



APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE POLICY



PROFESSIONAL LIABILITY
INSURANCE SERVICES, INC.SM

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(CLAIMS-MADE & REPORTED BASIS)

****PREMIUM FINANCING AVAILABLE****

Instructions to Applicant:

Please read all questions and statements carefully. Answer all questions in ink. If answer is none, state "none". If space is insufficient to answer all questions, use separate sheets of paper. **Application and all attachments must be signed and dated by a partner, officer or owner of the firm. A copy of your business stationary must be attached.**

1 Name of Applicant: _____
(name of firm)
Name of Contact: _____
Address: _____
(street) (city) (county)
Telephone: _____ Fax: _____
(state) (zip code)

2. Are there other office locations? If YES, please provide details on the Detail Information Addendum. Yes No
3. a. Does the applicant share office space with other lawyers not part of the applicant firm? Yes No
b. Does the applicant share any staff? Yes No
c. Does the applicant share letterhead? Yes No

If YES to 3a, b or c, please provide details on the Detail Information Addendum

4. Date firm established: _____
5. If the Applicant is a solo practitioner, is a back-up lawyer available? Yes No
6. a. During the past three years, has the name of the Applicant been changed or has the number of lawyers in the firm altered more than 25% in any one year? If yes, provide details on the Detail Information Addendum. Yes No
- b. List all predecessor firms of Applicant during the past seven (7) years: (A predecessor firm is any legal entity which is engaged in the practice of law to whose financial assets and liabilities the Applicant is the MAJORITY SUCCESSOR IN INTEREST.) If none or not applicable, state "none" or N/A. _____

NAME OF PREDECESSOR FIRM	DATES OF EXISTENCE	OWNERSHIP PERCENTAGE CARRIED FORWARD
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. State the total number of non-lawyer personnel: _____
Receptionist _____ Paralegals _____ Accounting _____ Secretaries _____ Investigators _____
8. Is any lawyer proposed for this insurance an employee of any other organization? Yes No
If YES, provide details on the Detail Information Addendum
9. Is the Applicant engaged in full-time private practice of law? Yes No
If no, please provide details on Detail Information Addendum

10. Indicate the percentage of the Applicant's income and number of cases derived from the following types of practice (must equal 100%)

+ Provide details on the Detail Information Addendum for any percentages in these categories
++ Complete the appropriate supplemental application for any percentages listed in these categories

	Revenue Percent	# of Cases		Revenue Percent	# of Cases
Abstracting / Title			Health		
Ad Valorem Tax			Housing Court		
Admiralty – Law			Immigration		
Admiralty:			Insurance Company:		
Plaintiff ++			Plaintiff ++		
Defense			Defense		
Antitrust/Trade Regulation			International		
Appellate			Juvenile Proceedings		
Banking ++			Limited Partnerships ++		
Bankruptcy			Mediation / Arbitration		
Bonds ++			Municipal (not bond)		
Civil Rights			Oil & Gas ++		
Collection +			Personal Injury:		
Commercial Litigation:			Plaintiff ++		
Plaintiff ++			Defense		
Defense			Public Utilities		
Communication (FCC)			Real Estate:		
Copyright/Patent/Trademark ++			Residential ++		
Corporate:			Commercial ++		
Administrative Law			Securities Law:		
Formation +			Federal S.E.C. ++		
General +			Federal Exemptions ++		
Mergers and Acquisitions +			State S.E.C. ++		
Criminal			Private Placements ++		
Divorce:			Social Security Administration		
Marital Assets < \$500K			Syndication ++		
> \$500K			Taxation:		
Domestic and Family Relations:			Individual		
Entertainment +			Corporate		
Employment Practices:			Water Law		
Plaintiff ++			Wills and Trusts		
Defense			Assets < \$250K		
Environmental +			< \$500K		
Estate Planning ++			< \$1M		
Estate / Probate / Trust ++			< \$5M ++		
ERISA			Workers Compensation:		
Financial Planning/Counseling+ or			Plaintiff ++		
Investment Planning/Counseling+			Defense		
Foreclosure / Repossession			Other +		

