APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

NOTICE:

Unless amended by endorsement, amounts incurred as Claim Expenses shall be in addition to the Limit of Liability and shall not be subject to the deductible.

You may elect to purchase coverage with Claim Expenses within the Limit of Liability. If you elect to purchase this coverage, Claim Expenses shall reduce and may exhaust the Limit of Liability. The Company will not be obligated to pay and judgments, awards, settlements or Claim Expenses after the Limit of Liability has been exhausted.

You may elect to purchase coverage containing a Claim Expense cost offset for the Limit of Liability. If you elect to purchase this coverage, up to 50% of the Limit of Liability may be used for Claim Expenses and any Claim Expenses that exceed this amount thereafter shall be in addition to the Limit of Liability.

You may elect to purchase coverage with Claim Expenses subject to the per claim Deductible.

You may elect to purchase coverage with Claim Expenses subject to the aggregate Deductible.

You may elect to purchase coverage containing a Claim Expense cost offset for the per claim Deductible. If you elect to purchase this coverage, no more than 50% of the per claim deductible will be subject to Claim Expenses.

You may elect to purchase coverage containing a Claim Expense cost offset for the aggregate Deductible. If you elect to purchase this coverage, no more than 50% of the aggregate deductible will be subject to Claim Expenses.

Firm Information

1. The precise name of the applicant firm to be insured, as reflected on your letterhead:

Street_				
City/Town			Zip	
	Number ()			
Web S	Site Address			
	Firm Cov	verage Inform	nation	
2.	Coverage Requested to be Effective on?	3.	What Year was the firm estab	blished?
4.	Type of Entity (Solo Practition	er, Partnershi	p, PC, PA, LLC, LPP)	
5.	If you are a solo practitioner, do you have an	attorney that	will handle your cases in your	absence? YESNO
6.	Does the firm have offices (other than conference room only facilities) at locations other than the primary location? <u>YES</u> NO If yes, please complete Additional Offices Supplement			
7.	Is the ratio of support staff to attorneys great	er than 3 to 1	?	YESNO
8.	Please enter the prior acts exclusion date if a	pplicable.		//
9.	Does the firm desire coverage for previously therewith?	dissolved pro	edecessor firms and those attorn	neys affiliated YESNO
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Please enter your current insurance information below:

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0.	Insurance Company	Limits per Claim/Aggregate	Deductible	Covered # of Attorneys	Annual Premium
			<u> </u>		

11. Has the firm ever purchased an Extended Reporting Period Endorsement? <u>YES</u>NO (*If so, need date, Insurance Company, Limits, Deductible and reason*)

Attorney Information

12. Total Number of Attorneys: Please list all the firm's attorneys. Please list additional attorneys on a separate sheet in the same format.

Attorney Name	Par Of En Of	Owner (O) Partner (P) Officer (OF) Employed (E) Of Counsel (OC <u>)</u> Independent Contrac		Does Of Counsel perform 1040 hours or more of legal services per year? ctor (IC)		States you are licensed to practice Law	
1 2 3 4 5							
513. Attorney Name	Year Admitted To Bar	Date of Hire in this Firm	Number of	Years of Malpractice	Prior Acts Date	Have they met CLE requirements	
1 2 3 4 5							

14. Has any attorney been refused admission to practice, disbarred, suspended or formally reprimanded, or been subject to any disciplinary proceedings for any reason other than non-payment of dues within the last five years? ____YES__NO

Areas of Practice

15. Guidelines for completing this section:

a. Express percentages of time devoted (billable hours) in each area during the previous year.

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- b. Indicate percentages in **whole numbers** next to the type of law you practice, not the business of the client you represent.
- c. Please be as accurate as possible, as casual estimates may cause inappropriate evaluation of your practice.

