

B. INSURANCE COVERAGE

1. CURRENT LIMITS OF LIABILITY

- \$250,000/500,000
 \$500,000/1,000,000
 \$1,000,000/1,000,000
 \$2,000,000/2,000,000
 \$5,000,000/5,000,000
 Other:

2. CURRENT DEDUCTIBLE

- \$1,000
 \$2,500
 \$5,000
 \$10,000
 \$25,000
 Other: \$

If different Limits or Deductible are desired, please indicate below:

Limit Requested \$

Deductible Requested: \$

3. Do you currently have a prior acts date or retroactive date applicable to the entire firm? Yes No
If "Yes", indicate the date on current Declarations page:

4. What year did you first obtain professional liability coverage?

5. Have you maintained coverage continuously since that date? Yes No

6. Do you currently have any endorsements attached to your policy restricting coverage to the firm?
 Yes No *If "Yes", please attach a copy to your application.*

7. Are you providing coverage for any predecessor(s)? A predecessor is defined as an individual or entity engaged in the practice of law whose financial assets and liabilities you are the majority successor in interest. Yes No

8. Please list all primary and excess lawyers' professional liability insurance policies carried during the past five (5) years, include any period without coverage.

Policy Period	Insurer	Limits of Liability	Retention	Premium	Number of lawyers	
			\$	\$		<input type="checkbox"/> Primary <input type="checkbox"/> Excess
			\$	\$		<input type="checkbox"/> Primary <input type="checkbox"/> Excess
			\$	\$		<input type="checkbox"/> Primary <input type="checkbox"/> Excess
			\$	\$		<input type="checkbox"/> Primary <input type="checkbox"/> Excess
			\$	\$		<input type="checkbox"/> Primary <input type="checkbox"/> Excess

9. Have you ever purchased an extended reporting period endorsement? Yes No
If "Yes", provide details on a separate sheet.

C. AREAS OF PRACTICE

1. Please identify **your** area(s) of practice based on your firm's gross billings.

Area of Practice	Last year	This year	Current breakdown within particular area of law: (should equal 100%)					
Admiralty/Maritime	%	%	%	Plaintiff	%	Defense	%	Other
Alternative Dispute Resolution	%	%						
Antitrust	%	%	%	Plaintiff	%	Defense	%	Other
Appellate	%	%						
Business Formation & Alteration	%	%	%	Formation/ Dissolution	%	Mergers & Acquisitions	%	Other
Business Transactions- Corporate & Commercial	%	%	%	Public Corporation	%	Private Corporations/ Individuals	%	Other
Civil Rights & Discrimination	%	%	%	Plaintiff	%	Defense	%	Other
Bankruptcy/Collection/Foreclosure	%	%	%	Creditor	%	Debtor	%	Court Appointed Trustee
Business & Commercial Litigation	%	%	%	Plaintiff	%	Defense		
Construction Law/ Building Contracts	%	%	%	Plaintiff	%	Defense	%	Transactional
Consumer Claims/ Administrative Law	%	%						
Criminal Law	%	%						
Employee Benefits	%	%						
Entertainment Law	%	%	%	Incl. Money Mgmt.	%	Excl. Money Mgmt.		
Environmental Law	%	%	%	Plaintiff	%	Defense	%	Other
Estate, Probate & Trust	%	%	%	Estate Planning	%	Trust Administration	%	Other
Family Law	%	%	%	Divorce	%	Adoption	%	Other
Federal, State & Local Government	%	%	%	General or Financial Advice	%	Defense	%	Other
Financial Institutions	%	%	%	General Counsel	%	Regulatory Counsel	%	Other
General Civil Litigation	%	%	%	Plaintiff	%	Defense		
Health Care	%	%	%	Plaintiff	%	Defense	%	Other
Immigration & Naturalization	%	%						
Insurance Defense	%	%	%	Litigation	%	Coverage	%	Other
Intellectual Property	%	%	%	Patent	%	Trademark/ Copyright	%	Litigation
Labor & Employment	%	%	%	Managemen	%	Union/Labor	%	Other
Natural Resources/ Oil & Gas	%	%	%	Plaintiff	%	Defense	%	Other
Real Estate	%	%	%	Commercial	%	Residential	%	Other
Securities/Bonds	%	%						
Taxation/Tax Opinions	%	%	%	Personal	%	Corporate	%	Other
Workers' Compensation	%	%	%	Employer	%	Employee		
Other (Please describe)	%	%						

