

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

THIS APPLICATION IS FOR A “CLAIMS MADE AND REPORTED” INSURANCE POLICY. IF A POLICY IS ISSUED, THE LIMITS OF LIABILITY AND DEDUCTIBLE WILL APPLY TO, AND BE REDUCED BY, THE PAYMENT OF CLAIMS EXPENSES AS WELL AS DAMAGES

1. Instructions:
 - A. All questions must be answered completely. Please type or print clearly. If any questions are considered “Not Applicable,” please explain why.
 - B. If you need more space, please continue on a separate sheet and indicate question number.
 - C. Please complete application form and supplements where required.
 - D. This application and all supplement forms must be signed and dated by a principal of the firm.
 - E. Enclose a sample of current letterhead, expiring Declarations Page and Retroactive Date Endorsement with the application.

2.
 - A. Name of Applicant: _____
 Individual Partnership Professional Corp. Other
 - B. Address: _____
 City: _____ County: _____
 State: _____ Zip: _____ Federal Tax I.D. Number: _____
 - C. Telephone: (____) _____ Fax: (____) _____
 - D. Branch Office Address(es): On a separate addendum, please also list all lawyers and staff members (including a description of the duties of each staff member) at each location:

 - E. Date of Commenced Business: _____
 - F. Total Number of Lawyers: Currently _____ End of Last Calendar Year _____
 - G. Total Number of:
 Principals _____ Employed Lawyers _____ Of Counsel _____ Paralegals _____ Other Staff _____

Please complete Supplement 1.
Please complete Supplement 9 if Solo Attorney

- H. List all predecessor firms of Applicant: (A “predecessor firm” is one that has undergone a dissolution, if at least two-thirds of the lawyers in that firm as of the dissolution are now with the Applicant firm.)

Name	Dates of Existence	Total number of lawyers At Dissolution	Total number of lawyers who joined Applicant firm or predecessor firm
1.			
2.			

- I. Internet Presence:
 Applicant's web site, if any "aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa
 E-mail address of Applicant's primary contact person _____

3.

- A. Total Gross Billings/Income (whether collected or not, including, without limitation, an estimate of all fees, contingent or otherwise, or any other income derived) for:

Last Fiscal Year \$ _____ for 12 months ending: _____
 Current Fiscal Year \$ _____

- B. Indicate Percentage of "Total Gross Income" derived from:

(OVERALL TOTAL MUST EQUAL 100%)

Area of Practice	CURRENT FISCAL YEAR %	LAST FISCAL YEAR %	Additional Requirements
Banking			Please complete Supplement 2
BI/PD Plaintiff			Please complete Supplement 8
Worker's Compensation Plaintiff			
Corporate Formation/Alteration			
Mergers/Acquisition			Please describe on a separate addendum.
Entertainment*			
Investment Advice/ Financial Consulting*			
Oil & Gas			
Real Estate*			Please complete Supplement 4
Securities Practice* including Syndications/Tax Shelters/Ltd. Partnerships			
Taxation			
Sub Total			
Environmental			Please complete Supplement 10
Patent*			
Copyright/Trademark			
Estate/Probate Trust			
General Corporate			Please describe on a separate addendum.
Municipal Law			Please describe on a separate addendum
Sub Total			
Admiralty			
BI/PD Defense			
Civil Litigation			
Divorce			
Adoption or Surrogacy			Please describe on separate addendum.
Other Family Law			
Labor Law			
Bankruptcy			
Unlawful Detainer			
Worker's Compensation Defense			
Criminal			
Sub Total			
Other (Please Describe Below)			
Sub Total			

GRAND TOTAL _____% _____% MUST EQUAL 100%

*Note: If a policy is issued, Securities, Entertainment, Patent, and certain other activities mentioned in this Application will not be afforded coverage.

- C. On a gross billing basis for the current fiscal year, indicate the percentage of revenue derived from representing:
 1) Plaintiffs _____% 2) Defendants _____% 3) Others (including Petitioners respondents) _____%.
Items 1, 2, and 3 must total 100%.
- D. Does the Applicant or any of its lawyers currently, or did the Applicant or any of its lawyers at any time in the last ten (10) years prior to the signing of the Application, provide legal services to any Financial Institution? Yes No
If yes, please complete Supplement 2.
- E. Does the Applicant or any of its lawyers currently, or did the Applicant or any of its lawyers at any time in the last five (5) 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.
- F. Does the Applicant currently have, or has the Applicant at any time in the last five (5) years had, any one client or group of related accounts, which produce more than 10% of Total Gross Billings? Yes No
If yes, please attach a separate addendum explaining in detail the name and business activities of the client, the service(s) you provide or provided, areas of law involved and your relationship other than as independent legal advisor.

