



**APPLICATION FOR  
LAWYERS PROFESSIONAL LIABILITY INSURANCE  
THIS APPLICATION IS FOR A "CLAIMS MADE" POLICY**

**APPLICANT'S INSTRUCTIONS**

- A. ALL QUESTIONS MUST BE ANSWERED COMPLETELY. PLEASE TYPE OR PRINT CLEARLY. IF ANY QUESTIONS ARE CONSIDERED "NOT APPLICABLE", PLEASE EXPLAIN WHY.
- B. PLEASE USE THE COMMENTS LINE(S) FOR ADDITIONAL INFORMATION OR CONTINUE ON A SEPARATE ADDENDUM INDICATING THE QUESTION NUMBER/SUPPLEMENT.
- C. PLEASE COMPLETE THE APPLICATION FORM AND SUPPLEMENTS WHERE REQUIRED.
- D. THIS APPLICATION AND ALL SUPPLEMENTS MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM.
- E. THE TERM "LAWYER" IN THIS APPLICATION SHALL MEAN ANY PARTNER, EMPLOYED LAWYER, "OF COUNSEL" OR CONTRACT LAWYER.
- F. THIS APPLICATION MAY ASK FOR DETAILS ON ACTIVITIES FOR WHICH NO COVERAGE IS PROVIDED UNDER THE INSURANCE BEING REQUESTED. PLEASE CONSULT WITH YOUR BROKER OR INSURANCE AGENT FOR DETAILS OF YOUR PROPOSED COVERAGE.

1. A. Name of Applicant: \_\_\_\_\_

Individual       Partnership       Professional Corporation       Ltd. Liability Partnership

B. Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

C. Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_  
CCMail/Internet etc.

D. If the Applicant has branch offices in other cities, please indicate the 3 largest by Gross Billings:

City: \_\_\_\_\_ City: \_\_\_\_\_ City: \_\_\_\_\_

State: Billings %      State: Billings %      State: Billings %

E. Date Commenced Business: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

F. Total Gross Billings (whether collected or not, including contingent fees) by Fiscal Year:

This Year: \$ \_\_\_\_\_ Last Year: \$ \_\_\_\_\_ Two Years Ago: \$ \_\_\_\_\_

For 12 months ending: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

G. Total number of Lawyers:

This Year: \_\_\_\_\_ Last Year: \_\_\_\_\_ Two Years Ago: \_\_\_\_\_

H. Total number of:

Partners/  
Shareholders: \_\_\_\_\_ Employed  
Lawyers/Associates: \_\_\_\_\_ Of  
Counsel: \_\_\_\_\_ Other  
Staff: \_\_\_\_\_

I. For any contract Lawyers not listed in H and employed by the Applicant in the past 12 months, please indicate:

Number of  
Lawyers Employed: \_\_\_\_\_ Billable  
Hours Worked: \_\_\_\_\_ Amount Billable  
for Their Services: \$ \_\_\_\_\_

Comments: \_\_\_\_\_

**ADDITIONAL SUPPLEMENTS**

2. A. Please complete Supplement Number 1 and attach a copy of the Applicant's letterhead.

B. Does the Applicant currently, or did the Applicant at any time:

- (i) in the last Ten years, provide Legal Services to any Financial Institution as defined in the instructions for Supplement Number 2?  Yes  No

**If yes, please complete Supplement Number 2.**

- (ii) in the last Two years perform any Securities work?  Yes  No

**If yes, please complete Supplement Number 3.**

- (iii) in the last 12 months perform any Entertainment work?  Yes  No

**If yes, please complete Supplement Number 4.**

- (iv) in any of the last Five years has any one client or group of related accounts produced more than 10% of Total Gross Billings?  Yes  No

**If yes, please complete Supplement Number 5.**

- (v) in the last Five 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.**

- (vi) if you are a Sole Practitioner, please provide details of arrangements that you have in place in the event of any long term or unforeseen absence from your practice, on a separate Addendum.  Yes  No

