



NEW YORK LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION

NOTICE: THIS IS A CLAIMS-MADE POLICY. THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR WRONGFUL ACTS FOR WHICH CLAIMS ARE FIRST MADE WHILE THE POLICY IS IN FORCE AND WHICH ARE REPORTED TO THE COMPANY, DURING THE POLICY PERIOD, ANY SUBSEQUENT RENEWAL, OR ANY EXTENDED REPORTING PERIOD. THIS POLICY PROVIDES NO COVERAGE FOR CLAIMS ARISING OUT OF WRONGFUL ACTS WHICH OCCURRED PRIOR TO ANY APPLICABLE RETROACTIVE DATE. THE INSURED WILL HAVE THE OPTION TO PURCHASE A ONE, THREE, FIVE YEAR OR AN UNLIMITED OPTIONAL EXTENDED REPORTING PERIOD. THE PREMIUM FOR THE EXTENDED REPORTING PERIOD SHALL BE AS FOLLOWS:

- ONE YEAR – 100% OF THE ANNUAL PREMIUM**
- THREE YEARS – 160% OF THE ANNUAL PREMIUM**
- FIVE YEARS – 185% OF THE ANNUAL PREMIUM**
- UNLIMITED - 200% OF THE ANNUAL PREMIUM**

COVERAGE GAPS MAY ARISE AT THE EXPIRATION OF THE POLICY, AUTOMATIC EXTENDED REPORTING PERIOD OR OPTIONAL EXTENDED REPORTING PERIOD. DURING THE FIRST SEVERAL YEARS OF THE CLAIMS MADE RELATIONSHIP, CLAIMS-MADE RATES ARE COMPARATIVELY LOWER THAN OCCURRENCE RATES, AND THE INSURED CAN EXPECT SUBSTANTIAL ANNUAL PREMIUM INCREASES, INDEPENDENT OF THE OVERALL RATE LEVEL INCREASES, UNTIL THE CLAIMS-MADE RELATIONSHIP REACHES MATURITY. PLEASE READ AND REVIEW THE POLICY CAREFULLY.

THIS POLICY IS WRITTEN ON A DEFENSE WITHIN THE LIMITS BASIS, UNLESS OTHERWISE ENDORSED BY THE POLICY. THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSS, INCLUDING JUDGMENT OR SETTLEMENT AMOUNTS, SHALL BE REDUCED OR MAY BE COMPLETELY EXHAUSTED BY AMOUNTS INCURRED FOR LEGAL DEFENSE AND OTHER CLAIMS EXPENSES IF THE LIMITS OF LIABILITY PER CLAIM ARE A MINIMUM OF \$500,000. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE AND OTHER CLAIMS EXPENSES SHALL BE APPLIED AGAINST THE APPLICABLE DEDUCTIBLE, UNLESS OTHERWISE ENDORSED BY THE POLICY. ONCE THE LIMIT OF LIABILITY IS EXHAUSTED, THE COMPANY SHALL NOT BE LIABLE FOR LEGAL DEFENSE COSTS, OTHER CLAIM EXPENSES OR FOR THE AMOUNT OF ANY JUDGEMENT OR SETTLEMENT.

THE RETROACTIVE DATE MAY NOT BE CHANGED DURING THE TERM OF THE CLAIMS MADE RELATIONSHIP AND ANY EXTENDED REPORTING PERIOD.

This is an application for a CLAIMS-MADE Policy

If a policy is issued this application will attach to and become part of the policy, therefore, it is important all questions are answered accurately. **If additional space is required, please provide complete details on Applicant Firm's letterhead.**

GENERAL INFORMATION

1. Full Legal Name of Applicant Firm, as reflected on firm's letterhead *(please attach a sample of firm's letterhead)*:

Principal Address: _____
 City: _____ County: _____ State: _____ Zip: _____ Phone () _____
 Website Address: _____ Contact Name: _____ Email Address: _____

2. Does the Applicant Firm practice from any other office location(s)? Yes No
*If "Yes", please complete the **Additional Locations Supplement** and **attach a sample of firm's letterhead for each location.***

3. Date Applicant Firm Established: ____/____/____
 (Month/Day/Year)

4. Applicant Firm is a (an): Sole Practitioner Partnership Professional Association or Corporation
 LLC LLP Other: _____

5. If you are a sole practitioner, identify the attorney who handles your cases in your absence. N/A
 Name: _____ City/State: _____ Phone () _____

6. Is the Applicant Firm engaged in the full-time, private practice of law? Yes No

7. Other than Yellow Page Listings, does the Applicant Firm advertise? Yes No
If "Yes", please indicate in which of the following media and include a copy of the ad and/or transcript.

