

LAWYERS PROFESSIONAL LIABILITY NEW BUSINESS APPLICATION

NOTICE: This is an application for a "claims-made and reported" policy. Coverage for prior acts and claims made after termination of this policy may be restricted. Please read the policy carefully.

Firm Name: _____ Contact Name: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

E-Mail Address: _____ Website Address: _____

- On what date was the firm established (include all predecessor firms if applicable)? _____ / _____ / _____
- Complete the following regarding the firm's staffing and office locations, using an additional sheet if necessary:

| | MAIN OFFICE | OFFICE LOCATION #2 | OFFICE LOCATION #3 | OFFICE LOCATION #4 |
|------------------------------------|-------------|--------------------|--------------------|--------------------|
| City, State | | | | |
| Total number of lawyers | | | | |
| Paralegals or law clerks | | | | |
| Other administrative support staff | | | | |

- List all Predecessor Firms and their dates of existence (Predecessor Firm means any firm no longer in existence for which the applicant firm obtained the majority of such firm's assets and liabilities). If this is not applicable, check box N/A

| NAME OF FIRM | DATE ESTABLISHED OR MERGED (MM/DD/YY) | CONFIRM THE FOLLOWING: | DATE DISSOLVED (MM/DD/YY) | PERCENTAGE (%) OF ASSETS / LIABILITIES APPLICANT FIRM ASSUMED |
|--------------|---------------------------------------|--|---------------------------|---|
| | | 1. DISSOLVED 2. NAME CHANGE 3. CONTINUE TO EXIST | | |
| | | | | |

Attach additional sheet(s) if more space is needed.

- If the Applicant Firm shares office space, expenses, cases, or letterhead with any other individual, of counsel, partnership, firm or organization, please provide the name of the entity(ies) and describe the sharing relationship below (or on a separate sheet if more space is needed):

Does the above referenced entity carry professional liability insurance? Yes No

5. What was the firm's revenue for the last 12 months? \$ _____ In the 12 months before that? \$ _____

6. Does the firm have any attorneys handling any matters in states outside those listed in Question 2. above? Yes No

- If yes, how many attorneys? _____ In what states? _____
- In what areas of practice? _____
- Is each attorney licensed in every state in which they practice? Yes No

7. In the last 12 months, how many attorneys have joined the firm? _____ Departed from the firm? _____

- List all lawyers in the firm (*Use a separate sheet of paper if more space is needed.*) :

| | NAME | DESIGNATION * | OC/IC ANNUAL HOURS WORKED FOR APPLICANT FIRM | DATE OF HIRE (MM/DD/YY) | DATE ADMITTED TO BAR (MM/DD/YY) | CLE HOURS |
|----|------|---------------|--|-------------------------|---------------------------------|-----------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

* Designation: O – Officer, OC – Of Counsel, P – Partner, IC – Independent Contractor, S – Shareholder, R – Retired Partner, A – Associate

9. Provide the following information about the firm's professional liability insurance for the previous five (5) years.

| INSURANCE COMPANY | POLICY PERIOD | RETROACTIVE DATE | LIMITS/DEDUCTIBLES | PREMIUM | NUMBER OF ATTORNEYS |
|-------------------|---------------|------------------|--------------------|---------|---------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

10. Does the firm employ a full-time legal administrator or office manager? YES NO

11. List the methods used by the firm to detect and address potential conflicts of interest among clients (i.e. computer, conflict committee):

12. When a conflict of interest exists, does the firm require written disclosure to all parties? YES NO

13. Does the firm track dates and deadlines on at least two independent calendars (at least one of them being computerized), and cross-check the calendars on a weekly basis, at minimum? YES NO
If no, please describe your docket control system in detail on a separate sheet of paper.