**ACTIVITIES**

2. C. Indicate Percentage of this years "Total Gross Billings" derived from: (OVERALL TOTAL MUST EQUAL 100%)

<u>AREA OF LAW</u>	<u>LAST YEAR</u>	<u>THIS YEAR</u>	<b>For any area of law that represents more than 10% of the Applicant's practice, complete any applicable detailed practice split.</b>		
Banking/Savings & Loan	____%	____%			
BI/PD & Personal Injury Litigation	____%	____%	____%	____%	____%
General Corporate Advice/Litigation	____%	____%	____%	____%	____%
Corporate/Partnership Formation/Alteration	____%	____%	____%	____%	____%
Real Estate	____%	____%	____%	____%	____%
Securities Practice including Syndication's Bonds/Tax Shelters/Ltd. Partnerships and Derivatives	____%	____%	____%	____%	____%
Taxation	____%	____%	____%	____%	____%
Environmental	____%	____%	____%	____%	____%
Bankruptcy	____%	____%	____%	____%	____%
Copyright/Patent	____%	____%	____%	____%	____%
Estate/Trust/Probate	____%	____%	____%	____%	____%
Municipal Law (Except bonds)	____%	____%	____%	____%	____%
Domestic Relations	____%	____%	____%	____%	____%
Admiralty Law (Except Labor Relations)	____%	____%	____%	____%	____%
Criminal	____%	____%			
Labor Relations	____%	____%	____%	____%	____%
Entertainment	____%	____%	____%	____%	____%
Oil & Gas	____%	____%	____%	____%	____%
Other: Please describe:					
_____	____%	____%	____%	____%	____%
_____	____%	____%	____%	____%	____%
<b>Overall Total:</b>	<b>100 %</b>	<b>100 %</b>			

**MANAGEMENT**

3. A. Is the Applicant managed by a management committee?  Yes  No

Comments: \_\_\_\_\_

If yes, how many Partners or Officers comprise the management committee? \_\_\_\_\_

How often has it met in the past 12 months? \_\_\_\_\_

Comments: \_\_\_\_\_

- B. Does the Applicant employ a full time non Lawyer Administrator?  Yes  No

Comments: \_\_\_\_\_

- C. Does the Applicant use a peer review system to evaluate the performance of all practicing Lawyers (including Partners) within the Firm?  Yes  No

If yes, does this include periodic review of selected case files by a Partner not handling the case?  Yes  No

Comments: \_\_\_\_\_

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**NEW BUSINESS**

(Please insert an "X" in the appropriate box, or a "W" where the response represents the Applicant's written policy.)

4. A. Are new clients and new matters subject to approval of the Applicant's management committee or at least One Independent Partner or Officer other than the Lawyer proposing to handle the case?  Yes  No

Comments: \_\_\_\_\_

- B. Does the approval process for new Clients include independent inquiries as to a Client's creditworthiness and reputation for payment of legal or other bills?  Yes  No

Comments: \_\_\_\_\_

- C. 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

Comments: \_\_\_\_\_

- D. Is a Lawyer generating new business required to associate with a Partner or Officer with specific expertise in the matter?  Yes  No

Comments: \_\_\_\_\_

- E. Does the Applicant have a written Policy with regard to accepting or not accepting a Client on a case or transaction for which the Client has already been represented by one or more predecessor Legal Counsel?  Yes  No

If yes, please summarize: \_\_\_\_\_

**CONFLICTS**

(Please insert an "X" in the appropriate box, or a "W" where the response represents the Applicant's written policy.)

5. A. How does the Applicant maintain its conflict of interest system?

Oral/Memory                       Index File                       Computer                       Other: \_\_\_\_\_

Comments: \_\_\_\_\_

B. Is the conflict search always completed prior to accepting a Client?  Yes  No

Comments: \_\_\_\_\_

C. If not, are clients accepted subject to that search and is this documented in an engagement letter?  Yes  No

Comments: \_\_\_\_\_

D. Does the system contain the following information? (Please tick as appropriate.)

- |                       |                          |  |                          |
|-----------------------|--------------------------|--|--------------------------|
| • Client Name         | <input type="checkbox"/> | • Previous firms of lateral hires employed by the Applicant  | <input type="checkbox"/> |
| • Opposing Party      | <input type="checkbox"/> | • Names of parties whose representation was declined   | <input type="checkbox"/> |
| • Client Subsidiaries | <input type="checkbox"/> | • Names of any entity in which the Applicant or any Lawyer practicing with the Applicant holds an outside interest (including, but not limited to, an Equity interest or option to purchase Equity and/or a position as a Director/Officer/Partner/Employee) | <input type="checkbox"/> |
| • Client Principals   | <input type="checkbox"/> |  |                          |
| • Opposing Counsel    | <input type="checkbox"/> |  | <input type="checkbox"/> |

Comments: \_\_\_\_\_

E. Are all Lawyers in the firm, regardless of practice area or geographical location:

- (i) able to access all conflict data held by the Applicant in their conflict search?  Yes  No
- (ii) required to access all conflict data held by the Applicant in their conflict search?  Yes  No

Comments: \_\_\_\_\_

F. Does the Applicant have a Policy not to review any privileged or confidential Client information prior to an unqualified acceptance of a Client?  Yes  No

Comments: \_\_\_\_\_

G. Are potential conflicts always referred to an independent conflict Partner or committee?  Yes  No

Comments: \_\_\_\_\_

5. H. Where representation is continued subject to conflict waivers, does the Applicant have a written policy requiring the waiver to clearly:

- (i) show the conflicting parties the nature of the conflict?
- (ii) show how it could affect the representation?
- (iii) show how the client was advised to consider consulting another Law Firm either about the conflict and/or the original matter prior to signing the waiver?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments: \_\_\_\_\_

I. With the exception of positions held with Charitable Institutions in relation to pro-bono work, does the Applicant or any Lawyer practicing with the Applicant hold an outside interest in a Client (including, but not limited to, an Equity interest or option to purchase Equity or a position as a Director/Officer/Partner/Employee)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please complete Supplement Number 4.