- Yellow Pages Ad Fliers Newspapers Periodicals
 Radio Television Internet Other _____

8. List all predecessor firm(s) of the Applicant Firm: N/A
(Name only those firms where the Applicant Firm is majority successor to the former firm's assets and liabilities)

Name of Predecessor Firm	Date Established/ Date Dissolved	Percentage of Assets Assigned Successor
	/	
	/	
	/	
	/	

9. Provide the total number of non-attorney employees utilized by the Applicant Firm as:

Law Clerks	Paralegals	Investigators	Abstractors	Title Agents	Clerical	Other

10. Indicate gross annual revenue for the Applicant Firm: ***(If Applicant Firm is newly established, please provide best estimate)***

Estimate for Current Calendar Year Last Calendar Year Second Prior Calendar Year
 \$ _____ \$ _____ \$ _____

11. Does any client represent more than 25% of the Applicant Firm's gross annual revenues? Yes No
 If "Yes", please list.

Name of Client	Industry	Legal Services Provided	% of Firm's revenue
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ATTORNEY INFORMATION

12. List all attorneys associated with the Applicant Firm: *(Include yourself if you are a Sole Practitioner)*

Attorney's Name	D-C*	If IC/OC, Hours Worked Per Week	State/Year Admitted to Bar	Date Started in Private Practice (mm/dd/yy)	Date Joined Applicant Firm (mm/dd/yy)	Attended Continuing Education within the past year?
				___/___/___	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No
				___/___/___	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No
				___/___/___	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No
				___/___/___	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No
				___/___/___	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No
				___/___/___	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No
				___/___/___	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No
				___/___/___	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No
				___/___/___	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No
				___/___/___	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No

***Designation Code:**

- | | | |
|-------------------------------|-----------------------------|-----------------------|
| O = Owner/Officer/Shareholder | IC = Independent Contractor | A = Associate |
| P = Partner | OC = Of Counsel | S = Sole Practitioner |
| RP = Retired Partner | | |

13. Does any attorney of the Applicant Firm act as a public defender, prosecuting attorney, public official, an in-house attorney of any corporation or governmental agency, or an independent contractor or Of Counsel to another firm? Yes No
 If "Yes", please indicate the number of hours worked per week and whether the individual is acting as an employee or an independent contractor.

14. Does any attorney or non-attorney of the Applicant Firm provide professional services as an accountant, insurance agent or broker, investment adviser, real estate agent or broker or securities agent or broker? Yes No
 If "Yes", please indicate name, type of services provided, percentage of time spent, under which name these services are provided, professional liability carrier, limit of liability and copy of letterhead used.

15. Has any attorney or former attorney of the Applicant Firm, in the past six (6) years, provided any legal services to or served as a fiduciary, committee member, officer, director, partner, employee, principal shareholder or member of any Financial Institution? Yes No
 If "Yes", please complete the **Financial Institution Supplement**.

16. Has any attorney or former attorney of the Applicant Firm, in the past six (6) years, provided legal services:

a. To issuers, underwriters or affiliates thereof, with respect to the issuance, offering or sale of securities? ... Yes No

b. In any way related to the formation, syndication, promotion or management of any limited partnerships? Yes No
 If "Yes" to any part of Question 16 above, please complete the **Securities Supplement**.

AREAS OF PRACTICE

17. Based on the Applicant Firm's gross revenue for the last fiscal year, indicate the percentage of revenue derived from the following areas of practice. **The total must equal 100%. (If Applicant Firm is newly established, please provide best estimate).**