% Admiralty/Marine	% Environmental Law*	<u> </u>
0/ Anti Trust Trade	0/ Eamily Law	Damage-Plaintiff % Real Estate/Title
% Anti-Trust Trade	% Family Law	Commercial*
Regulation	0/ C	
% Banking/Financial	% Government	% Real Estate/Title
Institutions*	Contracts/Claims	Residential*
% Business	% Immigration/	% Securities*
Transaction	Naturalization	
Commercial Law		
% Civil Litigation	% Intellectual Property	% Taxation
	(Patent, Trademark)*	
% Civil Rights/	% International Law	% Wills, Estates
Discrimination		Probate & Planning
% Collection and	% Labor Law	% Workers'
Bankruptcy		Compensation Defense
% Construction -	% Local Government	% Workers'
(Building Contracts)		Compensation Plaintiff
% Consumer Claims	% Natural Resources/	% Other
	Oil and Gas	(please describe below)
% Corporate Business	% Personal Injury/	u ,
Organization	Property Damage-	
6	Defense	
% Criminal		
% Entertainment		
Total (must equal 100%)	% * If any, pleas	e complete appropriate supplements
Other Description Area		

- 16. Does your firm or any attorney of the firm have any clients in the Entertainment Industry? ___YES__NO
- 17. At any time in the past five years, has the firm or any attorney of the firm (regardless of what firm they were practicing with at the time) provided legal services in any way related to a security or a securities transaction?
- 18. Does the firm have any one client in which the firm's attorneys have an equity interest greater than 10% combined?
- 19. Does the firm have any one client which represents 25% or more of the firm's billings? ____YES__NO (If "Yes", need name of client, % of billings and work performed.)
- 20. Does anyone in the firm serve as a director, officer, employee or in any other management capacity for a client?

(If "Yes", please complete Equity/Outside Interest Supplement)

__YES__NO

21. Does the firm have procedures for identifying and resolving potential or actual conflic cross checking of former, existing or potential clients?	ts of interest	including		
	YES	NO		
22. Does the firm have at least two independently maintained docket controls?				
	YES	NO		
23. Has the firm initiated lawsuits or arbitration procedures during the last two years to enforce the collection				
of unpaid fees for the firm?	YES	NO		
If yes, How many?				
24. Has any lawyer to be insured ever had Professional Liability Insurance cancelled or n	on-renewed? YES			
If yes, please provide details.	125	_110		

Claim/Incident Information

After inquiry, is any attorney in your firm aware of:

25. A Professional liability claim made in the past five years against them, the firm, any predecessor firm, or against any current or former attorney of the firm while affiliated with the firm? ____YES___NO 26. An act or omission that may be reasonably be expected to be the basis of a claim against them, the firm, and prior or predecessor firm, or against any current or former attorney of the firm, while affiliated with the firm? ____YES___NO 26. While affiliated with the firm? ____YES___NO 26. An act or omission that may be reasonably be expected to be the basis of a claim against them, the firm, and prior or predecessor firm, or against any current or former attorney of the firm, while affiliated with the firm? ____YES___NO

27. If either of the above two questions are answered "Yes", please complete the information below. For additional claims information, please attach a supplemental sheet in the following format.

Attorney Name:

Other Attorney (s) Involved with the claim/incident:

Claimant Name:

Date of claim/ Incident (MM/DD/YY):

Paid Amount:

Status Open - O, Closed - C, Incident – I:

Claim Description:

During the past 5 years has any insurance carrier cancelled or refused to renew your Professional Liability Insurance?

Requested Coverage

28. a. Please select the Each Claim/Aggregate Limit you desire:

b. Please select the Deductible you desire:

\$100,000/\$300,000	\$2,000,000/\$2,000,000	\$2,000	\$10,000
\$250,000/\$500,000	\$2,000,000/\$4,000,000	\$3,000	\$15,000
\$500,000/\$500,000	\$5,000,000/\$5,000,000	\$4,000	\$25,000
\$1,000,000/\$1,000,000	\$10,000,000/\$10,000,000	\$5,000	Other
\$1,000,000/\$2,000,000			

SIGNATURE AND REPRESENTATION

Applicant hereby represents after inquiry, that the information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

- 1. If a policy is issued, the Company will have relied upon, as representations: this application, and any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof;
- 2. This application will be the basis of the contract and will be incorporated by reference into and made part of such policy; and
- 3. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstance which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage.

Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant.

WARNING-NEW YORK RESIDENTS ONLY

Any person 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 (for New York residents only: and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.)

Date