CONTROLS

4. **MANAGEMENT**

- A. Is the Applicant managed by a management committee? Yes No
- B. How many partners or officers comprise the management committee? _____ N/A
- C. Does the Applicant employ an administrator? Yes No
- D. What percentage of the administrator's time is devoted to the practice of law? _____ N/A
- E. Does the Applicant use a peer review system to evaluate the performance of partners or officers? Yes No N/A

5. **NEW BUSINESS**

- A. Are new clients subject to approval of the Applicant's management committee or at least two (2) partners or officers of the Applicant? Yes No N/A
- B. 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 N/A
- C. Does the Applicant maintain a system to avoid conflicts of interest? Yes No N/A
- D. Is the conflicts system computerized? Yes No N/A
- E. Is a lawyer who generates new business required to work under supervision of a partner or officer having specific expertise in the matter? Yes No N/A

6. **OUTSIDE COMMUNICATIONS**

- A. Is it the Applicant's standard practice to use engagement and disengagement letters when agreeing or declining to represent a client? Yes No
- B. Is it the Applicant's standard practice to outline in writing the Applicant's billing policy and procedure when agreeing to represent a client? Yes No
- C. Do major opinion letters have to be approved by at least two partners or officers of the Applicant? Yes No N/A
- D. Do letters to auditors have to be approved by at least two partners or officers of the Applicant? Yes No N/A

If the answer to any of these questions is no, please give written explanation.

7. DOCKET AND CALENDAR

- A. Does the Applicant maintain a docket control system and procedure with at least two (2) independent date controls? Yes No
- B. Is the docket control system and procedure computerized? Yes No
- C. Does the docket control system and procedure produce a weekly calendar? Yes No
- D. Does the docket control system and procedure cover all aspects of the Applicant's practice? Yes No
- E. Does the docket control system and procedures require lawyers to both calendar and remove from the calendar all filing dates? Yes No
- F. Are open calendar entries on the planned docket control system and procedure circulated to all lawyers or, if the Applicant is divided into formal departments, to all lawyers in the appropriate department? Yes No N/A

8. TRAINING AND SUPERVISION

- A. Does the Applicant maintain a formal training program for new lawyers as to office and court procedures? Yes No N/A
- B. Are all lawyers (including any Of Counsel) of the Applicant firm in compliance with the continuing education requirements established by the State Bar?
If no, please explain the reasons for noncompliance on a separate addendum. Yes No
- C. Are all associates of the Applicant under the direct supervision of a partner or officer? Yes No N/A
- D. Are all associates of the Applicant subject to periodic, written review? Yes No N/A

9. MISCELLANEOUS

- A. Does the Applicant firm have a policy forbidding any of its lawyers (including any of counsel) from participating as a shareholder, partner, officer or director in any client or in any of the client's related entities?
If no, please give details on a separate addendum. Yes No N/A
- B. Is any lawyer (including Of Counsel) of the Applicant firm currently participating or has participated in the past as an officer, partner, director, or shareholder in any entity other than the Applicant?
If yes, give details on a separate addendum. Yes No
- C. How many suits and fee arbitrations for collection of fees and/or recovery of costs have been commenced by the Applicant during the past five (5) years? _____
- D. How many suits, counterclaims, and fee arbitrations have been commenced against the Applicant, contesting any fees and/or costs charged by Applicant during the past five (5) years? _____
- E. What percentage of the Applicant's billings are more than 90 days overdue? _____%
- F. Does/Has any current or past lawyers, of counsels or employees of the Applicant:
 - (i) Had his/her legal license or authority to practice law revoked? Yes No
 - (ii) Have knowledge of any complaint and/or disciplinary action regarding Applicant (including any lawyer or staff member) reported to the state or local bar or ABA? Yes No
 - (iii) Been subject to any investigation, fine, sanction, reprimand, or criminal penalty related to performance of professional services? Yes No**If yes to any of the above, give the details on a separate addendum, including the date and outcome**
- G. Has Applicant or any of its past or present lawyers moved to withdraw, or been disengaged at the request of a client during the past two (2) years?
If yes, give details on a separate addendum. Yes No

10.