Area of Practice	%	Area of Practice	%
Administrative	%	Investment Counseling/Money Management	%
Admiralty/Maritime – Defense	%	Loans	%
Admiralty/Maritime – Plaintiff (6)	%	Labor Law – Management	%
Antitrust/Trade Regulation	%	Labor Law – Union	%
Arbitration/Mediation	%	Labor Litigation- Defense	%
Aviation	%	Labor Litigation – Plaintiff (6)	%
Banking/Financial Institutions (1)	%	Litigation – Commercial – Defense	%
Bankruptcy	%	Litigation – Commercial – Plaintiff (6)	%
BI/PI – Defense	%	Mergers and Acquisitions	%
BI/PI – Plaintiff(6)		Municipal/Governmental – Zoning & Planning	%
General Liability (6)	%	Municipal/Governmental – Other (Not Bonds)	%
Medical Malpractice (6)	%	Oil/Gas/Minerals	%
Other Plaintiff (6)	%	Patent (2)	%
Civil Rights/Discrimination	%	Public Utilities	%
Collection/Repossession/Foreclosures	%	Real Estate(4)	
Communication/FCC	%	Real Estate – Commercial (4)	%
Copyright/Trademark (Not Patent) (2)	%	Real Estate – Escrow Agent (4)	%
Corporate – Formation/Alteration	%	Real Estate – Residential (4)	%
Corporate – General *		Real Estate – Title Work (4)	%
*If >25% please provide complete details on separate sheet.	%	Real Estate – Syndication/Development (4)	%
Criminal	%	School Law	%
Family Law		Securities/Bonds/Secured Transactions (5)	%
Divorce	%	Social Security/Elder Law	%
All other Family Law	%	Taxation	
Eminent Domain	%	Tax – Corporate/Business Opinions	%
Employee Benefit Plans/ERISA	%	Tax – Corporate/Business Preparations	%
Entertainment/Sports (3)	%	Tax – Individual	%
Environmental – General (4)	%	Water Rights	%
Environmental – Litigation	%	Wills/Estate Planning/Probate/Trusts	%
Foreign (Non-U.S. Law)/International	%	Workers Compensation – Defense	%
Healthcare	%	Workers Compensation – Plaintiff (6)	%
Immigration	%	Other (Describe):	
Insurance	%		%
The total must equal 100%			%

If the Applicant Firm practices in any area(s) above with a numerical notation(s), complete the associated **Supplement** as follows:

- | | | |
|---|----------------------------|-----------------------------------|
| (1) = Financial Institutions | (3) = Entertainment | (5) = Securities |
| (2) = Copyright Patent Trademark | (4) = Real Estate | (6) = Plaintiff Litigation |

SYSTEMS AND PROCEDURES

18. Docket control system and procedures:

- a. Does the Applicant Firm utilize at least two independent date controls to ensure that deadlines are met for litigated and non-litigated items? Yes No
- b. Indicate all types regularly utilized: Single Calendar Dual Calendar Pocket Calendar
 Computer Master Listing Tickler System Other (Describe): _____ Yes No
- c. Are two separate individuals entering dates into different date control systems for the same matter? Yes No
- d. Are the entries in different systems being cross-checked on a regular basis? Yes No
- e. Who is calculating the follow-up dates to be entered into the systems? _____
- f. If the answer to the above is not an attorney, does an attorney regularly review them to make sure the proper date has been selected? Yes No
- g. If you are a Sole Practitioner with no employees, who is providing back-up for these systems in the event of your extended absence? _____ N/A
- h. Does the Applicant Firm have a procedure in place to ensure that calendar entries are being reviewed and responded to for any attorney who is absent from the office? Yes No

19. Conflict of interest avoidance system(s) and procedures:

- a. Does the Applicant Firm have procedures in place that include the regular use of a conflict of interest avoidance system when accepting new clients or a new matter from existing clients? Yes No
- b. Indicate method(s) used to achieve conflict checks: Personal Memory Computer Index File
 Conflict Committee Client Lists Other (Describe): _____
- c. Does this procedure capture attorney-client relationships established by predecessor, merged or acquired firms? Yes No
- d. Does the Applicant Firm disclose to clients, in writing, all actual or potential conflicts of interest? Yes No
- e. Upon disclosure of actual or potential conflicts, does the Applicant Firm always obtain written consent to perform ongoing legal services or decline further representation in writing? Yes No

20. Has any current or former attorney of the Applicant Firm or predecessor firm served as an officer, director, partner, employee, principal shareholder or member of any client? Yes No
*If "Yes", please complete the **Outside Interest Supplement**.*

21. Has any current or former attorney (including their spouse) of the Applicant Firm or predecessor firm owned an equity interest in any client? *If "Yes", please complete the **Outside Interest Supplement**.* Yes No

22. Has any current or former attorney of the Applicant Firm or predecessor firm served as a trustee or fiduciary such as an administrator, conservator, executor, guardian, receiver, escrow agent of any client? Yes No
*If "Yes", please complete the **Trustee Supplement**.*

23. Does the Applicant Firm require the use of engagement letters including fee arrangements on all new matters undertaken? Yes No
If "No", please explain how misunderstandings about the scope and cost of services provided are prevented.