**OUTSIDE COMMUNICATIONS**

(Please insert an "X" in the appropriate box, or a "W" where the response represents the Applicant's written policy.)

6. A. For what percentage of cases does the Applicant:

- (i) when accepting a representation, send an engagement letter which clearly shows the scope of services to be performed and the terms and rates on which the matter will be billed? \_\_\_\_\_ %
- (ii) when declining a representation, send a non engagement letter? \_\_\_\_\_ %
- (iii) when ceasing representation, send a disengagement letter? \_\_\_\_\_ %
- (iv) incorporate a fee mediation/arbitration clause into the retainer/engagement letter? \_\_\_\_\_ %

Comments: \_\_\_\_\_

B. When declining a case in which a critical deadline or statute date may apply, does the Applicant always:

- (i) send a non engagement letter?  Yes  No
- (ii) by certified mail?  Yes  No
- (iii) which clearly warns of the importance of immediately seeking alternative representation?  Yes  No
- (iv) and the risk of losing the chance to pursue the case if a time deadline is exceeded?  Yes  No

**DOCKET AND CALENDAR**

(Please insert an "X" in the appropriate box, or a "W" where the response represents the Applicant's written policy.)

7. A. Does the Applicant maintain a central system for control of statute dates and other critical deadlines?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Comments: \_\_\_\_\_

B. Is this central system used by all Lawyers in the firm to control the critical statutory dates or deadlines applicable to their area of practice?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If no, please describe: \_\_\_\_\_

7. C. How many independent date controls are kept on each matter?  1  2  3 more than 3, please specify \_\_\_\_\_
- Comments: \_\_\_\_\_
- D. Does the Applicant use a:  Perpetual Calendar  Tickler Type  Computer
- Other (please describe): \_\_\_\_\_
- E. Is all incoming mail checked centrally for critical dates by the person(s) responsible for docket control before being distributed to the Lawyer(s) handling the matter?  Yes  No
- Comments: \_\_\_\_\_
- F. Please describe how the Applicant ensures that statutes of limitation periods entered are correct and currently applicable for a case and take into account differences according to jurisdiction, category of defendant, cause of action, etc.: \_\_\_\_\_
- G. Is a list of the pending dates and deadlines on the docket control system circulated to all Lawyers or, if the Applicant is divided into formal departments, to all Lawyers in the appropriate department?  Yes  No
- Comments: \_\_\_\_\_

### TRAINING AND SUPERVISION

(Please insert an "X" in the appropriate box, or a "W" where the response represents the Applicant's written policy.)

8. A. Does the Applicant maintain a formal training program for new Lawyers with regard to office and court procedures?  Yes  No
- Comments: \_\_\_\_\_
- B. How many Lawyers have participated in formal continuing Legal education programs of at least seven hours during the last year? \_\_\_\_\_
- Comments: \_\_\_\_\_
- C. Are all Associates under the direct supervision of a Partner or Officer?  Yes  No
- Comments: \_\_\_\_\_

### MISCELLANEOUS

(Please insert an "X" in the appropriate box, or a "W" where the response represents the Applicant's written policy.)

9. A. Do suits for collection of fees have to be approved by the Applicant's management committee or by at least two Partners or Officers?  Yes  No
- Comments: \_\_\_\_\_

9. B. What percentage of the Applicant's billings are more than 90 days overdue from the date the bill was sent out? \_\_\_\_\_ %

Comments: \_\_\_\_\_

C. How many suits for collection of fees have been filed by the Applicant during the past two years? \_\_\_\_\_

Comments: \_\_\_\_\_

D. Please explain what the Applicant has done to reduce the number of fee related disputes with clients.

(i)  Monthly billing for all Clients (ii)  Retainers for all new Clients

(iii) Reporting of overdue receivables to the management committee when they exceed a set \$ amount due:

from any one Client  to any one Lawyer

(iv)  Other: \_\_\_\_\_

E. Other than on contingent cases, what is the largest amount currently owed by a client to the firm for billed or un-billed time? \$ \_\_\_\_\_

F. Can the Applicant confirm that no Lawyers listed in Supplement 1 have been disciplined, censured, suspended, had sanctions awarded against them of over \$20,000 or been put on probation by any State Bar, Judicial Body or Regulatory Agency?  Yes  No

If no, please give details below or on a separate addendum.