- A. Has the Applicant or any of its attorneys (including any Of Counsel) ever had an application or policy for professional liability insurance declined, cancelled or non-renewed? Yes No
If yes, please provide details (including date, carrier and reason(s) for action) on a separate addendum.
- B. After inquiry, have any claims or suits been made against any lawyer (including any Of Counsel) of the Applicant firm or any past/present owners, partners, shareholders, corporate officers or employees or its predecessors in business during the last five (5) years? Yes No
If yes, how many claims or suits ____, please complete enclosed Supplement 5 for each claim or suit.
- C. After inquiry, have any claims or suits been made by any lawyer (including any Of Counsel) of the Applicant firm or any of its past or present owners, partners, shareholders, corporate officers or employees or its predecessors in business during the last five (5) years (i.e., claims or suits made as a plaintiff and not as an attorney representing a client)? Yes No
If yes, how many claims or suits ____, please complete enclosed Supplement 5 for each claim or suit.
- D. After inquiry and based upon a reasonable belief, is/are any lawyer (including any Of Counsel) of the Applicant firm aware of any circumstances, allegations, or contentions as to any incident which may result in a claim being made against the Applicant or any of its past or present owners, partners, shareholders, corporate officers, of counsels or employees or its predecessors in business during the last five (5) years? Yes No
If yes, how many incidents ____, please complete enclosed Supplement 5 for each incident.

11. Please give details of previous Insurance (last five (5) years) including periods of coverage (including predecessor Applicants) and any extended claims reporting period (“tail”) coverage. INFORMATION BELOW MUST INCLUDE POLICY NUMBER

	Carrier	Policy Number	Limits Each Claim/Aggregate	Deductible	# of Attorneys	Paid Premiums	Coverages Dates Effective	
							From	To
1.						\$		
2.						\$		
3.						\$		
4.						\$		
5.						\$		

Retroactive Date of current coverage: _____

Please provide a copy of the Declarations Page of (or Endorsement to) Applicant’s current policy showing the retroactive date listed above.

12. Please state coverage Limits and Deductibles Requested:

A. Coverage Limits of Liability

\$	Any one Claim and in the Aggregate, including Costs and Expenses
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B. Deductible

\$	Each and every Claim including Costs and Expenses
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REPRESENTATION BY APPLICANT

I/We represent that the information contained herein is true as of the date that the application is executed and that it shall be the basis of the policy of insurance and deemed incorporated therein, if the Company accepts this application by issuance of a policy. It is hereby agreed and understood that this representation constitutes a continuing obligation to report to the Company as soon as practicable any material change in the circumstances of the Applicant’s practice of law, including but not limited to: size of firm, area of practice engaged in by the firm and information contained on each supplemental application submitted by the Applicant.

In applying for coverage, the Applicant agrees that in the event of covered losses he will be required to be defended by the Company lawyers. If the Applicant elects to handle a claim without in any way involving the Company, then no coverage for such claim is afforded the Applicant under the policy.

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

This application is signed on behalf of all owners, partners, shareholders, corporate officers and employees.

AUTHORIZED SIGNATURE OF APPLICANT

TITLE

Date

Effective Date Requested for this insurance

APPLICANT’S WARRANTY OF NO KNOWN AND UNREPORTED CLAIMS OR INCIDENTS

I, the undersigned, warrant on behalf of the Applicant that Applicant has no knowledge of any claims, legal or otherwise, which have been or may be made, against any entity or individual for which insurance is requested, which has not been reported previously to you or another insurance company. In addition, after making reasonable inquiries, Applicant is not aware of any act, error or omission, or allegations of any act, error or omission, or any other circumstances or incidents which could give rise to a claim as a result of the law firm’s operations or any individual’s activities on behalf of the law firm.

Applicant understands that the insurance company’s willingness to provide coverage or reinstate coverage is based on this Warranty, which shall be deemed material. Applicant also understands that all such unreported claims or incidents which later result in a claim will not be covered by the company’s policy, if issued.