24. Are declination or non-engagement letters issued on all matters declined by the Applicant Firm? Yes No
If "No", please explain how misunderstandings about representation are prevented.

25. Within the past five (5) years, has the Applicant Firm or predecessor firm sued to collect fees or threatened to do so? Yes No
If "Yes", please indicate number _____ and explain the steps being taken to prevent countersuits for malpractice.

26. What percentage of the Applicant Firm's accounts receivable are over ninety (90) days past due? _____
If more than 30%, please explain how the firm manages accounts receivables?

INSURANCE COVERAGE HISTORY

27. List the Lawyers Professional Liability Insurance coverage carried by the Applicant Firm or predecessor firms during the past five (5) years, including any periods without coverage. If no past coverage, indicate NONE.

Effective (mm/dd/yy)	Expiration (mm/dd/yy)	Insurance Company	Limits of Liability (per claim/aggregate)	Retention/ Deductible	Number of Attorneys	Annual Premium
___/___/___	___/___/___					
___/___/___	___/___/___					
___/___/___	___/___/___					
___/___/___	___/___/___					
___/___/___	___/___/___					

28. Provide the date of the Applicant Firm's first claims made policy (maintained without interruption to date): _____ / _____ / _____
(Month/Day/Year)
29. Does the Applicant Firm's current policy contain a prior acts limitation or retroactive date applicable to the Applicant Firm or any individual attorney? Yes No
If Yes, please provide date: _____ / _____ / _____ Attach a copy of the endorsement.
(Month/Day/Year)
30. Does the Applicant Firm's current policy have any endorsements or exclusions or coverage limitations tailored specifically to the Applicant Firm? Yes No
If "Yes", please describe and attach a copy of the endorsement: _____
31. Has the Applicant Firm or any attorney for whom coverage is sought ever purchased an extended reporting period endorsement? If "Yes", please provide details Yes No
32. In the past five (5) years, has the Applicant Firm or any of its attorneys ever had professional liability insurance or similar insurance declined, cancelled or non-renewed? If "Yes", please provide details Yes No

CLAIM/INCIDENT INFORMATION

33. In the past five (5) years, has any professional liability claim or suit ever been made against the Applicant Firm or any predecessor firm or any current or former attorney of the Applicant Firm or predecessor firm? Yes No
If "Yes", please indicate how many _____ and complete a separate **Supplemental Claim Form** for each claim.
34. Does any attorney for whom coverage is sought know of any incident, act, error or omission that could result in a claim or suit against the Applicant Firm or any predecessor firm or any of the current or former attorneys of the Applicant Firm? Yes No
If "Yes", please indicate how many _____ and complete a separate **Supplemental Claim Form** for each incident.
35. Has any attorney for whom coverage is sought been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, or held in contempt by any court, administrative agency or regulatory body or been the subject of a disciplinary complaint made to any of the aforementioned entities? Yes No
If "Yes", please provide details.

COVERAGE SELECTION

36. Limits of Liability Requested:
- | | | | |
|--|--|--|---------------------------------|
| <input type="checkbox"/> \$100,000/\$300,000 | <input type="checkbox"/> \$500,000/\$1,000,000 | <input type="checkbox"/> \$2,000,000/\$4,000,000 | <input type="checkbox"/> Other: |
| <input type="checkbox"/> \$200,000/\$600,000 | <input type="checkbox"/> \$1,000,000/\$1,000,000 | <input type="checkbox"/> \$3,000,000/\$3,000,000 | \$ _____ |
| <input type="checkbox"/> \$250,000/\$500,000 | <input type="checkbox"/> \$1,000,000/\$2,000,000 | <input type="checkbox"/> \$4,000,000/\$4,000,000 | |
| <input type="checkbox"/> \$500,000/\$500,000 | <input type="checkbox"/> \$2,000,000/\$2,000,000 | <input type="checkbox"/> \$5,000,000/\$5,000,000 | |
- \$ _____
37. Deductible Amount Requested.
- | | | | | | | |
|----------------------------------|----------------------------------|----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$4,000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$20,000 | <input type="checkbox"/> \$35,000 | <input type="checkbox"/> Other: |
| <input type="checkbox"/> \$2,000 | <input type="checkbox"/> \$3,000 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$15,000 | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$50,000 | \$ _____ |
38. Other Deductible and Limit Options Requested:
- | | | |
|---|---|--|
| Annual Aggregate Deductible | <input type="checkbox"/> Currently Have | <input type="checkbox"/> Interested in Quotation |
| Deductible Not Applicable Towards Defense Costs | <input type="checkbox"/> Currently Have | <input type="checkbox"/> Interested in Quotation |
| Claims Expenses Outside Limits of Liability | <input type="checkbox"/> Currently Have | <input type="checkbox"/> Interested in Quotation |