Comments: \_\_\_\_\_

G. Does the Applicant have a written policy requiring complaints (by either a Client or their Counsel) to be reviewed by a Partner other than the Lawyer about whom the complaint is made?  Yes  No

Comments: \_\_\_\_\_

H. Are two signatures required for all withdrawals of funds from Custodial Accounts?  Yes  No

Comments: \_\_\_\_\_

I. Has the Applicant in the last Ten years changed the name of the Applicant?  Yes  No  
Merged with, acquired or been acquired by any other Firm or Organization?  Yes  No  
Increased or decreased in size (by total Lawyer count) by more than 20% in a single year?  Yes  No  
Are any of the above currently pending or contemplated?  Yes  No

If yes, please give full details below or on a separate addendum, including the date of the change(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**INSURANCE**

The term "after inquiry" is deemed to mean to the knowledge of any Owner, Partner, Shareholder, Associate, Employed Lawyer, of Counsel or Employee.

10. A. Has insurance of the type for which the Applicant is now applying ever been declined, canceled or had the renewal thereof refused to the Applicant?  Yes  No

If yes, please give details below or on a separate addendum.

Comments: \_\_\_\_\_

- B. After inquiry, have any claims or suits been made in the last Ten years against the applicant or any past or present Owners, Partners, Shareholders, Corporate Officers, Associates, Employed Lawyers, Contract Lawyers, Employees or its predecessors in business?  Yes  No

If yes, how many? \_\_\_\_\_

If yes, please complete enclosed Supplement Number 6.

Comments: \_\_\_\_\_

- C. After inquiry, are any persons listed in Supplement 1 aware of any circumstances, allegations, tolling agreements 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, Associates, Employed Lawyers, Contract Lawyers or Employees or its predecessors in business?  Yes  No

If yes, how many? \_\_\_\_\_

If yes, please complete enclosed Supplement Number 6.

Comments: \_\_\_\_\_

- D. Have all claims and circumstances requiring a response in questions 10B and 10C already been reported to and accepted by a current or past Insurer?  Yes  No

If no, please give full details below or on a separate addendum.

Comments: \_\_\_\_\_

11. Please give details of previous insurance purchased in the last Five years by the Applicant or predecessor firms.

<u>Carrier</u>	<u>Number of Lawyers</u>	<u>Limits Each Claim/Aggregate</u>	<u>Deductible</u>	<u>Paid Premiums</u>	<u>Coverage dates effective From To</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

12. Has any extended claims reporting period ("tail") coverage been purchased in the last 7 years?  Yes  No

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

13. Has the Applicant had continuous Professional Liability Insurance coverage for at least Five years?  Yes  No

If no, please give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

14. Is the Applicant's expiring coverage on a standard policy WITHOUT any endorsements restricting coverage?  Yes  No

Comments: \_\_\_\_\_  
 \_\_\_\_\_

15. Is there any Prior Acts restriction or Retroactive date on the Applicant's expiring policy?  Yes  No

If yes, please state the Retroactive date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

16. Please state coverage Limits and Deductibles requested:

Coverage Limits of Liability

\$ \_\_\_\_\_ any one Claim and in the Aggregate,  
 including Costs and Expenses

Self Insured Retention

\$ \_\_\_\_\_ each and every Claim,  
 including Costs and Expenses

The Applicant declares and warrants that, after inquiry, to the best knowledge of all persons to be insured the statements set forth herein and in any attachments made hereto are true and no material facts have been suppressed, omitted or misstated. Underwriters reserve the right to deny or rescind coverage on any Policy that is issued as a result of this Application if, in the statements set forth herein and in any attachments made hereto it is found that material information has been suppressed, omitted or misstated. Underwriters also reserve the right to amend the terms, conditions and limitations, coverage of any Policy that is issued as a result of this application, if subsequent to the date of this application, but prior to the inception date of such policy, there are any material alterations to the information contained herein. In the event of such material alteration, as aforesaid, the Applicant agrees to give immediate written notice to Underwriters and such notice shall attach to and form part of this application. Signing this application does not bind the Applicant or Underwriters to complete the insurance, but it is agreed that the statements and particulars contained herein will be relied upon by Underwriters should a Policy be issued. This application is signed on behalf of all Owners, Partners, Shareholders, Corporate Officers and Employees.