AUTHORIZED SIGNATURE OF APPLICANT

TITLE

Date

PLEASE MAKE CERTAIN ALL QUESTIONS ARE ANSWERED AND THAT ALL APPLICABLE SUPPLEMENTAL FORMS ARE COMPLETED

THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL QUESTIONS ON THIS APPLICATION AND APPLICABLE SUPPLEMENTS ARE ANSWERED.

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
INDIVIDUALS FOR WHOM COVERAGE IS BEING SOUGHT

FULL NAME OF APPLICANT: _____

IN ACCORDANCE WITH QUESTION 2.G. PLEASE NAME ALL PERSONS FOR WHOM COVERAGE IS SOUGHT, WHETHER OWNER(S), PRINCIPALS, PARTNERS, OFFICERS, EMPLOYED LAWYERS, AND OF COUNSEL.

	Name	Title	Month/Year Admitted To Bar	State Bar Member Number	Date of hire by Applicant	Previous Firm
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						

Applicant hereby warrants that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts which are known, or should be known. Applicant agrees that this Supplemental Application shall become the basis for any coverage and part of any policy that is issued by the Company.

Date: _____ Signature: _____ Title: _____

ENVIRONMENTAL SUPPLEMENT

- I. In the past 5 years, has any current or past lawyer of the firm rendered written opinions to clients on the following:
- A. Land Use, zoning and real property regulatory matters? Yes No
 - B. Compliance with environmental law? Yes No
 - C. Environmental matters? Yes No
- II. In the past 5 years, has any current or past lawyer of the applicant firm provided any professional services related to the following:
- A. Potential Superfund liability and liens under Federal law Resulting from Superfund liability Yes No
 - B. Waste management projects Yes No
 - C. Written opinions connected with environmental matters transactions Yes No
 - D. SEC reporting requirements connected with environment matters Yes No
 - E. Potential liability under applicable state environmental law (e.g. State Superfund and Super lien Statutes) Yes No
 - F. Applicability of relevant state law restricting transfer of property based upon Environmental matters (e.g. ECRA) Yes No
 - G. Environmental compliance audits Yes No

If the answer to any of the above is YES, please explain on your letterhead.

- III.
- A. Does the applicant' legal services in connection with the property transfer or leasing include a procedure to evaluate such things as:
 - 1.
 - a. Whether the type of business in question creates, or may in the past have created environmental problems? Yes No
 - b. If "Yes", in writing? Yes No
 - 2.
 - a. Whether any specific site locations owned or leased now or in the past, or property to be acquired is likely to be contaminated by hazardous substances (e.g. asbestos, lead or PCBs)? Yes No
 - b. If "Yes", in writing? Yes No

- 3.
- a. Whether any specific site locations owned or leased now or in the past, or Properties to be acquired are located in, or adjacent to, ecologically sensitive Areas (such as wetlands, floodplains, aquifers or conservation areas etc.)? Yes No
- b. If "Yes", in writing? Yes No
- 4.
- a. Whether any corporate entity connected to the client including all past and present parent subsidiaries, divisions and spin-offs has ever been fined, penalized, cited or sued for violation any federal, state or local environmental law or regulation? Yes No
- b. If "Yes", in writing? Yes No
- B.
- 1.
- a. Does the applicant have a procedure which requires the investigation of potential material environmental risks before resolution of price and other central terms and conditions? Yes No
- b. If "Yes", in writing? Yes No
- C.
- 1.
- a. Does the applicant have a procedure which requires its attorneys to perform a thorough review with the client of the economic impact of known environmental considerations and potential benefits of further indication or quantification of environmental risks in property transfer or leasing transactions with potential, material environmental exposure? Yes No
- b. If "Yes", in writing? Yes No
- D.
- 1.
- a. Does the applicant have procedures which address the conduct of employees relative to the handling of material confidential information concerning environmental audits or investigation of transaction related parties? Yes No
- b. If "Yes", in writing? Yes No
- E.
- 1.
- a. Does the applicant have a procedure requiring the preservation of the written records of the firm in connection with documentation concerning disclosure of site contamination of potential buyers or lessees? Yes No
- b. If "Yes", in writing? Yes No
- F.
- 1.
- a. Does the applicant have a procedure requiring the preservation of the written records of the firm in connection with the documentation of investigation of sites, for buyers or lessees, to discover environmental damages? Yes No
- b. If "Yes", in writing? Yes No
- G.
- 1.
- a. Does the applicant have a procedure requiring its real estate lawyers to participate in in-house seminars on current environmental topics and developments and/or to attend continuing legal education seminars on current environmental developments? Yes No