11. Based on the percentages above, what percentage is defense work? _____
Based on the percentages above, what percentage is mass tort / toxic tort plaintiff or defense? _____ (Provide Details)
12. Is any lawyer proposed for this insurance involved with any cases (past, present or anticipated) relating to any Local / State or Federal Government Entities (such as Qui Tam; Federal False Claims Act; Insurance Departments; Internal Revenue Service; Equal Employment Opportunity Commission; etc.)? Yes No
If YES, please provide details by separate attachment
- If yes to Questions 13 or 14, please complete the Directors and Officers/Outside Interests Supplemental Application**
13. Does any lawyer proposed for this insurance act as director, officer, partner or trustee for, or exercise any form of managerial or fiduciary control over any business enterprise other than the applicant firm? Yes No
14. Does any lawyer proposed for this insurance own, manage, have financial control over or equity interest in any business enterprise, including any family business, other than the applicant firm? Yes No
- If YES to Questions 15 - 17 please complete a Claim Supplement for each claim / potential claim / circumstance.**
15. Has any lawyer proposed for this insurance ever been denied the right to practice, suspended from practice, disbarred, reprimanded or had other disciplinary action taken against them by any court or administrative agency? Yes No
16. Have any potential claims, claims or suits been made during the past five years against the Applicant, its predecessor firms or *any* of the lawyers proposed for this insurance regardless of whether or not insurance was in place at the time the potential claims, claims or suits were made? Yes No
17. After inquiry of each lawyer listed on the Lawyers Detail Addendum, is the Applicant, its predecessor firms or *any* lawyer proposed for this insurance aware of any circumstance, act, error, omission or personal injury within the past five years which might be expected to be the basis of a claim or suit? Yes No

NOTICE

To avoid loss of coverage, it is imperative that all known circumstances, acts, errors, omissions or personal injuries which could result in a potential claim or professional liability claim against the Applicant, its predecessor firms or any lawyer in the firm be reported to your current insurer within the time period specified in your current policy. It is agreed that if there is knowledge of any such fact, circumstance, or situation, any potential claim or claim subsequently emanating therefrom shall be excluded from coverage under the insurance being applied for.

18. List all Lawyers Professional Liability Insurance carried during the past five consecutive years for the Applicant and / or any predecessor firm thereof. **If no current coverage is in force, check the box:**

Insurance Company	Limit of Liability Per Claim/Aggregate	Deductible	Premium	Policy Period (mm/dd/yy)	Number of Lawyers Insured

19. a. State the number of years the Applicant and its predecessor firm(s) has maintained continuous Claims-Made Lawyers Professional Liability Insurance: _____

b. Does the current policy have a retroactive/prior acts date applicable to the firm? Yes No
If YES, provide date in MM/DD/YY format: _____

c. Has the Applicant or any lawyer proposed for this insurance purchased an Extended Reporting Period (ERP) Endorsement? Yes No

d. If yes, provide the Name of firm/lawyer the ERP was issued to: _____
Effective from: _____ to _____

e. Has any application for Lawyers Professional Liability Insurance on behalf of the applicant, its predecessor firms or any lawyer proposed for this insurance been declined, canceled or non-renewed? Yes No
If YES, provide details on the Detail Information Addendum.

20. Docket/Diary Control System:

a. Do you utilize a: (check all that apply)
 calendar (perpetual or annual) tickler file pocket diary computerized system master listing

b. Does your control system include: (check all that apply)
 litigated/non-litigated items statute of limitations dates for long-term matters
 verification of completed events immediate entry of all dates

c. Does the ultimate responsibility for docket control of litigation rest with the lawyer handling the case? Yes No

d. Do you cross-check controls? Yes No If yes, how often? daily weekly monthly

21. How many suits for unpaid legal fees were filed against clients or former clients to collect fees in the last 12 months? _____.
Please provide details by separate attachment.

22. What percentage of billings are over 90 days past due? _____

23. a. What percentage of cases are delegated or referred **to the applicant** by other law firms/attorneys: _____%

b. Does the applicant pay a referral fee for these cases? Yes No

c. What percentage of cases does the applicant firm delegate or refer **to** other law firms/attorneys: _____%

d. Does the applicant retain or get paid a referral fee for these cases? Yes No

f. What percent of revenues are derived from retained referral fees. _____%

g. Does the applicant utilize a written referral agreement for **all** referrals? Yes No

h. Does the applicant accept fees without a referral agreement? Yes No

Attach a sample copy of agreements used for delegated/referred cases

24. a. Percentage of cases in which the applicant is retained as local / co-counsel? _____%

b. Percent of revenues derived from split fee arrangements. _____%

c. Does the applicant utilize a written agreement outlining specific services to be rendered? Yes No

Attach a sample copy of agreements used

25. Does the Applicant utilize the following for all clients? Any NO response requires details on the Detail Information Addendum.

	<u>Referrals</u>	<u>Local/Co-Counsel</u>	<u>All Others</u>
a. Engagement letters which includes the scope of services and fee arrangements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Non-engagement/declination letters?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Dis-engagement/closing letters?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

26. a. Does the Applicant maintain a conflict of interest avoidance system? If yes, check all applicable systems:
 computer index file conflict committee other (describe): _____
- b. How are conflict of interest situations addressed and disclosed to clients/potential clients? Check all that apply.
 non-engagement letter signed waiver obtained from all parties
 oral disclosure to all parties referral to other lawyer/law firm

If the above are not applicable to the applicant or if there is no formal system in place, please provide details regarding how conflict of interest situations are managed by the firm (on the Detail Information Addendum).

