

Please enter your current insurance information below:

10. Insurance Company	Limits per Claim/Aggregate	Deductible	Covered # of Attorneys	Annual Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11. Has the firm ever purchased an Extended Reporting Period Endorsement? __YES__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	Owner (O) Partner (P) Officer (OF) Employed (E) Of Counsel (OC) Independent Contractor (IC)	Does Of Counsel perform 1040 hours or more of legal services per year?	States you are licensed to practice Law
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

13. Attorney Name	Year Admitted To Bar	Date of Hire in this Firm	Number of Continuous Coverage	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.

- 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*	____ % Personal Injury/Property Damage-Plaintiff
____ % Anti-Trust Trade Regulation	____ % Family Law	____ % Real Estate/Title Commercial*
____ % Banking/Financial Institutions*	____ % Government Contracts/Claims	____ % Real Estate/Title Residential*
____ % Business Transaction Commercial Law	____ % Immigration/ Naturalization	____ % Securities*
____ % Civil Litigation	____ % Intellectual Property (Patent, Trademark)*	____ % Taxation
____ % Civil Rights/ Discrimination	____ % International Law	____ % Wills, Estates Probate & Planning
____ % Collection and Bankruptcy	____ % Labor Law	____ % Workers' Compensation Defense
____ % Construction - (Building Contracts)	____ % Local Government	____ % Workers' Compensation Plaintiff
____ % Consumer Claims	____ % Natural Resources/ Oil and Gas	____ % Other _____ (please describe below)
____ % Corporate Business Organization	____ % Personal Injury/ Property Damage- Defense	
____ % Criminal		
____ % Entertainment		

Total (must equal 100%) _____ % * If any, please 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? __ YES __ NO
18. Does the firm have any one client in which the firm's attorneys have an equity interest greater than 10% combined? __ YES __ NO
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? __ YES __ NO
(If "Yes", please complete Equity/Outside Interest Supplement)

21. Does the firm have procedures for identifying and resolving potential or actual conflicts of interest including cross checking of former, existing or potential clients? _____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 non-renewed? _____YES ____NO

If yes, please provide details.

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

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.)

Signature of Officer or Partner of Firm

Print name of Officer or Partner

Date