Date: _____ Signature of Owner, Officer or Partner: _____ Title: _____

FINANCIAL INSTITUTIONS

FULL NAME OF APPLICANT: _____

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

SECTION A:

This supplement is to be completed by all applicants for Lawyers Professional Liability Insurance, when in the last 5 years, any lawyer associated with the applicant firm and/or its predecessors has provided legal services for your firm's financial institution or financial institution regulatory authority clients.

1. What percentage of your services are for your firm's financial institution clients?..... ____%
2. Of the percentage listed above, what percentage of these services include: ____%
 - A. Residential loan documentation, residential real estate closings/foreclosures, or title work ____%
 - B. Commercial loan documentation, commercial real estate closings/foreclosures, bankruptcy, collection or trust work.. ____%
 - C. Financial/investment advisory services ____%
(Please note that such activities are not covered under the policy for which you are applying)
 - D. Services other than A., B. and C. above ____%

Complete Section B on page 2 if either questions 3, 4 or 5 are answered "Yes."

3. Have any lawyers performed services for your firm's financial institution clients other than those listed below? Yes No

<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Collection	<input type="checkbox"/> Loan documentation
<input type="checkbox"/> Loan Workout	<input type="checkbox"/> Real estate closings	<input type="checkbox"/> Real estate foreclosures
<input type="checkbox"/> Title work/conveyances	<input type="checkbox"/> Trust work	

4. Has any lawyer:
 - A. Had any financial control over or equity interest in a financial institution? Yes No
 - B. Acted as director, officer, general counsel or committee member for a financial institution? Yes No
 - C. Been involved with the initial formation of or provided any securities services for a financial institution? Yes No
5. Are any of your firm's financial institution clients uninsured by a government agency such as the FDIC, or NCAU? Yes No

SECTION B:

Complete only if you have answered yes to any question numbered 3 through 5 of Section A. Attach additional sheets as needed.

Financial Institution and location	Is the institution insured by any government agency such as FDIC or NCUA?	Is any lawyer involved with the approval of loans?	Check any if applicable:
Name: _____ City/State _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Equity interest in this financial institution. If yes, give full particulars on a separate addendum. <input type="checkbox"/> Initial formation or securities services were provided for this financial institution. Complete Supplement 3.
Check any of the following positions held:	If the Financial Institution has been taken over by a regulatory agency, check if services were provided.		List services provided other than in Question 3 of Section A: _____ _____ _____ _____ _____
<input type="checkbox"/> NO POSITION HELD <input type="checkbox"/> DIRECTOR <input type="checkbox"/> OFFICER <input type="checkbox"/> AUDIT COMMITTEE <input type="checkbox"/> LOAN COMMITTEE <input type="checkbox"/> EXECUTIVE COMMITTEE <input type="checkbox"/> GENERAL COUNSEL - List services below <input type="checkbox"/> OTHER - List service below	<input type="checkbox"/> Prior to takeover <input type="checkbox"/> After takeover <input type="checkbox"/> Both apply <input type="checkbox"/> Not applicable Describe services provided during each time period: _____ _____ _____		

Financial Institution and location	Is the institution insured by any government agency such as FDIC or NCUA?	Is any lawyer involved with the approval of loans?	Check any if applicable:
Name: _____ City/State _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Equity interest in this financial institution. If yes, give full particulars on a separate addendum. <input type="checkbox"/> Initial formation or securities services were provided for this financial institution. Complete Supplement 3.
Check any of the following positions held:	If the Financial Institution has been taken over by a regulatory agency, check if services were provided.		List services provided other than in Question 3 of Section A: _____ _____ _____ _____ _____
<input type="checkbox"/> NO POSITION HELD <input type="checkbox"/> DIRECTOR <input type="checkbox"/> OFFICER <input type="checkbox"/> AUDIT COMMITTEE <input type="checkbox"/> LOAN COMMITTEE <input type="checkbox"/> EXECUTIVE COMMITTEE <input type="checkbox"/> GENERAL COUNSEL - List services below <input type="checkbox"/> OTHER - List service below	<input type="checkbox"/> Prior to takeover <input type="checkbox"/> After takeover <input type="checkbox"/> Both apply <input type="checkbox"/> Not applicable Describe services provided during each time period: _____ _____ _____		