27. a. Does applicant have written procedures / guidelines in place for monitoring newly hired Employed Attorneys, Associate Attorneys, and Independent Contractors? Yes No
 If YES, what length of time are they monitored? _____

- b. Does a Partner or Officer of the applicant firm review and/or approve Employed Attorneys, Associate Attorneys and Independent Contractors cases? Yes No

PLEASE ATTACH A COPY OF YOUR BUSINESS STATIONERY

The undersigned represents and warrants 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 which should be known, and agrees that this application shall become the basis of any coverage and a part of any policy that may be issued by the Company. The undersigned further understands that the answers or statements contained in the application, if untrue or false, shall render the policy and the coverage(s) contain therein void or voidable at the option of the insurer. The execution of this application does not bind the undersigned to purchase any coverage offered, nor does the receipt and/or review of this application bind the Company to offer coverage or issue a policy. The undersigned understands and accepts that any policy issued will provide coverage on a claims-made and reported basis.

The Applicant understands and agrees that this Application and any other previous applications, along with any attachments and supplied information thereto shall be a material and integral part of the Policy and part of any Policy that may be issued by the Insurer, and the statements made herein shall be construed as representations and warranties of the Applicant.

By signing this Application form, the Applicant confirms that they have been provided with and inspected a specimen of the Lawyers Professional Liability Insurance wording. It is recommended that the Applicant take time to review the Policy to ensure that they fully understand the coverage(s) provided. The Applicant should feel free to consult with any source, including legal advisors, regarding coverage.

The Applicant warrants to the best of its knowledge and belief that the statements set forth herein are true and include all material information, and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known. The Applicant further warrants that if the information supplied on this application changes between the date of this application and the inception date of the Policy, the Applicant will immediately notify The Company of such change prior to inception of the Policy.

The following Fraud Warning applies in Florida: 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.

The following Fraud Warning applies in Kentucky: 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.

The following Fraud Warning applies in Michigan: Any person, who knowingly and with intent to injure or defraud any insurer files an application or claim containing false, incomplete or misleading information, shall upon conviction, be subject to imprisonment for up to 1 year for a misdemeanor conviction or up to 10 years for a felony conviction and the payment of a fine up to \$5,000.00.

The following Fraud Warning applies in New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

The following Fraud Warning applies in Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

The following Fraud Warning applies in All Other States: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Signature: _____ Title: _____

Date: _____

DETAIL INFORMATION ADDENDUM

Use this addendum to capture the detailed information requested in the Lawyers Professional Liability Insurance Application. Question numbers refer to the question numbers on the application. This addendum is a part of the application and will become a part of any policy issued. Any warranty or fraud statements on the signature page of the application are applicable to the information provided herein.

2. Are there other office locations? _____

3a-3c. Do you share office space and/or staff or letterhead with any lawyer not part of the applicant firm? (Provide details for a 'yes' response) _____

6a. During the past three years, has the name of the Applicant been changed or has the number of lawyers in the firm altered more than 25% in one year? (Provide details for a 'yes' response) _____

8. Is any lawyer proposed for this insurance an employee of any other organization? (Provide details for a 'yes' response.) _____

9. Is the applicant involved in full-time private practice of law? (Provide details for a 'no' response) _____

10. Areas of Practice Detail:

Collection - Does the firm maintain compliance with the Fair Debt Collection Practices Act:

- a. under federal statutes? Yes No
- b. Under state statutes in any or all states where debt demand letters are sent? Yes No

Corporate General – Provide complete details: _____

Corporate Mergers & Acquisitions (provide a description including whether any are/were hostile or unfriendly and if any are/were over \$25M in combined assets):

Corporate Formation (including type of entities formed): _____

Entertainment: _____

Environmental: _____

Financial Planning / Investment Counseling: _____

Other (please provide a complete description): _____

19e. Has any application for Lawyers Professional Liability Insurance on behalf of the applicant, its predecessor firms or any lawyer proposed for this insurance been declined, canceled or non-renewed? (Provide details for a 'yes' response) _____

25a. - c. Does the Applicant utilize the following for all clients? (Provide details for a 'no' response)

Engagement Letters (how does the applicant establish an attorney/client relationship?):

Non-Engagement Letters (how does the applicant ensure it is understood there is no attorney/client relationship?):

Dis-Engagement / Closing Letters (how does the applicant terminate the attorney/client relationship?):

26a. – b. Conflict Of Interest Procedures: (please provide description of 26a is unanswered or N/A)

LAWYERS DETAIL ADDENDUM

PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY

DESIGNATION DESCRIPTIONS: O = OFFICER / DIRECTOR / SHAREHOLDER P = PARTNER S = SOLE PROPRIETOR E = EMPLOYED LAWYER A = ASSOCIATE
 RP=RETIRED PARTNER OF APPLICANT OC = OF COUNSEL TO FIRM IC = INDEPENDENT CONTRACTOR

Name of Lawyer	Position in Firm	If OC /IC provide # of hours worked for applicant firm weekly	Date Admitted to bar MM/YY	Barcard Number	Date of hire to this firm MM/DD/YY	Number of years covered by Professional Liability Insurance	Total Number of CLE hours completed in the past 12 months
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

SUPPLEMENTAL APPLICATIONS BEGIN HERE.

