a Peer Review program?  Yes  No
8. Is a procedure in place through which partner/shareholder files are periodically and randomly reviewed by other Partners/shareholders?  Yes  No
9. Does a Firm committee review all new cases prior to their acceptance?  Yes  No
10. For those Applicant Firms who have additional locations, is a centralized computer system (between the main office and the branches) utilized for date and docket control as well as for conflict of interest avoidance?  Yes  No
11. Please describe the Firm's fundamental position regarding risk management (please comment on any risk management systems, who in the Firm oversees such systems, is there a centralized system that includes any branch offices, is there a program in place that oversees the practice of each firm member, etc.)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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\_\_\_\_\_  
Signature of Owner, Partner or Principal

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



1. Name of Applicant: \_\_\_\_\_
2. List on a separate sheet the securities transacted the Applicant Firm has been involved with during the past three years. This information should be categorized and reported in the format shown below:
  - a. Securities registered under the Securities Act of 1933.
    - (1) Date of Offering
    - (2) Name and Address of Issuer
    - (3) Underwriter
    - (4) Dollar Size of Offering
    - (5) Description of Security
    - (6) Rating of Issue
    - (7) Accountant
    - (8) Type of Business
    - (9) Number of State in which offered
    - (10) Client Represented (issuer, selling shareholders or underwriters)
  - b. Municipal Bonds.
    - (1) Date of Offering
    - (2) Name and Address of Issuer
    - (3) Underwriter
    - (4) Dollar Size of Offering
    - (5) Description of Security (general obligation bond, revenue bond or industrial development bond)
    - (6) Bond Rating Service (i.e. Standard & Poors or Moodys)
    - (7) Bond Rating Assigned to Offering
    - (8) Client Represented (issuer, borrower or underwriters)
  - c. Private Placements and Sate Securities law filings not encompassed under a. or b. above.
    - (1) Date of Offering
    - (2) Name and Address of Issuer
    - (3) Underwriter
    - (4) Dollar Size of Offering
    - (5) Description of Security
    - (6) Rating of Issue

(7) Accountant

(8) Type of Business

(9) Number of State in which offered

(10) Client Represented (issuer, selling shareholders or underwriters)

3. During the past three years, has the Applicant Firm represented any client who has attempted or completed hostile or Contested takeovers or mergers?  Yes  No

4. What steps does the Applicant Firm take to satisfy "due diligence" requirements under Federal, State Securities Acts?

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5. Please attach a listing for each Applicant Firm member involved in securities law (also provide years of experience in the securities field):

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Signature of Owner, Partner or Principal

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Title

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Date

1. Name of Applicant: \_\_\_\_\_
2. Please advise the names of attorneys and years of experience in the intellectual property area of law below:

Name of Attorney	Years Experience

3. Please describe in detail the procedures in place for the docketing of patent/trademark/copyright deadlines:
- \_\_\_\_\_

4. Does the Applicant Firm assume responsibility for the payment of maintenance fees for any of your clients? *(If yes, please provide full details and procedures)*  Yes  No

5. Does the Applicant Firm employ the services of other companies to perform searches relating to the Applicant's Clients? *(If yes, please provide the steps taken to ensure an accurate search)*  Yes  No

6. Does the Applicant Firm expressly prohibit the acceptance of equity or other financial interest in a client's product or invention in exchange for legal services?  Yes  No

7. Please provide a breakdown by gross income the types of services rendered in the past 12 months:

Domestic and Foreign Searches	_____ %
Domestic Patent Litigation	_____ %
Foreign Patent Litigation	_____ %
Domestic Patent Prosecution/Registration	_____ %
Foreign Patent Prosecution/Registration	_____ %
Domestic Intellectual Property Licensing/Contracts	_____ %
Foreign Intellectual Property Licensing/Contracts	_____ %
Trademark/Copyright	_____ %
Other (please describe)	_____ %
<b>Total</b>	<b>100%</b>

8. When performing services for a client in a foreign country, does the Applicant Firm associate itself with a local firm to represent the client's foreign interest?  Yes  No

9. Does the Applicant Firm require the client written acknowledgement the specific territories and countries in which the PTC filing is to be made?  Yes  No

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\_\_\_\_\_  
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\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date





1. Name of Applicant: \_\_\_\_\_
2. What types of mass tort or class action cases do you handle (details regarding issues, types of products)?  
\_\_\_\_\_  
\_\_\_\_\_
3. The firm's organizational approach to handling mass tort cases (Please describe): \_\_\_\_\_  
\_\_\_\_\_
4. Number of years applicant firm has been handling mass tort cases: \_\_\_\_\_
5. How many mass tort or class action cases have you handled in the past 5 years? \_\_\_\_\_
- a. For these cases are you:  The "lead" attorney?  The "local" attorney?  The "referring" attorney
- b. Do you represent clients in other jurisdictions?  Yes  No
- If yes, where? \_\_\_\_\_
6. What types of mass tort or class action cases are handled in other jurisdictions? \_\_\_\_\_
- a. If cases are only referred to other firms, are these other firms in other jurisdictions?  Yes  No
- If yes, where? \_\_\_\_\_
- b. If cases are only referred to other firms, how is your firm compensated for these referrals? \_\_\_\_\_
- c. Of the number of mass tort cases the firm handles, what percentage cases in which the firm involves outside, local or co-counsel? \_\_\_\_\_
- d. If outside counsel is involved, provide the firm's procedure to monitor or control such cases. \_\_\_\_\_
- \_\_\_\_\_
- e. Does the applicant firm require that any firm they co-counsel, refer or accept as referrals carries their own Lawyer Professional Liability Insurance Coverage?  Yes  No
7. What percentage of your firm's billings is derived from mass tort or class action work? \_\_\_\_\_
8. What is the average dollar value of each case (potential damages)? \$ \_\_\_\_\_
9. Provide a detailed description of advertising and submit samples.
10. Please list all class action or mass tort cases currently pending.

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