\_\_\_\_\_  
 AUTHORIZED SIGNATURE OF APPLICANT  
 (Must be a principal of the Applicant and a person at risk.)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 Effective Date Requested for this Insurance

PLEASE MAKE CERTAIN ALL QUESTIONS ARE ANSWERED AND THAT ALL APPLICABLE SUPPLEMENTS ARE COMPLETED.

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

**SUPPLEMENT #1**

**PROFESSIONAL  
UNDERWRITERS  
AGENCY, INC.**

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

IN ACCORDANCE WITH **QUESTION 1.H.**, PLEASE NAME ALL OWNERS, PRINCIPALS, PARTNERS, OFFICERS AND EMPLOYED LAWYERS.

NB: COVERAGE APPLIES ONLY TO WORK UNDERTAKEN FOR OR ON BEHALF OF THE APPLICANT FIRM.

**NOTE: TO LIST ADDITIONAL ATTORNEYS, PLEASE MAKE A COPY OF PAGE 2 FOR CONTINUATION OF LIST.**

	<b><u>NAME</u></b>	<b><u>TITLE</u></b>	<b><u>YEAR ADMITTED TO BAR</u></b>	<b><u>YEAR JOINED APPLICANT</u></b>	<b><u>PREVIOUS FIRM</u></b>
1.					
2.					
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30.					

	<u>NAME</u>	<u>TITLE</u>	<u>YEAR ADMITTED TO BAR</u>	<u>YEAR JOINED APPLICANT</u>	<u>PREVIOUS FIRM</u>
31.					
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60.					

**I UNDERSTAND THE INFORMATION SUBMITTED HEREIN BECOMES PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.**

\_\_\_\_\_  
**AUTHORIZED SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**DATE**

**INSTRUCTIONS  
FOR  
FINANCIAL INSTITUTIONS SUPPLEMENT #2**

**PLEASE READ BOTH CATEGORY A AND B CAREFULLY BEFORE RESPONDING.**

**IF ALL YOUR SERVICES AND/OR INVOLVEMENT'S WITH AN INSTITUTION FALL SOLELY WITHIN CATEGORY A, THEN NO DETAILS ARE REQUIRED.**

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

PLEASE NOTE: INFORMATION PROVIDED HEREIN DOES NOT CONSTITUTE NOTICE OF CLAIM OR POTENTIAL CLAIM.

**Category A**

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"><li>• Fidelity Bond Claims</li><li>• Loan Workouts</li><li>• Foreclosures</li><li>• Bankruptcy</li></ul> | <ul style="list-style-type: none"><li>• Litigation work</li><li>• Collection</li><li>• Trademark/Copyright</li><li>• Labor Law</li></ul> | <ul style="list-style-type: none"><li>• Loan Documentation and/or Loan Closing work if fees from the Financial Institution were LESS than \$50,000 in any one year.</li></ul> |
|--|--|---|

IF ALL YOUR SERVICES ARE CATEGORY A, PLEASE SIGN A BLANK COPY OF THE ATTACHED FINANCIAL INSTITUTION SUPPLEMENT.

**Category B**

**Professional Services (at any time over the last 10 years.)**

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Counsel on any matter(s) not listed in Category A including, but not limited to, Regulatory/ Disclosure/ Corporate/SEC/Stock Offerings.</li></ul> | <ul style="list-style-type: none"><li>• Loan Documentation and/or Loan Closing work if fees from the Financial Institution were MORE than \$50,000 in any one year.</li><li>• Other</li></ul> |
|---|---|

**Other Involvements (at any time over the last 10 years.)**

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Audit Committee</li><li>• Loan Committee</li><li>• Executive Committee</li></ul> | <ul style="list-style-type: none"><li>• Directorship</li><li>• Equity interest worth more than \$10,000 or 2% of Equity between all Partners and Lawyers combined.</li></ul> |
|--|--|

IF ANY OF YOUR SERVICES FOR A FINANCIAL INSTITUTION ARE CATEGORY B, PLEASE COMPLETE ONE OF THE ATTACHED FINANCIAL INSTITUTION SUPPLEMENTS PER INSTITUTION.

**SUPPLEMENT #2**

**PROFESSIONAL  
UNDERWRITERS  
AGENCY, INC.**

**APPLICATION FOR  
LAWYERS PROFESSIONAL LIABILITY INSURANCE  
FINANCIAL INSTITUTIONS**

NAME OF APPLICANT: \_\_\_\_\_

**Category B (Please fill in one Supplement per Institution.)**

Please fill in name of the Institution, even if your client was a Holding Company.