Financial Institution and location	Is the institution insured by any government agency such as FDIC or NCUA?	Is any lawyer involved with the approval of loans?	Check any if applicable:
Name: _____ City/State _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Equity interest in this financial institution. If yes, give full particulars on a separate addendum. <input type="checkbox"/> Initial formation or securities services were provided for this financial institution. Complete Supplement 3.
Check any of the following positions held:	If the Financial Institution has been taken over by a regulatory agency, check if services were provided.		List services provided other than in Question 3 of Section A: _____ _____ _____ _____ _____
<input type="checkbox"/> NO POSITION HELD <input type="checkbox"/> DIRECTOR <input type="checkbox"/> OFFICER <input type="checkbox"/> AUDIT COMMITTEE <input type="checkbox"/> LOAN COMMITTEE <input type="checkbox"/> EXECUTIVE COMMITTEE <input type="checkbox"/> GENERAL COUNSEL - List services below <input type="checkbox"/> OTHER - List service below	<input type="checkbox"/> Prior to takeover <input type="checkbox"/> After takeover <input type="checkbox"/> Both apply <input type="checkbox"/> Not applicable Describe services provided during each time period: _____ _____ _____		

Applicant hereby warrants that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts which are known, or should be known. Applicant agrees that this Supplemental Application shall become the basis for any coverage and part of any policy that is issued by the Company.

Date: _____ Signature: _____ Title: _____

REAL ESTATE

Name of entity (as listed in Questions 2.A. of Application): _____

1. On a gross billing/income basis for the current and last fiscal year, please provide the average percentage of your fees derived from all real estate work involving:

Closings	_____%	Residential	_____%;	Commercial	_____%
Condo Conversions	_____%				
Escrow Agents	_____%				
Landlord/Tenant	_____%				
Syndication/Development	_____%				

(Please note that such activities are not covered under the policy for which you are applying)

Title Work (Describe)	_____%	
General (Describe)	_____%	
Other (Describe)	_____%	

2. On a gross billing/income basis for the current and last fiscal year, please provide the average percentage of your fees derived from all real estate work involving:

Limited Partnership/Syndication Offerings: (Not covered by the policy for which you are applying)
 Public _____% Private _____%

3. On a gross billing/income basis for the current and last fiscal year, what average percentage of fees were derived from:

- A. Speculative Real Estate: aaaaaa%
 (where no purchase contracts were in force at the time that actual construction of the structure began. Note: General site preparation including roads and services is not considered construction of the structure under this classification).
- B. Non-Speculative Real Estate: "aaaaaa%
 (where purchase contracts existed at the time that construction of the structure commenced).

4. What percentage of work was:

A. Residential _____% B. Commercial _____%

Note: 4.A. plus 4.B. must equal 100%

5.

A. With respect to real estate syndications/limited partnerships and speculative real estate transactions (Question 2, 3 and 4). provide:

Identity Of Attorney	Specialty	Experience In This Specialty	% Of Time Devoted To This Specialty

B. How many real estate syndications/limited partnership transactions did you work on during the last calendar year?

_____ This year? _____

C. How many speculative real estate transactions did you work on during this last calendar year?

_____ This year? _____

Applicant hereby warrants that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts which are known, or should be known. Applicant agrees that this Supplemental Application shall become the basis for any coverage and part of any policy that is issued by the Company.

Date: _____ Signature: _____ Title: _____

CLAIM OR CLAIM INCIDENT FORM

FULL NAME OF APPLICANT: _____

APPLICANT'S INSTRUCTIONS

THIS FORM IS TO BE COMPLETED IF THE APPLICANT OR ANY OTHER LAWYERS NAMED IN SUPPLEMENT 1 IS CURRENTLY OR HAS BEEN INVOLVED IN ANY CLAIM, POTENTIAL CLAIM, OR SUIT DURING THE LAST FIVE (5) YEARS AS INDICATED BY A "YES" ANSWER TO QUESTION 10.B, 10.C, or 10D PLEASE COMPLETE ONE FORM FOR EACH CLAIM.

IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY. PLEASE USE SEPARATE SHEET.
ENCLOSE SUMMONS AND COMPLAINT.

PLEASE LEAVE NO BLANKS.

1. Full name or 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 insurance company did you report this claim: _____
6. Date reported to insurance company: _____
7. Present status of claim: (Check one) Open In Suit/Arbitration Closed Potential

8. Total damages paid/outstanding: \$ _____

9. If pending:

Amount asked in summons: \$ _____

Claimant's Settlement demand: \$ _____

Defendant's offer for Settlement: \$ _____

10. Description of claim – including likelihood of outcome if pending: (Please provide enough information to allow an evaluation including area of practice out of which claim arose.)

A. Allegation upon which Claimant bases claim:

B. Description of case and events:

C. Describe steps taken to avoid similar claims:

Applicant hereby warrants that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts which are known, or should be known. Applicant agrees that this Supplemental Application shall become the basis for any coverage and part of any policy that is issued by the Company.

Date: _____ Signature: _____ Title: _____

AUTHORIZATION FOR RELEASE OF PRIOR CARRIER'S LOSS EXPERIENCE

1. Full name of Applicant: _____
2. Mailing Address: _____

3. Please provide the following information regarding the Applicant's professional liability insurance for the past five (5) years.
 - a) Name of Carrier: _____
Policy number: _____
Policy Term / Limits and Deductible: _____
 - b) Name of Carrier: _____
Policy Number: _____
Policy Term / Limits and Deductible: _____
 - c) Name of Carrier: _____
Policy Number: _____
Policy Term / Limits and Deductible: _____
 - d) Name of Carrier: _____
Policy Number: _____
Policy Term / Limits and Deductible: _____
 - e) Name of Carrier: _____
Policy Number: _____
Policy Term / Limits and Deductible: _____

I hereby authorize the release of claims information from any prior carrier for the firm(s) named in question 1 above to:

Date: _____ Authorized Signature: _____ Title: _____

“OF COUNSEL” ATTORNEYS

Please complete the following information:

OF-COUNSEL NAME:

HOURS PER WEEK WORKING FOR
APPLICANT FIRM:

Applicant hereby warrants that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts which are known, or should be known. Applicant agrees that this Supplemental Application shall become the basis for any coverage and part of any policy that is issued by the Company.

Date: _____ Signature: _____ Title: _____

P.I. PLAINTIFF ADDITIONAL INFORMATION

Full Firm Name: _____

Total number of personal injury/plaintiff cases open at present time: _____

Average number of cases being handled by each attorney at any one time: _____

Average Dollar Value of Personal Injury / Plaintiff Cases:

- _____ less than \$25,000
- _____ \$25,000-\$100,000
- _____ \$100,000-\$250,000
- _____ \$250,000-\$500,000
- _____ \$500,001 and above

What percentage of your plaintiff practice is in the following areas?

Current Year:

- _____ % Medical Malpractice
- _____ % Lawyer's Professional Liability
- _____ % Product Liability
- _____ % Employment Liability/ADA
- _____ % Other: Describe: _____

Last Calendar Year:

- _____ % Medical Malpractice
- _____ % Lawyer's Professional Liability
- _____ % Product Liability
- _____ % Employment Liability/ADA
- _____ % Other: Describe: _____

Please list the top five dollar values of your firm's open personal injury / plaintiff cases:

	<u>Expected Settlement</u>	<u>Attorney Fee</u>	<u>Net to Client</u>
1)	\$ _____	\$ _____	\$ _____
2)	\$ _____	\$ _____	\$ _____
3)	\$ _____	\$ _____	\$ _____
4)	\$ _____	\$ _____	\$ _____
5)	\$ _____	\$ _____	\$ _____

Applicant hereby warrants that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts which are known, or should be known. Applicant agrees that this Supplemental Application shall become the basis for any coverage and part of any policy that is issued by the Company.

Date: _____ Signature: _____ Title: _____

BACK-UP ATTORNEY INFORMATION

Name of Applicant: _____

If you are a sole practitioner, please provide the name of the attorney who handles your cases in your absence.

Name: _____

Address: _____

Phone Number: _____

Authorized Signature

Title

Date