COMPLETION IS REQUIRED FOR AREAS OF PRACTICE THAT
HAVE THE “++” SYMBOL NEXT TO THEM ON PAGE 2,
QUESTION 10, OF THIS APPLICATION

IF FURTHER SPACE IS NEEDED PLEASE ATTACH RESPONSES
ON BLANK PAPER WITH THE QUESTION AND/OR NAME OF
THE SUPPLEMENT THOSE RESPONSES CORRESPOND TO.

PLAINTIFF'S LITIGATION SUPPLEMENTAL APPLICATION

Must be completed for any Plaintiff serviced provided.

This addendum is a part of the application and will become a part of any policy issued. Any warranty or fraud statements on the signature page of the Lawyers Professional Liability Application are applicable to the information provided herein.

1. Please provide the following for all lawyers involved with the Plaintiff Practice in the firm:

Name	Years of Litigation Experience	Avg Annual Plaintiff Activities Case Load Per Attorney	Hours Devoted to Plaintiff Activities During the Last 12 Months	Total Practice Hours During the Last 12 Months

2. What is the percentage of time devoted to the representation of plaintiffs in the following areas:

- a. Bodily Injury/Personal Injury _____% Admiralty: _____% Medical Malpractice _____%
 Product Liability _____% Commercial Litigation: _____% Wrongful Death _____%
 Legal Malpractice _____% Insurance Company: _____% Worker's Comp: _____%
 Employment Practice: _____% Qui Tam: _____% Other (please specify) _____%
- b. Has any member of the firm ever handled class action/multiple plaintiff cases? Yes No
 a. Does the applicant currently or intend to handle class action/multiple plaintiff cases? Yes No
 b. If yes, please provide all details by separate attachment.
- c. What percentage of plaintiff suits that you have filed were terminated by: Trial/verdict _____ Settlement _____
- d. Does any applicant attorney(s) probate the Estate in Wrongful Death cases handled? Yes No
- e. If yes, is the estate probated to establish beneficiaries? And Yes No
- f. Does the applicant attorney(s) file determination of heir-ship in such cases? Yes No

3. What are the estimated average dollar sizes of judgments, awards and settlements in Plaintiff cases handled by the firm?

Average: \$ _____ Largest in the past 2 years: \$ _____

4. Describe procedures used to prevent missed statute of limitation and to verify completed events.

5. When accepting a case in an uncommon jurisdiction, what procedures are utilized to ensure that statute of limitation dates are properly identified? _____

6. In the past two years, what number of cases did your firm accept that had six months or less before the expiration of the statute of limitations date? _____

7. Does an attorney meet with every client prior to accepting the representation of that client? Yes No

8. Are plaintiff services rendered on a contingency basis? Yes No

If yes, what is the contingency amount? _____% (of settlement value) What percent of cases are on this basis? _____%

The undersigned represents and warrants 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 which should be known, and agrees that this application shall become the basis of any coverage and a part of any policy that may be issued by the Company. The undersigned further understands that the answers or statements contained in the application, if untrue or false, shall render the policy and the coverage(s) contain therein void or voidable at the option of the insurer. The execution of this application does not bind the undersigned to purchase any coverage offered, nor does the receipt and/or review of this application bind the Company to offer coverage or issue a policy. The undersigned understands and accepts that any policy issued will provide coverage on a claims-made and reported basis.

The Applicant understands and agrees that this Application and any other previous applications, along with any attachments and supplied information thereto shall be a material and integral part of the Policy and any part of any Policy that may be issued by the Insurer, and the statements made herein shall be construed as representations and warranties of the Applicant.

I/We understand that this Supplement becomes a part of my/our Professional Liability application and is subject to the same representations and conditions.

Signature of Applicant (must be signed by Partner, Owner or Officer)

Date

REAL ESTATE SUPPLEMENTAL APPLICATION

This supplemental application must be completed for percentages listed in the Real Estate Commercial, Real Estate Residential and/or Abstracting/Title Areas of Practice as listed on the Areas of Practice Grid (question 10) on page 2 of 4 of the Service Lloyd's Application.

1. Please provide the approximate percentage of gross billings over the past 24 months, and anticipated for the next 12 months for each of the following areas:

a. Residential title searches; title opinions and other title work:	a. _____%
b. Commercial title searches; title opinions and other title work:	b. _____%
c. Any opinions performed on raw and/or vacant land (residential or commercial)	c. _____%
d. Residential Closings:	d. _____%
e. Commercial Closings:	e. _____%
f. Residential Land Use, Zoning:	f. _____%
g. Commercial Land Use, Zoning:	g. _____%
h. Eminent Domain:	h. _____%
i. Syndication / Development	i. _____%
j. Mineral Rights (sale, transfer, etc)++:	j. _____%
k. Oil & Gas Title Opinions ++	k. _____%

++If a percentage is shown for j. & k. above, complete the Oil & Gas Supplemental Application

2. Please provide the following information for any attorney(s) involved in providing legal services to clients in the areas of Real Estate Syndication, Limited Partnership, Real Estate Trusts or Development Projects in the last five (5) years.

