

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 the 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		1Foreclosures	
Traffic Law		Insurance Defense		Medical Malpractice Defense	
Workers Comp Defense		Labor Management		Taxation	
TOTAL GROUP A		TOTAL GROUP B		TOTAL GROUP C	

Area of Practice Group D.	PCT	Area of Practice Group E.	PCT	Area of Practice Group F.	PCT
1Banking/ Financial Institutions		4Admiralty		Bonds / Bond Financing	
Civil Litigation Plaintiff		4BI/PI 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 Opinions		Real Estate Syndication		Sports / Entertainment Agent	
Title Law		4Workers Comp Plaintiff		Other (Please describe)	
TOTAL GROUP D		TOTAL GROUP E		TOTAL GROUP F	

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 percentages on a gross billings basis of the real estate income for the past 12 months:

Service:	Percentage
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 %

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 provide 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? Yes No

(Please attach a description how your system works)

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? Yes No

(Please attach sample forms).

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? Yes No
*(If "yes", please complete the **Outside Interest Supplement** or **Trustee Supplement**).*

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? Yes No
(If "yes", please provide full details)

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? (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? Yes No
(If "yes", please provide date purchased and term of endorsement)
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? Yes No
(If "yes", please provide full details)
32. Desired Limits: _____
33. Desired Deductible: _____
34. Desired Effective Date: ____/____/____
MM DD YY
35. **Please attach:**
a. A sample of the Firm's **Letterhead**.
b. The Firm's Martindale Hubbell listing.
c. 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 date 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

OUTSIDE INTEREST SUPPLEMENT FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

1. Name of Applicant Firm: _____
2. Name of client: _____
3. Date of affiliation with client: / /
MM DD YY
4. Nature of client's or entity's business: _____
5. Services provided to the client: _____
6. Name of individual with relationship to client: _____
7. Position held in relationship to Question 2 above: _____
8. Percent of Equity held: _____% Dollar value \$ _____
9. Annual percentage of Applicant Firm's gross billings derived from this client: _____%
10. Name of individual who performed services for client in Question 2 above: _____
11. Current client listed under Question 2? Yes No

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

PERSONAL INJURY / BODILY INJURY / PROPERTY DAMAGE / CIVIL RIGHTS / DISCRIMINATION PLAINTIFF LITIGATION SUPPLEMENT FOR LAWYERS PROFESSIONAL LIABILITY

1. Name of Applicant:
2. Please advise the names of attorneys and years of experience in the personal injury/bodily injury/property damage/civil rights/discrimination plaintiff areas of law below:

Name of Attorney	Years Experience

Use additional sheets if necessary

3. Average caseload per attorney on an annual basis: _____.
4. Type of plaintiff cases handled: _____
5. Percentage of cases: Settled before trial _____% Case tried to conclusion: _____% Other _____%
6. What is the estimated average dollar size of judgments, awards and settlements in BI/PI or Civil Rights/Discrimination Plaintiff cases?
\$ _____
7. Has the Applicant Firm ever handled, currently handle or intend to handle or be involved with any class action/mass tort litigation matters? *If Yes, please complete our Class Action/Mass Tort Supplement.* Yes No
8. Has the applicant had referral or split fee arrangements within the last 2 years? Yes No
If Yes, please provide full details (including number of matters annually, types of litigation referred and does the applicant require other Lawyers or Law Firms to maintain their own lawyers professional liability coverage)
9. Please describe three (3) largest settlements/awards within the past 12 months and type of cases involved.

DOLLAR AMOUNT

TYPE OF CASE

\$ _____

\$ _____

\$ _____

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FINANCIAL INSTITUTION SUPPLEMENT FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

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 In 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 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 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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RISK MANAGEMENT SUPPLEMENT FOR LAWYERS PROFESSIONAL LIABILITY

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 for 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 accept a royalty interest from any oil or gas / natural resources client? Yes No
4. Does, or has the Applicant Firm ever accept(ed) any arrangements in which a client pays for the Applicant's Services with securities or other non-cash payments, offsets etc. of the client? 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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SECURITIES PRACTICE SUPPLEMENT FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

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 States 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 (ie. Standard & Poors or Moodys)
 - (7) Bond Rating Assigned to Offering
 - (8) Client Represented (issuer, borrower or underwriters)

 - c. Private Placements and State 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 States 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?

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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Title

Date

PATENT / TRADEMARK / COPYRIGHT SUPPLEMENT FOR LAWYERS PROFESSIONAL LIABILITY

7. Name of Applicant: _____

8. Please advise the names of attorneys and years of experience in the intellectual property area of law below:

Name of Attorney	Years Experience

9. 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? Yes No
(If "yes", please provide full details and procedures)

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

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)	_____%
Total	100%

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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Date

MASS TORT / CLASS ACTION SUPPLEMENT APPLICATION

1. Name of Applicant:

2. What types of mass tort or class action case 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 jurisdiction? 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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Title

Date