Name of Institution: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Dates of service from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

to: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Total Fees billed to the above over the last 10 years: \$ \_\_\_\_\_

<b>Professional Services (at any time over the last 10 years)</b>	
<input type="checkbox"/> Counsel on any matter(s) not listed in Category A including, but not limited to, Regulatory/Disclosure/Corporate/SEC/Stock Offerings. (Please describe below.)	<input type="checkbox"/> Loan Documentation and/or Loan Closing work if fees from the Financial Institution were MORE than \$50,000 in any one year.
	<input type="checkbox"/> Other (Please describe below.)
<b>Other Involvements (at any time over the last 10 years)</b>	
<input type="checkbox"/> Audit Committee	<input type="checkbox"/> Directorship
<input type="checkbox"/> Loan Committee	<input type="checkbox"/> Equity interest worth more than \$10,000 or 2% of Equity between all Lawyers combined.
<input type="checkbox"/> Executive Committee	

Please use the space below to provide further details on any of the above Services or Involvements including whether the Applicant was retained on an ongoing basis or only for a single transaction.

\_\_\_\_\_  
\_\_\_\_\_

Has the above Financial Institution to the best of your knowledge:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Failed, been declared insolvent, placed into receivership or liquidation?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Been merged or sold at Regulatory direction?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Been placed under any Regulatory agreement including cease and desist order?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Been the subject of Criminal/Civil Litigation by Regulators, Shareholders, Bondholders or others against the Institution, its Directors and Officers, or any of its Professional Advisors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, has the Applicant been requested to provide any verbal or written information to any Regulator, Potential Litigant or their Legal Representatives?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

\_\_\_\_\_  
**AUTHORIZED SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**DATE**

**SUPPLEMENT #3**

**PROFESSIONAL  
UNDERWRITERS  
AGENCY, INC.**

**APPLICATION FOR  
LAWYERS PROFESSIONAL LIABILITY INSURANCE  
SECURITIES LAW**

NAME OF APPLICANT: \_\_\_\_\_

What percentage of Applicant's Securities practice for past Fiscal Year involved:

- 1. A. Securities registered under the Securities Act of 1933 on behalf of Initial Public Offerings. \_\_\_\_\_%
- B. Securities registered under the Securities Act of 1933 not on behalf of Initial Public Offerings. \_\_\_\_\_%
- C. Municipal Bonds. \_\_\_\_\_%
- D. Private Placements and State Registrations, including Syndication's and Ltd. Partnerships. \_\_\_\_\_%
- E. Representations of Clients as to compliance with proxy and reporting requirements under the Securities Exchange Act of 1934 in relation to takeovers or mergers of publicly held Companies. \_\_\_\_\_%
- F. Representations of Clients as to compliance with proxy and reporting requirements under the Securities Exchange Act of 1934 other than relative to takeovers or mergers of publicly held Companies. \_\_\_\_\_%
- G. Derivatives. \_\_\_\_\_%
- H. Other Securities work (please describe): \_\_\_\_\_%  
\_\_\_\_\_%

2. Please list the main Industries that the Applicant represents on Securities work (e.g. Computer Software, Chemicals). \_\_\_\_\_  
\_\_\_\_\_

- 3. A. Does the Applicant conduct what is commonly referred to as a "due diligence" investigation when representing clients as to the Offering or Sale of Securities?  Yes  No
- B. If yes, does the Applicant make routine use of checklists in its investigations?  Yes  No
- C. During the past Five years, has the Applicant been involved in or have the knowledge of any facts which would indicate that they may be included in an investigation of administrative action by the S.E.C. or any State Agency Regulating Securities?  Yes  No  
If yes, please give details on a separate addendum.
- D. Does the Applicant require a "cold review" of every offering or disclosure document by a Lawyer who was not involved in drafting the original document?  Yes  No
- E. Does the Applicant have a procedure for obtaining a new Client's history of changing Securities Lawyers or accountants or Investment Bankers?  Yes  No
- F. What steps does the Applicant take to verify information supplied by Clients and Third Parties?  
\_\_\_\_\_  
\_\_\_\_\_

4. Please list Representation in the past Two years in a takeover or merger and tick Client Company.

<u>Name of Acquiring Company</u>	<u>Client</u>	<u>Name of Target Company</u>	<u>Client</u>	<u>Value of Transaction</u>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

5. Please list all Securities transactions in excess of \$1m which the Applicant has been involved with the past Two years and provide the following information in the spaces below.

1. Issuer..... The name of the Organization issuing the Securities
2. Issuer est..... Number of years the Issuer has been trading
3. Business..... The business activity of the Issuer (Computer Software, Real Estate, etc.)
4. Offering size..... Dollar size of Offering
5. Issuer size..... Book value of Issuer prior to Offering
6. Date..... If filed, the date of filing, otherwise the estimated date
7. Security type..... Form of Security offered e.g. Common Stock, Municipal Bond, Ltd. Partnership unit, etc.
8. Investment grade..... Please name grade and source if applicable
9. Underwriter..... The name of the Organization Underwriting the Securities
10. Accountant..... The name of the Accountant involved in this Offering
11. Client..... Please indicate your client as I = Issuer/U=Underwriter/O=Other work relied on in prospectus or offering documents.