NEW YORK REGULATION 107 DEFENSE WITHIN LIMITS ACKNOWLEDGEMENT

I understand and acknowledge that the policy may contain a Defense Within Limits provision which means that **claim expenses** will reduce the **limit of liability** and may exhaust it completely and should that occur, the **insured** shall be liable for any further **damages** or **claim expenses**. In addition, **claim expenses** are applied against the retention.

SIGNING THIS FORM DOES NOT BIND THE APPLICANT FIRM OR THE COMPANY TO COMPLETE THE INSURANCE. APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT FIRM.

FRAUD WARNING STATEMENT

NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL FACT THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Signature: _____

Title: _____

Print Name: _____

Date: _____

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:



SUPPLEMENTAL CLAIM FORM

INSTRUCTIONS: This form is to be completed by an Applicant Firm who has been involved in any claim or suit during the past five years or who is aware of any incident which may give rise to a claim. Complete one form for each claim. Make additional copies as necessary.

Name of Applicant Firm: _____

1. Name of individual(s) and/or firm involved in the claim/incident: _____

2. Full name of the claimant: _____

3. List any additional defendants: _____

4. Indicate whether: Claim/Suit Incident/Report Only (No reserve established, no expenses to date)

5. a. Date of alleged act, error or omission: ____/____/____

b. Date claim/incident was made against you: ____/____/____

c. Date claim/incident reported to insurer: ____/____/____

6. Name of Insurance Carrier responding to claim or incident: _____

Limit of Liability: \$ _____ Deductible: \$ _____

7. Present status of claim/incident:

OPEN

Claimant's settlement demand: \$ _____

Defendant's offer for settlement: \$ _____

Insurer's indemnity reserve: \$ _____

Insurer's expense reserve: \$ _____

Expenses paid to date: \$ _____

In Suit? Yes No

CLOSED

Total loss paid including deductible: \$ _____

Total indemnity paid: \$ _____

Total expense paid: \$ _____

Court judgment

Out-of-court settlement

Dismissed

8. Description of claim or incident:

a. Alleged act, error or omission upon which Claimant bases claim: _____

b. Description of activities that gave rise to the claim or incident: _____

c. Description of the type and extent of injury or damage allegedly sustained: _____

d. Does this claim/incident follow or result from an action to collect fees? Yes No

9. Describe what steps have been implemented to prevent the occurrence of a similar claim/incident: _____

SIGNING THIS FORM DOES NOT BIND THE APPLICANT FIRM OR THE COMPANY TO COMPLETE THE INSURANCE.

SIGNATURE OF OWNER, PARTNER OR OFFICER	TITLE	DATE
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FRAUD WARNING STATEMENTS

ARKANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

DISTRICT OF COLUMBIA APPLICANTS: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL FACT THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

OHIO APPLICANTS: 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.

OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAYBE VIOLATING STATE LAW.

PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

TENNESSEE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

WEST VIRGINIA: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

PLAINTIFF LITIGATION SUPPLEMENT

Name of Applicant Firm: _____

1. Please describe the types of plaintiff litigation cases handled by the Applicant Firm *(If Applicant Firm is newly established, please provide best estimate)*: _____

2. What is the Applicant Firm's average litigation caseload per year? _____

3. What percentage of the Applicant Firm's litigation cases are: settled before trial? _____ %
tried to a verdict? _____ %
handled on a contingency fee basis? _____ %

4. What is the estimated average dollar size of judgments, awards and settlements in the litigation cases handled by the Applicant Firm?\$ _____

5. What is the largest judgment, award or settlement in a litigation case achieved by the Applicant Firm in the past five years?\$ _____

6. Does the Applicant Firm accept litigation case referrals from other law firms? Yes No
If "Yes", please indicate the approximate number of cases and the types involved. _____

7. Does the Applicant Firm refer cases to other law firms? Yes No
If "Yes", please indicate the approximate number of cases and the types involved. _____

8. Does the Applicant Firm handle any cases as co-counsel with other law firms? Yes No
If "Yes", please indicate the approximate number and how the arrangement is communicated to the client. _____

9. Has the Applicant Firm been involved in any class action or mass tort plaintiff cases within the past five years? Yes No
If "Yes", please describe the type of case, the injury or loss involved and the number of plaintiff's involved. _____

SIGNING THIS FORM DOES NOT BIND THE APPLICANT FIRM OR THE COMPANY TO COMPLETE THE INSURANCE.