Complete the appropriate area of practice Supplement if your firm provides services in the following areas:

- | | | | | |
|--|--|--|--|---|
| <ul style="list-style-type: none"> • Bankruptcy & Collection • Plaintiff | <ul style="list-style-type: none"> • Entertainment • Real Estate | <ul style="list-style-type: none"> • Estate/Probate/Trust • Securities/Bonds | <ul style="list-style-type: none"> • Financial Institutions | <ul style="list-style-type: none"> • Intellectual Property |
|--|--|--|--|---|

2. Please provide the following financial information for your firm:

	Latest Fiscal Year ending	1st Prior Fiscal Year ending	2nd Prior Fiscal Year ending
Gross Revenues	\$	\$	\$
Net Income	\$	\$	\$

3. Is any of your work performed in jurisdictions outside the United States or for non-U.S. clients? Yes No
If "Yes", describe the nature of that work, including percentage of gross billings associated with this portion of your practice.

4. Is any of your work performed in jurisdictions outside the states where you have office locations? Yes No
If "Yes", identify the type of work done and the jurisdiction:

5. Does any of your work involve representation of plaintiffs in class action or mass tort litigation? Yes No
If "Yes", complete the Plaintiff Area of Practice Supplement.

6. What is the total percentage of work attributed to defense representation? %

7. List the total number of:
 a. Current lawyers
(Complete the Individual Lawyer(s) Supplement for each lawyer in the firm.)
 b. Lawyers leaving the firm in the last twelve (12) months
 c. Lawyers joining the firm in the last twelve (12) months
 d. Total number of non-lawyer employees

8. Do you share office space with any firm or lawyer(s) who is/are not members of your firm? Yes No
If "Yes", describe the arrangement and list all lawyers by name. Use separate sheet.

9. Have any of your clients or former clients declared bankruptcy or become insolvent in the last year? Yes No
If "Yes", describe services rendered, if these services were other than bankruptcy-related services:

10. Please provide the following information about your five (5) largest clients:

	Client Name	Year First Represented	Nature of Legal Services Provided by Applicant	Percent of Gross Billings
1.				%
2.				%
3.				%
4.				%
5.				%

D. INTERNAL POLICIES AND PROCEDURES

Client Intake and Conflict Avoidance

1. Do you use a centralized computerized system to maintain client lists and check conflicts of interest? *If "No", indicate method used to check conflicts within your firm* Yes No

2. Do you have a common process applicable to all lawyers and practice groups regarding client intake procedures? Yes No

3. Does this process include approval of at least one non-interested partner, the management committees or other committee before the client is accepted? Yes No

4. Is a background check performed on every new client prior to acceptance? Yes No

5. Does the background check include: *(Check all that apply)*

pending /prior litigation?
 financial/credit check?
 representation history?
 none of the above?
 not applicable.

 Yes No

6. If a conflict of interest is determined, do written procedures require review by a disinterested party (such as a managing partner, managing committee or other governing body) and written waiver signed by the parties prior to work beginning? Yes No

7. Do you require an engagement letter before each new matter is accepted? *If "No", why not?* Yes No

8. Do you require a non-engagement letter for each matter that is declined? Yes No

9. Do you file suits for fees against clients or former clients of the firm? *If "Yes", please complete Fee Suit Supplement.* Yes No

Docket & Calendar Systems

- 1. Do you use case management and docket control software?
If "No", indicate method used to docket and calendar matters within your firm: Yes No
- 2. Is this system centralized and maintained by a central docket clerk or facility? Yes No
- 3. Does this system automatically track statutes of limitations in the applicable jurisdiction(s)? Yes No
- 4. Is the data updated at least daily and backed up or stored off-site? Yes No

Training and Supervision

- 1. Are all new associates of the firm required to participate in training which includes:
(Check all that apply)
 firm procedures local rules
 ethics/rules of professional conduct
 litigation/ trial techniques Yes No
- 2. Are all lawyers in the firm currently compliant with local CLE requirements? Yes No
- 3. Do you require at least an annual review of every associates work? Yes No
- 4. Do you require at least an annual review of all partners work? Yes No
- 5. Do you have a formal process to evaluate the performance of your non-lawyer staff? Yes No
- 6. Does the firm have part time or independent contractor attorneys? *If "Yes":*
 - a. How many?
 - b. What is the method utilized to supervise the work of these attorneys?
 - c. Is the firm's conflict of interest system updated to include potential related conflicts? Yes No

Outside Interests

- 1. Do you or any of the firm's lawyers:
 - a. Serve in a position of Director, Officer, or Partner of any client business or organization? Yes No
 - b. Hold an equity or debt interest in any business or organization that is also a client of your firm? Yes No
 - c. Serve as an employee of any business or organization other than your firm? Yes No

If "Yes" to any part of the above question, complete an Outside Interests Supplement.