_____		_____			_____	
<b>Issuer</b>		<b>Issuer est</b>			<b>Business</b>	
\$ _____	\$ _____	_____ / _____ / _____				
<b>Offering size</b>	<b>Issuer size</b>	<b>Month</b>	<b>Day</b>	<b>Year</b>	<b>Security type</b>	<b>Investment grade</b>
_____		_____			_____	
<b>Underwriter</b>		<b>Accountant</b>			<b>Client</b>	

_____		_____			_____	
<b>Issuer</b>		<b>Issuer est</b>			<b>Business</b>	
\$ _____	\$ _____	_____ / _____ / _____				
<b>Offering size</b>	<b>Issuer size</b>	<b>Month</b>	<b>Day</b>	<b>Year</b>	<b>Security type</b>	<b>Investment grade</b>
_____		_____			_____	
<b>Underwriter</b>		<b>Accountant</b>			<b>Client</b>	

_____		_____			_____	
<b>Issuer</b>		<b>Issuer est</b>			<b>Business</b>	
\$ _____	\$ _____	_____ / _____ / _____				
<b>Offering size</b>	<b>Issuer size</b>	<b>Month</b>	<b>Day</b>	<b>Year</b>	<b>Security type</b>	<b>Investment grade</b>
_____		_____			_____	
<b>Underwriter</b>		<b>Accountant</b>			<b>Client</b>	



<b>Issuer</b>		<b>Issuer est</b>			<b>Business</b>	
\$ _____	\$ _____	_____ / _____ / _____			_____	_____
<b>Offering size</b>	<b>Issuer size</b>	<b>Month</b>	<b>Day</b>	<b>Year</b>	<b>Security type</b>	<b>Investment grade</b>
<b>Underwriter</b>		<b>Accountant</b>			<b>Client</b>	

<b>Issuer</b>		<b>Issuer est</b>			<b>Business</b>	
\$ _____	\$ _____	_____ / _____ / _____			_____	_____
<b>Offering size</b>	<b>Issuer size</b>	<b>Month</b>	<b>Day</b>	<b>Year</b>	<b>Security type</b>	<b>Investment grade</b>
<b>Underwriter</b>		<b>Accountant</b>			<b>Client</b>	

\_\_\_\_\_  
**AUTHORIZED SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**DATE**

SUPPLEMENT #4

PROFESSIONAL  
UNDERWRITERS  
AGENCY, INC.

**APPLICATION FOR  
LAWYERS PROFESSIONAL LIABILITY INSURANCE  
ENTERTAINMENT**

1. Please attach a list of your "ENTERTAINMENT" Clients.
2. Please indicate the percentage of the Applicant's entertainment work derived from:  
Film \_\_\_\_\_% TV \_\_\_\_\_% Music \_\_\_\_\_% Sports \_\_\_\_\_% Other \_\_\_\_\_%

3. Where the Applicant has represented a combination of two or more of the following in a transaction:

Artist/Player  
Agent/Manager  
Record Company/Studio/Team  
Producer  
Lenders/Investors

Does the firm obtain and hold on file signed conflict waivers from all parties?  Yes  No

If yes, for how long has this Policy been in force \_\_\_\_\_ and when was the last transaction for which no signed conflict waivers were obtained? \_\_\_\_\_

4. Does the firm perform any money management or investment advice on behalf of its Entertainment Clients?  Yes  No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_

5. Does the firm ever bill fees based on a percentage of an Entertainment Client's income?  Yes  No

If so, at what rate? \_\_\_\_\_%

6. Please briefly describe the services rendered for Entertainment Clients:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**AUTHORIZED SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**DATE**

**SUPPLEMENT #5**

**PROFESSIONAL  
UNDERWRITERS  
AGENCY, INC.**

**APPLICATION FOR  
LAWYERS PROFESSIONAL LIABILITY INSURANCE  
CLIENT INTEREST SUPPLEMENT**

NAME OF APPLICANT: \_\_\_\_\_

Please provide details for any Entity in which the Applicant or any Lawyers practicing Law with the Applicant holds a Client interest defined as:

- A. An Equity interest or option to purchase Equity and/or
- B. A position as Director/Officer/Partner/Employee and/or
- C. Any Entity which has produced over 10% of the Applicant's total Annual Gross Billings at any time over the past Five years.

No details are required for positions held with Charitable Organizations connected with Pro-Bono services.