Name of Attorney	Experience (Years)	% of Time devoted
_____	_____	_____

3. Provide a brief description of services rendered for Real Estate Syndication, Limited Partnership, Real Estate Trust or Development projects for which the firm has performed legal services during the past five (5) years. Include a brief description of the services provided.

4. Does the Firm or any member of the firm hold equity interest in a Title Agency? Yes No
 If yes, provide the name of the Title Agency the percentage of interest and any position held (and add to the Directors and Officers / Outside Interests Supplemental Application):

The undersigned represents and warrants 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 which should be known, and agrees that this application shall become the basis of any coverage and a part of any policy that may be issued by the Company. The undersigned further understands that the answers or statements contained in the application, if untrue or false, shall render the policy and the coverage contained therein void or voidable at the option of the insurer. The execution of this application does not bind the undersigned to purchase any coverage offered, nor does the receipt and/or review of this application bind the Company to offer coverage or issue a policy. The undersigned understands and accepts that any policy issued will provide coverage on a claims-made and reported basis.

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 Signature of Partner/Officer/Owner of the Applicant Firm

 Date

FINANCIAL INSTITUTION SUPPLEMENTAL APPLICATION

A financial institution may include any bank, savings and loan, savings and loan association, credit union and/or mortgage company/corporation. If the Applicant, or its predecessor firms, currently provides legal services for any financial institution, or has done so within the past five (5) years, complete this supplement.

1. Have services rendered to financial institution(s) been limited to: bankruptcy, conveyances, collection, foreclosures, loan documentation, loan workout, residential or commercial real estate loan closings, title and/ or trust work? Yes No
 If YES, you do **not** need to complete the remainder of this section.

2. Has any lawyer proposed for this insurance performed the following for any financial institution:

a. Initial formation of a financial institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Securities work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Prepared responses to regulatory examinations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Provided advice on regulatory issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Approved loans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes: Are loans approved for firm's clients? Yes No
 Do you abstain from voting on loans for firm's clients? Yes No
 How many members are on the loan committee? _____
 What type of loans are/were approved? _____
 What is the average size of loans approved? \$ _____

If yes to any of the above, complete the following for each entity:

<u>Full Name of Entity</u>	<u>State Services Rendered</u>	<u>Dates of Service</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach additional sheet(s) if necessary

3. Indicate if any lawyer has served a financial institution in one or more of the following capacities. If yes, describe services rendered:

- a. Audit Committee _____
- b. Executive Committee _____
- c. Loan Committee _____
- d. Officer _____
- e. Director _____
- f. General Counsel _____

If yes to any of the above, complete the following for each entity and add to the Directors and Officers / Outside Interests Supplemental Application:

<u>Full Name of Entity</u>	<u>State Services Rendered</u>	<u>Dates of Service</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach additional sheet(s) if necessary

The undersigned represents and warrants 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 which should be known, and agrees that this application shall become the basis of any coverage and a part of any policy that may be issued by the Company. The undersigned further understands that the answers or statements contained in the application, if untrue or false, shall render the policy and the coverage(s) contain therein void or voidable at the option of the insurer. The execution of this application does not bind the undersigned to purchase any coverage offered, nor does the receipt and/or review of this application bind the Company to offer coverage or issue a policy. The undersigned understands and accepts that any policy issued will provide coverage on a claims-made and reported basis.

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I/We understand that this Supplement becomes a part of my/our Professional Liability application and is subject to the same representations and conditions.

 Signature of Partner/Officer/Owner of the Applicant Firm _____
 Date

COPYRIGHT / PATENT / TRADEMARK SUPPLEMENTAL APPLICATION

1. Provide a breakdown of the firm's copyright, patent and trademark practice into the following categories:
- a. Intellectual Property Litigation _____
 - b. Patent Infringement Counseling _____
 - c. Domestic Patent Prosecution _____
 - d. Foreign Patent Prosecution _____
 - e. Trademark Registration/Licensing _____
 - f. Copyright Registration/Licensing _____
 - g. Patent Searches _____
2. Does the firm have a computerized docketing system to alert the appropriate responsible party specific to:
- a. Statutory bar dates? Yes No
 - b. Fee due dates, whether out-sourced or not? Yes No
 - c. Response dates? Yes No
3. Who reviews the docket entries for accuracy? Check all that apply.
- Billing Partner Partner in charge of work Associate Paralegal Secretary Docketing Personnel
4. Does the firm outsource to other entities for:
- a. Searches Yes No
 - b. Payment of Maintenance/Annuity fees? Yes No