2. Does the firm or any of its individual lawyers partially or wholly own ancillary business? Yes No

If "Yes", complete the following questions:

- a. What is the name of the entity?
 b. What services does the entity provide?
 c. Is it wholly owned? Yes No
 If "No", indicate what percentage of ownership: _____ %
 d. Are the employees of the entity also employees of the firm? Yes No
 e. Are the clients of the entity also clients of the firm? Yes No

3. Are firm members allowed to enter into business ventures with clients? Yes No
 If so, are conflict waivers obtained? Yes No

E. CLAIM HISTORY

Important Note: You must report any known claim, suit, or incident, act or omission, fact, circumstance, situation, transaction or event that may in the future give rise to a claim or suit, to your current professional liability insurer before the claims-reporting period under that policy expires. Any claim or suit arising from such known claim, suit, incident, act or omission, fact, circumstance, situation, transaction or event would not be covered under the proposed insurance.

1. During the past five (5) years, has any claim or suit been made against you, your firm or any other member of your firm arising out of the provision of professional legal services? Yes No

If "Yes", complete a Claim Supplement for each such claim or suit.

2. Are you or any member or employee of your firm aware of any fact, circumstance, situation, transaction, event, act, error or omission which might reasonably be expected to give rise to a claim? Yes No

If "Yes", complete a Claim Supplement for each such fact, circumstance, situation, transaction, event, act, error or omission.

3. Have you or any member of your firm ever been disbarred, refused admission to practice law, suspended, reprimanded, sanctioned, fined, placed on probation, held in contempt or been the subject of any disciplinary complaint, grievance or action by any court, administrative agency or regulatory body? Yes No

If "Yes", provide full details on a separate sheet.

F. FRAUD WARNINGS

GENERAL: Any person who knowingly and with intent to defraud any insurance company or another 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 is a crime and subjects the person to criminal and civil penalties.

NOTICE TO ARKANSAS, MINNESOTA, AND OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she 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, which is a crime.

NOTICE TO COLORADO APPLICANTS: 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, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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 of regulatory agencies.

F. FRAUD WARNINGS (cont.)

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA, NEW MEXICO AND RHODE ISLAND APPLICANTS: 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 civil fines and criminal penalties.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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, or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: 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.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON AND TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

G. SIGNATURES AND AUTHORIZATIONS

The undersigned, as authorized representative of the firm and all entities and individuals proposed for this insurance, declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application and any attachments of information submitted with this application are true and complete.

The information in this application is material to the risk accepted by the Underwriter. If a policy is issued it will be in reliance by the Underwriter on the application, and the application will be the basis of the policy.

The Underwriter is authorized to make any inquiry in connection with this application. The Underwriter's acceptance of this application or the making of any subsequent inquiry does not bind the Underwriter to complete the insurance or issue a policy or obligate the applicant to purchase the insurance.

If the information in this application materially changes prior to the effective date of the policy, the applicant will immediately notify the Underwriter, and the Underwriter may modify or withdraw any quotation or agreement to bind insurance.

FIRM:		
BY: <i>(partner, member, officer or shareholder of the applicant firm)</i>	TITLE:	DATE:

Notice: This application must be signed by a Partner, Member, Officer or Shareholder of the applicant firm, acting as the authorized agent of the firm and all entities and individuals proposed for this insurance.

RETURN THE COMPLETED APPLICATION AND ALL SUPPLEMENTS AND ATTACHMENTS TO YOUR INSURANCE AGENT OR BROKER

INSURANCE AGENT OR BROKER MUST COMPLETE THE FOLLOWING:

Broker or Agent Name:			
Soliciting Producer Name:			
Broker or Agent License No.	City	State	Date Submitted