Name of Entity: \_\_\_\_\_

1. A. Equity Interest     Yes     No    If yes, please indicate:  
Total Market value of Equity/Options: \$ \_\_\_\_\_    % Interest if more than 1%: \_\_\_\_\_

B. Outside Position     Yes     No    If yes, please indicate:  
Name(s) of Lawyer(s) with position in entity and what position held: \_\_\_\_\_  
\_\_\_\_\_

C. More than 10% of Applicants Total Annual Gross Billings in the last Five years?     Yes     No  
If yes, please indicate:    the current % of Billings    \_\_\_\_\_ %  
highest % of any one year    \_\_\_\_\_ % in 19 \_\_\_\_\_

---

2. A. Industry/type of business: \_\_\_\_\_

B. Please describe the services rendered: \_\_\_\_\_

C. Has the Applicant firm entered into any agreement to receive compensation for services rendered in the form of an Equity interest or any option to purchase Equity?     Yes     No

D. Has the applicant performed any services for this Client in relation to the preparation of any disclosure or offering documents for Investors and/or State or Federal Regulators?     Yes     No

If yes, what steps have been taken to avoid an actual or alleged conflict of interest?  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**AUTHORIZED SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**DATE**

**SUPPLEMENT #6**

**PROFESSIONAL  
UNDERWRITERS  
AGENCY, INC.**

**APPLICATION FOR  
LAWYERS PROFESSIONAL LIABILITY INSURANCE  
CLAIM FORM**

NAME OF APPLICANT: \_\_\_\_\_

**APPLICANT'S INSTRUCTIONS**

- A. THIS FORM IS TO BE COMPLETED IF THE APPLICANT OR ANY LAWYERS NAMED IN SUPPLEMENT 1 IS CURRENTLY OR HAS BEEN INVOLVED IN ANY CLAIM OR SUIT DURING THE LAST TEN YEARS AS INDICATED BY A "YES" ANSWER TO QUESTIONS 10B OR 10C.  
PLEASE COMPLETE ONE FORM FOR EACH CLAIM.
- B. IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY, PLEASE USE SEPARATE ADDENDUM. **DO NOT** ATTACH COPIES OF SUMMONS AND COMPLAINT.
- C. PLEASE NOTE THIS SUPPLEMENT IS FOR UNDERWRITING INFORMATION AND DOES NOT CONSTITUTE NOTICE OF CLAIM. IF YOU WISH TO NOTIFY A CLAIM ON YOUR CURRENT OR EXPIRING POLICY, PLEASE CHECK THE CLAIMS PROVISIONS OF YOUR POLICY AND/OR SEEK ADVICE FROM YOUR BROKER.
- D. PLEASE LEAVE NO BLANKS.

1. Full name of individual(s) and name of firm involved in the claim:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

2. Additional defendants:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

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. From which Area of Law, as described in question 2C, did the claim or circumstance arise?  
\_\_\_\_\_  
\_\_\_\_\_

8. Please indicate present status of claim (Tick One), and fill in the spaces below as appropriate.

**OPEN CLAIM**

**CLOSED CLAIM**

Circumstance/Claim

In Suit

Closed without payment

Closed with payment

**Amounts Outstanding**

**Amounts Paid**

Amount asked in summons: \$ \_\_\_\_\_

Defense costs paid by Applicant: \$ \_\_\_\_\_

Claimant's settlement demand: \$ \_\_\_\_\_

Defense costs paid by Insurer: \$ \_\_\_\_\_

Defendant's offer for settlement: \$ \_\_\_\_\_

Damages/Settlement paid by Applicant: \$ \_\_\_\_\_

Defense costs to date: \$ \_\_\_\_\_

Damages/Settlement paid by Insurer: \$ \_\_\_\_\_

Insurers Current loss reserve: \$ \_\_\_\_\_

Date of settlement: \$ \_\_\_\_\_

9. (Please provide enough information to allow an evaluation - DO NOT ATTACH SUMMONS AND COMPLAINT)

A. Please describe the services rendered and how they relate to the Parties in this matter?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Describe plaintiff's allegation/Applicant's response and evaluation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Value of the case or transaction to your Client: \$ \_\_\_\_\_ Trial date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

D. Applicant's evaluation of value of this claim: Est Loss \$ \_\_\_\_\_  
Est Defense Costs \$ \_\_\_\_\_

Current Case Status: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Please explain what has been done to avoid a recurrence of this type of claim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS PROFESSIONAL LIABILITY APPLICATION IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS THAT THERE WILL BE NO COVERAGE AFFORDED UNDER THE PROPOSED INSURANCE FOR ANY MATTER(S) LISTED IN RESPONSE TO THIS SUPPLEMENT.**

\_\_\_\_\_  
**AUTHORIZED SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**DATE**