

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY. EXCEPT AS OTHERWISE PROVIDED, THE POLICY WILL COVER ONLY CLAIMS FIRST MADE AGAINST THE APPLICANT AND REPORTED TO THE INSURER DURING THE POLICY PERIOD.

PLEASE NOTE THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES SHALL BE REDUCED AND MAY BE COMPLETELY EXHAUSTED BY PAYMENT OF CLAIMS EXPENSES. DAMAGES AND CLAIMS EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE.

Notes to Applicant:

- **Complete all questions in full in BLOCK CAPITALS or type**
- **If space is insufficient to answer any questions, please complete them on an additional sheet**
- **Application must be signed and dated by a principal of the Applicant**

1. Name of Applicant: _____

2. Address of Applicant: _____

Telephone: _____ Fax Number: _____

Web Page: _____

3. Date Firm First Established: ____ / ____ / ____

4. Please indicate type of company:

Professional Association Limited Liability Partnership Sole Proprietor

Professional Corporation Limited Liability Corporation Other _____

5. Indicate the firm's total gross revenues

Most recent fiscal year \$ _____ Estimate for next year\$ _____

Prior Year \$ _____

6. By category, how many attorneys are in the firm?

Owner _____

Equity Partner _____

Non-Equity Partner _____

Officer _____

Employed _____

Of Counsel _____

Total _____

What is the total number of clerks, secretaries, paralegals, investigators and other support staff? _____

7. Does the firm practice from additional locations? Yes No
 If "Yes", please list all locations using Supplement A

8. During the past 5 years, has the firm closed an associated office or had 5 or more attorneys leave the firm together? Yes No
 (If yes, please describe in full using Supplement A)

9. Has the firm name ever changed or has there been any acquisition, consolidation, dissolution, merger or change in business organization? Yes No
 If "Yes", please explain using Supplement A

List all Predecessors of the firm

(Predecessor means any partnership, professional association limited liability partnership or limited liability corporation engaged in legal services; and to whose financial assets and liabilities the firm is the majority successor in interest and of which the firm retained 50% or more of its attorneys.)

10. Does any single client represent 10% or more of the applicant's total gross billings? Yes No
 (If Yes, please complete the following table.)

Name of Client	Nature of Business	Date first became a client	% of Gross Billings

11. Has any current or former attorney of the firm served as a director, officer or partner in a fiduciary capacity for any current or former client? Yes No

12. Does any attorney have any ownership interest in any current or former client? Yes No

13. Does the applicant have written policies governing:
 a) Attorneys who serve as a director, officer, partner or in a fiduciary capacity for any client? Yes No
 b) The trading and/or investing by its attorneys in securities of clients and the disclosure of such activity to the applicant? Yes No

(If No, please explain using Supplement A)

14. Has any attorney been refused admission to practice, disbarred, suspended or formally reprimanded, or been subject to any disciplinary proceedings within the last 5 years? Yes No

(If Yes, please provide dates, allegations, outcome and date of reinstatement on a Supplement A)

15. Please complete the Area of Practice supplement or provide the same information in a format produced by the firm's own systems.

CALENDAR AND DOCKET CONTROL

- 16. Does the firm have at least two independently maintained calendars on which litigated and non-litigated items are entered by separate individuals? Yes No
- 17. Is at least one calendar computerized? Yes No
- 18. Do your procedures provide for immediate entry of all dates? Yes No
- 19. Does your system have a procedure for daily verification of the completion, or the appropriate rescheduling of events? Yes No
- 20. Are the calendars cross-checked at least weekly by separate individuals? Yes No
- 21. Does ultimate responsibility for docket control rest with the attorney responsible for the matter? Yes No
- 22. Are calendar entries circulated to all attorneys and support staff? Yes No

INTERNAL PROCEDURES

- 23. Which of the following tools are used to identify and avoid conflicts of interest?
Oral/Memory Conflict Committee
Index File Computer
Other _____
- 24. Does the conflict of interest system allow for the cross-checking of conflicts between former, existing or potential clients of the applicant and all individual attorneys before accepting new clients or new matters? Yes No
- 25. Does the firm have a detailed questionnaire for evaluating prospective new clients? Yes No
- 26. Does the opening of new matters require the approval of more than one attorney? Yes No
- 27. Does the firm generate terms of representation or engagement letters for all of its clients? Yes No
- 28. Does the firm notify clients in writing when its services are completed and when a relationship is terminated? Yes No
- 29. Does the firm notify clients or prospective clients in writing when it declines to represent them? Yes No
- 30. Does the firm use contract attorneys or refer legal work, retaining a portion of the fees? Yes No
If Yes, does the firm obtain the written consent of the client to such arrangement? Yes No
- 31. How many suits for collection of fees have been filed by the Applicant during the past two years? _____