14. Do you use the following client communication letters for all of the firm's clients:
- a. Engagement letters on new matters, outlining scope of representation, fees and billing procedures: YES NO
 - b. Declination or non-engagement letters on new matters that will not be undertaken: YES NO
 - c. Scope of service letters or engagement letters for new matters handled for existing clients: YES NO
 - d. Settlement authority letters (when applicable): YES NO
 - e. Termination or disengagement letters when completing or terminating representation: YES NO

15. Please provide the percentage (in whole numbers) of gross billable hours for each area of practice in which the firm has engaged during the past 12 months. The combined total areas of practice must equal 100%. All litigation should be coded under its respective Area of Practice Section; for example, "Tax Litigation" should be coded under "Taxation". **Any percentage in an area of practice referenced by an asterisk (*) indicates the appropriate supplement must be completed (available from your broker):**

- | | |
|--|---|
| _____ % Administrative Law | _____ % Financial Institutions/Banking * |
| _____ % Admiralty Law | _____ % Government Contracts and Claims |
| _____ % Adoption Law | _____ % Guardianship/Juvenile |
| _____ % Antitrust/Trade Regulation | _____ % Immigration and Naturalization |
| _____ % Arbitration/Mediation | _____ % Insurance Defense |
| _____ % Bankruptcy* | _____ % I. P. Copyrights & Trademarks* |
| _____ % Business Transactions & Contracts | _____ % I.P. Patents* |
| _____ % Civil Rights and Discrimination | _____ % International Law |
| _____ % Class Actions/Mass Tort* | _____ % Local Government (not bonds) |
| _____ % Collection/Repossession – Commercial* | _____ % Oil & Gas* |
| _____ % Collection/Repossession – Consumer* | _____ % Personal Injury – Defense |
| _____ % Commercial Litigation – Defense | _____ % Personal Injury – Plaintiff* |
| _____ % Commercial Litigation – Plaintiff* | _____ % Real Estate – Commercial* |
| _____ % Construction/Building Contracts | _____ % Real Estate – Foreclosure* |
| _____ % Consumer Claims | _____ % Real Estate – Land Use & Zoning * |
| _____ % Corporate & Business Formation | _____ % Real Estate – Residential* |
| _____ % Corporate Mergers and Acquisitions | _____ % Real Estate –Title* |
| _____ % Criminal | _____ % Securities or Bonds* |
| _____ % Divorce – w/ Assets < \$1M | _____ % Social Security |
| _____ % Divorce – w/ Assets \$1M - \$5M | _____ % Taxation* |
| _____ % Divorce – w/ Assets > \$5M | _____ % Wills, Trusts & Estates < \$1M* |
| _____ % Employment Law – Employee /Union * | _____ % Wills, Trusts & Estates \$1M - \$5M* |
| _____ % Employment Law – Employer /Management | _____ % Wills, Trusts & Estates > \$5M* |
| _____ % Entertainment * | _____ % Workers Compensation – Defense |
| _____ % Environmental Law | _____ % Workers Compensation – Plaintiff |
| _____ % ERISA/Employee Benefits | _____ % Other (Describe): _____ |
| | _____ % TOTAL |

16. Percentage of the firm's practice that falls within the defense area: _____%
17. Do you have any clients that represent more than 25% of your annual revenue? YES No
If yes, please provide details, including name of client, services provided to client and % of revenue derived from client.
18. Are all client invoices maintained current within 90 days? (If no, % over 90 days: _____) YES No
If over 35%, provide a separate explanation for the backlog and how the firm is bringing these accounts current.
19. In the past two (2) years, how many times has the firm sent outstanding client bills to a collection agency in order to collect fees? _____
20. In the past two (2) years, how many times has the firm sued in order to collect unpaid client fees? _____
If any fee suits, please complete table below using a separate sheet if more space is needed.

| | CLIENT No. 1 | CLIENT No. 2 | CLIENT No. 3 |
|--------------------------|--------------|--------------|--------------|
| Name of Client | | | |
| Legal Services | | | |
| Date Suit Filed | | | |
| Amount of Dispute | | | |
| Has the SOL Run? | | | |
| Status | | | |
| Date Suit Closed | | | |
| Outcome | | | |