If **Yes**, to either a. or b. above, does the firm:

5. Verify the outsource entity carries professional liability insurance coverage? Yes No
6. Obtain proof of insurance, such as a certificate of insurance? Yes No
7. How does the firm choose an outsource entity? **Check all that apply.**
- Review of work product Recommendations from other law firms Yellow Pages Advertisements in legal publications

Copyright Not Applicable

8. Does the firm's docket system include dates for:
- a. copyright renewal filing? Yes No
 - b. responses to an Office Action? Yes No
 - c. infringement action filing? Yes No
9. What is the firm's standard time frame for applying for copyright registration on behalf of their client, once instructed to do so by the client? _____
10. Are transfers of ownership of copyright from one client to another fully documented in writing? Yes No

Patent Not Applicable

11. Does the firm request written disclosure of specific dates of all printed publications, sales, offers for sale and/or public use of intellectual property from a client, prior to filing of a patent application? Yes No
12. Does the firm request in writing, from all patent clients, the client's intent to pursue or not to pursue a foreign patent application? Yes No
13. Does the firm request in writing, from all patent clients, the client's disclosure of patent applications filed in foreign countries? Yes No
14. Does the firm advise foreign clients of requirements needed to satisfy the establishment of the date of invention for U. S. Patents? Yes No

15. Does the firm disclose in writing to all patent clients, all dates for payment of maintenance fees, annual payments or annuities to be paid by the client to keep an application or patent in force? Yes No
16. Does the firm advise the client in writing to mark the patented product with the appropriate patent number? Yes No
17. Indicate the percentage of the types of Patent Opinions rendered by the firm.
- a. Patentability _____
- b. Infringement _____
- c. Validity: _____
18. For the types of patent opinions rendered, does the firm disclose the scope and extent of the search conducted that is the basis for the opinion? Yes No
19. Does the firm guarantee patent opinions rendered? Yes No
20. Does the firm disclose in writing to the client and require the client's written agreement regarding patent applications and strategies taken or to be taken with respect to the GATT Implementation Legislation of June 8, 1995? Yes No

Trademark Not Applicable

21. Does the firm's docket system advise regarding dates for:
- a. Response to all PTO actions? Yes No
- b. Declaration of use after registration? Yes No
- c. Statement of incontestability after registration? Yes No
- d. Renewal of trademark? Yes No
22. Does the firm:
- a. Perform searches of the records of the PTO for trademarks?
- b. Search common law sources, such as publications and business indices for existing trademarks?
- c. Outsource the searching to an entity to:
1. Perform PTO searches? Yes No
2. Search common law sources? Yes No
23. Does the firm advise that the trademark search is not guaranteed against all common law sources? Yes No
24. Are transfers of ownership of trademark from one entity to another fully documented in writing? Yes No
25. Are all trademark assignments promptly and properly recorded with the PTO? Yes No
26. Does the firm advise the client in writing of the use of proper trademark notice? Yes No

The undersigned represents and warrants 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 which should be known, and agrees that this application shall become the basis of any coverage and a part of any policy that may be issued by the Company. The undersigned further understands that the answers or statements contained in the application, if untrue or false, shall render the policy and the coverage(s) contain therein void or voidable at the option of the insurer. The execution of this application does not bind the undersigned to purchase any coverage offered, nor does the receipt and/or review of this application bind the Company to offer coverage or issue a policy. The undersigned understands and accepts that any policy issued will provide coverage on a claims-made and reported basis.

The Applicant understands and agrees that this Application and any other previous applications, along with any attachments and supplied information thereto shall be a material and integral part of the Policy and any part of any Policy that may be issued by the Insurer, and the statements made herein shall be construed as representations and warranties of the Applicant.

Signature of Partner/Officer/Owner of the Applicant Firm

Date

BONDS / SECURITIES SUPPLEMENTAL APPLICATION

Bonds / Securities related activities means securities or transactions, which are subject to or exempt from the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Advisors Act of 1940 or State Blue Sky or securities laws or any amendments thereto.

1a. List the names of all lawyers engaged in bonds, securities and/or securities related activities:

NAME	TITLE	YEARS IN THIS SPECIALTY	FORMER S.E.C. STAFF MEMBER? YES / NO

- 1b. Attach a description of the lawyer's qualifications and expertise in this specialty, including any CLE courses taken by these lawyers in the past three years with regard to this specialty.
- 2a. State the gross income derived from bonds, securities and/or securities related activities:
 Last twelve months \$ _____ Anticipated next twelve months \$ _____
- 2b. Does the Applicant accept bonds, securities in lieu of fees as payment for services rendered involving securities and/or securities related activities? If yes, provide details by separate attachment. Yes No
- 2c. Does the Applicant have a policy prohibiting or restricting lawyers from investing with clients or otherwise entering into a business relationship (other than lawyer/client)? If yes, attach a copy of the policy. Yes No
- 2d. Does any lawyer proposed for this insurance have a business relationship (other than lawyer/client) with any person or entity other than those situations identified in the Outside Interests/Directors & Officers Supplemental Application? If yes, provide details by separate attachment. Yes No
- 2e. If the Applicant is a sole practitioner, is a back-up lawyer available in the Applicant's absence who is qualified to handle bond, securities and/or securities related activities? Yes No
- 3a. For each of the past three years, list the percentage of bond, securities and/or securities related activities performed for new clients. Year: _____ / _____ % Year: _____ / _____ % Year: _____ / _____ %
- 3b. Attach a copy of the procedures utilized for screening new clients.
- 4a. Is any investigation conducted with regard to any litigation that the firm's bond, securities clients may be involved in? If no, explain by separate attachment. Yes No
- 4b. Is any investigation conducted regarding the reputation of the firm's bond, securities clients? Yes No
- 5a. Does the Applicant follow any established "due diligence" procedures? Yes No
If yes, attach a copy of these procedures including any checklists utilized in conjunction therewith. If no, attach a detailed description of steps taken to satisfy the "due diligence" requirements.
- 5b. Is a "cold review" of bond, securities transactions by an uninvolved senior member of the firm required prior to release or signature? *If no, explain by separate attachment.* Yes No
6. Does the Applicant make recommendations as to the sale or purchase of any specific stocks, bonds or other securities related investments? If yes, explain by separate attachment. Yes No
- 7.a. List on the Securities Addendum all bonds, securities offerings, private placements, limited partnerships, and syndications handed in the past three years.
- 7b. In addition to the transactions listed on the Securities Addendum, is the Applicant involved in any other work involving bonds or securities? If yes, explain by separate attachment. Yes No

The undersigned represents and warrants 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 which should be known, and agrees that this application shall become the basis of any coverage and a part of any policy that may be issued by the Company. The undersigned further understands that the answers or statements contained in the application, if untrue or false, shall render the policy and the coverage(s) contain therein void or voidable at the option of the insurer. The execution of this application does not bind the undersigned to purchase any coverage offered, nor does the receipt and/or review of this application bind the Company to offer coverage or issue a policy. The undersigned understands and accepts that any policy issued will provide coverage on a claims-made and reported basis.

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 Signature of Partner/Officer/Owner of the Applicant Firm

 Date

OIL & GAS SUPPLEMENTAL APPLICATION

Applicant Instructions.

Please read carefully all statements and questions for these supplemental applications.
Answer all questions in ink. If answer is none, state "none."
If space is insufficient to answer all questions fully, use separate sheets of paper.

1. Please provide the following information in respect to Oil & Gas work either performed in the past five years or projected for the next year:

Name of Attorney	Years Experience	Percent of time spent
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Please provide the following information in respect to Oil & Gas clients over the past five years or projected for the next year:

Type of Business	Gross Billable Dollars	Length of relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Are title searches performed in conjunction with oil and gas work, or do any of the attorneys anticipate this will be performed? If so, please provide the percentage involving title searches: _____
4. Is this Area of Practice performed in conjunction with another area of practice or is it a separate area (for example, Mineral rights in conjunction with real estate, environmental work, plaintiff or defense litigation, contract law, etc)? If so, please provide details regarding the relationship between the two areas of practice:

The undersigned represents and warrants 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 which should be known, and agrees that this application shall become the basis of any coverage and a part of any policy that may be issued by the Company. The undersigned further understands that the answers or statements contained in the application, if untrue or false, shall render the policy and the coverage contained therein void or voidable at the option of the insurer. The execution of this application does not bind the undersigned to purchase any coverage offered, nor does the receipt and/or review of this application bind the Company to offer coverage or issue a policy. The undersigned understands and accepts that any policy issued will provide coverage on a claims-made and reported basis.

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I/We understand that this Supplement becomes a part of my/our Professional Liability application and is subject to the same representations and conditions.

Signature of Applicant (must be signed by Partner, Owner or Officer) _____
Date

ESTATE PLANNING / ESTATE / PROBATE / TRUST
SUPPLEMENTAL APPLICATION

Applicant Instructions.

Please read carefully all statements and questions for these supplemental applications.
 Answer all questions in ink. If answer is none, state "none."
 If space is insufficient to answer all questions fully, use separate sheets of paper.