32. Do suits for collection of fees have to be approved by the Applicant's management committee? Yes No
33. What percentage of the Applicant's billings are more than 90 days overdue? _____%
34. What is the largest amount currently owed by a client to the firm? \$_____

INSURANCE COVERAGE REQUESTED

35. Is professional liability insurance in favour of the Applicant currently in force? Yes No

If yes, please indicate:

- a. The insurance carried for each of the past five (5) years:

Carrier	From (mm/yy)	To (mm/yy)	Limit / Agg. Limit	Deductible	Premium	No of Lawyers Covered

- b. The current retroactive date: _____

- c. Is the current policy endorsed to limit or exclude coverage? Yes No

(If Yes, please provide a copy of the endorsement. If not available, describe using Supplement A)

- d. Has the firm ever purchased Extending Reporting Period coverage? Yes No

(If Yes, indicate effective date of the endorsement or coverage ____ / ____ / ____ and the length of the reporting period: ____ years. Please provide a copy of the endorsement.)

36. Please indicate the insurance that the Applicant is requesting:

- a. Per Claim Limit: US\$ _____
- b. Aggregate Limit: US\$ _____
- c. Deductible: US\$ _____

Coverage requested to be effective on ____ / ____ / ____

37. During the past five years has any insurance company declined, cancelled or refused to renew cover for the Applicant? Yes No

If "Yes", please provide details: _____

38. Is the Applicant aware of any errors, omissions or claims (including any circumstances reported to previous insurers which have not developed into claims) during the last ten years? Yes No

If "Yes", please complete the claims information supplement (Attachment 'A')

IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES WILL BE EXCLUDED FROM THE PROPOSED INSURANCE.

39. Has the Applicant been a party to any lawsuit or other legal proceeding within the past five years? Yes No

If yes, please provide (on Attachment 'B') a description which includes the venue of the action, the parties, the amount at dispute, the nature of the claim(s), the status of the action(s) and how the action(s) was resolved as to the applicant, including all costs incurred and defense expenses.

40. Is the Applicant aware or does the Applicant have any knowledge or information of any act, error, omission, fact or circumstance which may give rise to a claim which may fall within the scope of the proposed insurance?

Yes No

IF SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM ARISING THEREFROM WILL BE EXCLUDED FROM THIS PROPOSED INSURANCE.

NOTICE: IN SOME STATES, 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. IN NEW YORK, A PERSON WHO COMMITS SUCH CRIME SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

This Application must be signed and dated by a Principal of the Applicant:

I/We hereby declare that the above statements and declarations are true and that I/we have not suppressed or misstated any material facts. I/We agree that any misrepresentation or misstatement of material facts may void coverage under the proposed Insurance. I/We agree that this application shall be the basis of the Contract with the Insurer and that coverage, if written, will be provided on a claims made basis. It is understood and agreed that completion of this application neither binds the Insurer to provide coverage nor the Applicant to purchase the insurance.

I/We agree that if the information supplied on this application changes between the date the application is executed and the time the proposed insurance policy is bound or coverage commences, the Applicant will immediately notify Underwriters in writing of such changes. Underwriters reserve its rights to modify or withdraw its proposal following such changes.

Applicants Signature: _____ Title: _____

Print Name: _____ Date: _____

ATTACHMENT 'A'
SUPPLEMENTAL INFORMATION

This Attachment must be signed and dated by a Principal of the Applicant:

Signature: _____ Date: _____

Title: _____

ATTACHMENT 'B'
SUPPLEMENTAL CLAIMS INFORMATION

- 1. Applicant's Name: _____
- 2. Full name of individual involved in the claim: _____
- 3. Full name of Claimant: _____
- 4. Date of Alleged Error: _____
- 5. Date of Claim: _____
- 6. Additional Defendants: _____
- 7. Name of Insurer advised of the claim: _____
- 8. Present Status of Claim: Open Closed In Suit
- 9. If Closed:
 - a. Total Loss paid _____
 - b. Expense paid _____
- 10. If Open:
 - a. Amount asked in Summons _____
 - b. Claimants Settlement demand _____
- 11. Defendant's offer for settlement _____
- 12. Insurer's Loss Reserve _____
- 13. * Description of Claim – if Open, include assessment of liability:
 - a. * Description of Claim and events: _____

 - b. * Allegations claim based on: _____

14. * Explain what action(s) have been taken to prevent a recurrence or similar claim:

This Attachment must be signed and dated by a Principal of the Applicant

Signature: _____

Date: _____

Title: _____

* Use additional paper as required

BI/PI PLAINTIFF SUPPLEMENT

APPLICANTS THAT INDICATE ANY PERCENTAGE OF BI/PI PLAINTIFFS WORK MUST COMPLETE THIS SUPPLEMENT. PLEASE ANSWER ALL QUESTIONS IN RELATION TO YOUR BI/PI PLAINTIFF PRACTICE ONLY.