21. In the past five (5) years, has the firm represented any high profile clients? YES No
If yes, attach a list of client name(s), dates of representation, and services provided to the client(s) by the firm.
22. In the past five (5) years, has any attorney in the firm handled any class action or mass tort litigation (regardless of what firm he or she was practicing with at the time)? YES No
If yes, please complete the Area of Practice Supplement.
23. In the past five (5) years, has your firm or any lawyer in your firm represented issuers, underwriters, or affiliates of either, with regard to the issuance, offering or sale of securities or bonds? YES No
If yes, please complete the Securities or Bond Supplement.
24. In the past five (5) years, has your firm or any attorney in your firm served as regulatory counsel, advisory counsel, general counsel, a board member, or participated in a loan committee for a financial institution? YES No
If yes, please complete the Area of Practice Supplement.
25. In the past five (5) years, has any attorney in the firm served as a Director, Officer, Trustee, Partner, or Employee or had an ownership interest or financial interest in any entity other than the Applicant firm? YES No

If yes, please complete the grid below, using a separate sheet of paper if more space is needed.

| Attorney's Name | Name of Organization | Nature of Clients Business | Profit or Non-Profit | % of Firm Billings | % of Equity Interest | Position(s) Held | Legal Services Provided | Directors & Officers protected by D&O Insurance? |
|-----------------|----------------------|----------------------------|----------------------|--------------------|----------------------|------------------|-------------------------|--|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

26. If this is a solo attorney firm, do you have a backup attorney to handle matters in case of your absence? YES No
27. During the past five (5) years, has any insurance carrier canceled or refused to renew the professional liability insurance policy covering the firm or any of the firm's attorney(s) (regardless of what firm he or she was practicing with at the time) for any reason other than the carrier's withdrawal from the market (not applicable in Missouri)? YES No
If yes, please provide details, including the name of the carrier, the dates and the reason for this action.
28. In the past five (5) years, has any attorney been the subject of a bar complaint, bar grievance, denied the right to practice, suspended from practice, disbarred, reprimanded, or had other disciplinary action by any court or administrative agency? YES No
If yes, please provide details and all official bar correspondence on the matter.
29. In the past five (5) years (or earlier, if the claim is still open), how many claims or incidents have been alleged or otherwise active against attorneys in the firm (past and present)? _____
For each, complete a Claim Supplement and provide currently valued five (5) years of loss runs.
30. Are you or any member of the firm aware of any incident, act, error or omission that may result in a claim or disciplinary action being brought against the firm, which you have not mentioned in questions 28. or 29.? YES No
If yes, complete a Claim Supplement for each referenced matter and provide currently valued five (5) years of loss runs.

****It is recommended that you report any incidents, acts, errors or omissions to your current carrier. Please note that any incident, error, or omission of which you are currently aware will not be covered by a subsequently issued claims made policy.**

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Arkansas, Louisiana, New Mexico, and West Virginia Fraud Warning:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Colorado Fraud Warning:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance benefits, and/or civil damages. In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department or regulatory agencies. **D.C. Fraud Warning:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. **Florida Fraud Warning:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. **Maryland Fraud Warning:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Minnesota Fraud Warning:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime. **Ohio Fraud Warning:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. **Oregon Fraud Warning:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime. **Pennsylvania Fraud Warning:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Tennessee Fraud Warning:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. **Maine, Virginia and Washington Fraud Warning:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and a denial of insurance benefits.

NOTICE TO APPLICANT – PLEASE READ CAREFULLY BEFORE SIGNING

THE APPLICANT AND FIRM ACCEPTS NOTICE THAT ANY POLICY ISSUED WILL APPLY ON A “CLAIMS-MADE AND REPORTED” BASIS. The undersigned is authorized by and acting on behalf of the Applicant and represents that all statements and particulars herein are true, complete and accurate and that there has been no suppression or misstatements of fact and agrees that this application shall be the basis of coverage.

THE APPLICANT AND FIRM ACCEPTS NOTICE THAT THEY ARE REQUIRED TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OF ANY CHANGES TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE.

Print Name

Title

Signature of Owner, Partner, Principal, Officer, or Member of the Applicant Firm

Date

PLEASE SUBMIT A SAMPLE OF THE APPLICANT’S LETTERHEAD WITH THIS APPLICATION. INCOMPLETE, UNSIGNED AND UNDATED APPLICATIONS WILL BE RETURNED FOR COMPLETION.

| | |
|---|---------------------------------|
| BROKER NAME: | |
| AGENCY NAME: | |
| TAXPAYER ID NO.: | PRODUCER LICENSE NO. AND STATE: |
| PRODUCER’S ADDRESS (No., Street, City, State, and Zip): | |