**Please provide the following information in respect to Estate, Trust & Probate work
 either performed in the current year, the past five years or projected for the coming year**

Name of Attorney	Yrs of Experience	% of Time Spent	Avg \$ Value of Trust/Estate	Largest \$ Value	% of Revenues
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

1. Are any of the above listed Attorney(s) Board Certified in Estate/Probate/Trust/Estate Planning? Yes No
2. Does any Applicant Attorney(s) and/or staff members personally complete, prepare or file any State or Federal tax returns for clients? Yes No
3. If referred, is this outlined in engagement letters? Yes No
4. Does the applicant Attorney(s) and/or staff members complete, prepare or file "706" Estate Tax Return? Yes No
5. Does the applicant Attorney(s) and/or staff members provide any tax related accounting services for clients? Yes No
If YES, provide details by separate attachment
6. Does the applicant Attorney(s) office share and/or associate professionally with anyone providing accounting or tax services to clients? Yes No
If YES, provide details by separate attachment.
7. Does any applicant attorney(s) provide investment advice or financial planning services to clients? Yes No
8. Is the Applicant firm a Member of NASD (National Association of Securities Dealers)? Yes No
 - a. Does any applicant attorney have securities license Series 6 / 7? Yes No
9. Does any applicant attorney(s) assist with maintenance records for client investments? Yes No
10. For any wills / trusts drafted by attorney(s) of the applicant firm has any attorney(s) ever, currently or anticipate:
 - a. serve as an **independent** executor, trustee or administrator Yes No
 - b. serve as a **dependent** executor, trustee or administrator Yes No**If YES to either, provide details by separate attachment**
11. Is any applicant attorney on any volunteer panel or listed with any Probate Court as a Guardian Ad Litem? Yes No
12. Does any applicant attorney(s) probate the Estate in Wrongful Death cases handled? Yes No
 - a. If yes, is the estate probated to establish beneficiaries? And Yes No
 - b. Does the applicant attorney(s) file determination of heir-ship in such cases? Yes No
13. Does the applicant firm, including all attorneys, use a standardized case checklist for loss control measures? Yes No
14. Does any employee handle, have custody of or maintain records of money, securities or other property, related to client trusts? Yes No
15. If yes, is there an audit performed by a CPA or other independent accounting professional? Yes No
 - a. How often are audits performed? _____
 - b. Were all accounts found to be correct? Yes No **If no, describe corrective action by separate attachment?**
 - c. Are all accounts reconciled by someone not authorized to deposit or withdraw funds? Yes No
16. Does any applicant attorney(s) have signing authority on behalf of clients with regard to the handling of funds? Yes No
If YES, provide details regarding the number of employees, the maximum dollar amount and the procedure for obtaining client consent by separate attachment.

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I/We understand that this Supplement becomes a part of my/our Professional Liability application and is subject to the same representations and conditions.

Signature of Applicant (must be signed by Partner, Owner or Officer) _____ Date _____

PROFESSIONAL LIABILITY CLAIM INFORMATION SUPPLEMENT

This supplement must be completed for any 'Yes' answer to questions 15, 16 or 17 of the main application. This form must be completed in its entirety for each claim or potential claim. **Unknown is not an acceptable answer** for any portion of questions 9 and 10. Please contact either defense counsel or insurance company for a good faith estimate. If a definition for claim or potential claim is needed, please contact your insurance agent for a specimen of the policy wording that includes definitions, terms and conditions.

1. Full name of Applicant/Insured firm: _____

2. Full name of individual(s) and attorneys involved in claim/potential claim (defendants): _____

4. If different than 1 above, name of firm involved in claim/potential claim _____

5. Full name of claimant: _____

6. Is/was the claimant a client of the firm listed in Question 1? Yes No

7a. Date claim/ potential claim made against firm: _____ 7b. Date of act giving rise to the claim/potential claim: _____

7c. Date claim/ potential claim reported to Insurer: _____ 7d. Name of Insurer you reported claim/potential claim to: _____

8a. Area of Practice involved in claim/potential claim: _____

8b. Indicate status: Claim/Suit Potential Claim Grievance and whether it is: Open or; Closed

9. If claim/potential claim is closed, answer a., b. & c. below. If claim/potential claim is open, please go to Question 10.

9a. Total defense costs paid: \$ _____ Total indemnity paid: \$ _____

9b. Was loss paid by Insurer? Yes No If YES, total deductible applied: \$ _____ Total paid, excess of deductible: \$ _____

9c. Out of Court Settlement: Yes No Date of settlement: _____

Court Judgment: Yes No Date of judgment: _____

10. If claim/potential claim is open, please answer the following.

Claimant's settlement demand: \$ _____ Defendant's offer for settlement: \$ _____

Insurer's loss reserve: \$ _____ Applicant/Insured's estimate of settlement amount: \$ _____

11. Give a description of alleged act, error, omission or personal injury upon which claimant bases the claim/potential claim. Include events leading to the claim/potential claim. **PLEASE DO NOT ATTACH SUMMONS OR COMPLAINT.** Attach addendum if space below is insufficient.

12. Did this claim/potential claim arise as a result of a fee dispute/collection of fees? Yes No

13. Explain what action has been taken to prevent a recurrence of a similar claim/potential claim. Attach addendum if space below is insufficient.

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Signature of Partner, Officer and/or Owner

Date Signed