SIGNATURE OF OWNER, PARTNER OR OFFICER	TITLE	DATE
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HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

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OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

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REAL ESTATE PRACTICE SUPPLEMENT

Name of Applicant Firm: _____

Real Estate Practice Breakdown

1. What percent of the Applicant Firms' real estate practice receipts for the current year and preceding year have come from the following areas:

	Current Year	Previous 12 Months
a. Purchase and Sale Residential Property Commercial <i>e.g., transactional work performed on behalf of buyers or sellers including negotiations and drafting of earnest money contracts (purchase agreements), option agreements, deeds and other closing documents, representation at closing and other related activities.</i>	_____%	_____%
b. Land Use/Development <i>e.g., representation of landowners, developers and others in zoning, subdivision, planned unit developments, wetlands and other development and land use processes before federal, state and/or local governmental units.</i>	_____%	_____%
c. Mortgages, Contracts for Deeds and Foreclosure <i>e.g., representation of lenders* or borrowers in the purchase money financing, refinancing or other real estate secured lending, including negotiation of loan documents, foreclosure of mortgages or trustee's sales under deeds of trust and other exercises of remedies in the event of a default or breach under the financing documents.</i> Please complete the Financial Institutions Supplement if any income derived from representation of financial institutions.	_____%	_____%
d. Landlord/Tenant <i>e.g., representation of either landlords or tenants in the drafting and negotiation of lease terms, representation in litigation brought to challenge or enforce the lease, evict the tenant or collect amounts owing.</i>	_____%	_____%
e. Construction Work and Mechanics' Liens <i>e.g., representation of developers, contractors, lenders and land owners in connection with the construction of improvements upon real estate and claims (such as mechanics' liens) arising out of construction of such improvements.</i>	_____%	_____%
f. Real Estate Tax Abatement/Property Valuation <i>e.g., representation of property owners before county agencies and courts in proceedings to contest property valuations and obtain abatements or refunds of assessed real estate taxes.</i>	_____%	_____%
g. Condominiums, Cooperatives, and Town Houses (Including Conversions) <i>e.g., representation of developers, homeowners' associations, cooperative boards of directors, or individuals in the issues arising out of the common ownership and common rights of such schemes of property ownership.</i>	_____%	_____%
h. Loan Workouts* <i>e.g., representation of lenders*, borrowers, or federal or state regulatory agencies (such as the Resolution Trust Corporation or a state superintendent of banking) in connection with the restructuring of real estate secured loans that are in default.</i> Please complete the Financial Institutions Supplement if any income derived from representation of financial institutions.	_____%	_____%
i. Other (Please describe) _____	_____%	_____%
TOTAL: (Must equal 100%)	_____%	_____%

Real Estate Practice – Risk Management

2. Does the Applicant Firm's legal services in connection with a property transfer or leasing transaction include documented protocols to evaluate:
- a. Whether the type of business in question creates, or may in the past have created, environmental problems? Yes No
 - b. Whether any real or personal property owned or leased, now or in the past, or property to be acquired is likely to be contaminated by hazardous substances (e.g., asbestos, lead, PCBs, etc.)? Yes No
 - c. Whether any specific site locations owned or leased, operated now or in the past, or property to be acquired are located in or are adjacent to ecologically sensitive areas (such as wetlands, flood plains, aquifers or conservation areas, etc.)? Yes No
 - d. Whether any corporate entity connected to the client including all past and present parent subsidiaries, divisions and spin-offs has ever been fined, penalized, cited or sued for violating any federal, state or local environmental law or regulations? Yes No
3. Does the Applicant Firm require:
- a. Investigation of potential, material environmental risks before resolution of price and other central terms and condition? Yes No
 - b. A thorough review with the client of the economic impact of known environmental considerations and potential benefits of further identification or qualification of environmental risks, in property transfer or leasing transactions with potential material environmental exposure? Yes No
- If "No" to any part of Question 3, are clients advised in writing to seek independent professional evaluations of potential environmental exposures? Yes No***

SIGNING THIS FORM DOES NOT BIND THE APPLICANT FIRM OR THE COMPANY TO COMPLETE THE INSURANCE.

SIGNATURE OF OWNER, PARTNER OR OFFICER	TITLE	DATE
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