1. Provide the percent of BI/PI Plaintiff cases and total number of BI/PI Plaintiff cases:

BI/PI Plaintiff Category (Attach any website pages in which the following are referenced)	% Of BI/PI Plaintiff Cases (This % must match the % of BI/PI Plaintiff work listed in your application)	Number of BI/PI Plaintiff Cases
Class Action/Mass Tort	%	
Automobile	%	
Product Liability	%	
Medical Malpractice (answer questions 3-6)	%	
Slip and Fall	%	
Aviation	%	
Legal Malpractice	%	
Other (describe)	%	
Total (Must match % in application)	%	

2. Average dollar value of cases:

BI/PI Plaintiff Category	Average Dollar Value of Case
Class Action/Mass Tort	\$
Automobile	\$
Product Liability	\$
Medical Malpractice (answer questions 3-6)	\$
Slip and Fall	\$
Aviation	\$
Legal Malpractice	\$
Other (describe)	\$

Answer the following if Medical Malpractice indicated in Questions 1 and 2:

3. Describe the nature of the firm's Medical Malpractice Plaintiff work:

4. Does the firm only take cases where the damages are already established? Yes No

5. Percentage of cases (must equal 100%): settled before trial: _____% tried to conclusion: _____%

6. Describe the firm's procedure for tracking the Statute of Limitation on each Medical Malpractice Plaintiff case:

The undersigned represents 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 known, or should be known.

Signature of Owner, Officer or Partner of the Firm

Title

Date

AREAS OF PRACTICE

_____ %	Administrative
_____ %	Admiralty - Defense
_____ %	Antitrust/Trade Regulation
_____ %	Arbitration/Mediation
_____ %	Banking or Financial Institutions services (other than loan documentation)
_____ %	Banking or Financial Institutions services (loan documentation)
_____ %	Bankruptcy
_____ %	Civil Litigation
_____ %	Commercial & Corporate General litigation – Defense
_____ %	Criminal
_____ %	Class Action
_____ %	Collection/Repossession
_____ %	Commercial & Corporate General Litigation – Plaintiff
_____ %	Communications (FCC)
_____ %	Construction Law
_____ %	Civil Rights
_____ %	Corporate Organisation/Formation
_____ %	Employee Benefits or ERISA
_____ %	Entertainment (no money management)
_____ %	Environmental
_____ %	Estate/Trust/Probate
_____ %	Family Law – Divorce
_____ %	Family Law – excluding Divorce
_____ %	Gambling/Casino Representation
_____ %	General Corporate/Business
_____ %	Healthcare
_____ %	Immigration
_____ %	International Law
_____ %	Insurance Coverage/Defense
_____ %	Labor Management Representation
_____ %	Labor Union Representation
_____ %	Local Government (without Bonds)
_____ %	Maritime
_____ %	Medical Malpractice - Defense
_____ %	Medical Malpractice – Plaintiff
_____ %	Mergers & Acquisitions
_____ %	Municipal Law incl. bonds.
_____ %	Oil & Gas or Mining
_____ %	Patent, Copyright or Trademark
_____ %	Pensions & Employee Benefits (ERISA)
_____ %	Public Contract Law
_____ %	Public Utilities
_____ %	Personal or Bodily Injury – Defense
_____ %	Personal Injury – Plaintiff
_____ %	Pensions & Employee Benefits (ERISA)
_____ %	Real Estate – Residential
_____ %	Real Estate - Commercial
_____ %	Real Estate – Development/Syndication
_____ %	Securities, exempt or non-exempt incl. commercial bonds
_____ %	Taxation – Personal
_____ %	Taxation – Commercial
_____ %	Title Abstracting
_____ %	Wills
_____ %	Workers Compensation – Defense
_____ %	Workers Compensation – Plaintiff
_____ %	OTHER (please describe)
_____ %	GRAND TOTAL (must equal 100%)