

POLICY IS WRITTEN ON CLAIMS MADE BASIS.

FIRM: _____	TELEPHONE: _____
CONTACT: _____	FAX: _____
STREET ADDRESS: _____	EMAIL: _____
P. O. Box: _____	WEBSITE: _____
CITY: _____ STATE: _____ ZIP: _____	COUNTY: _____

1. CURRENT COVERAGE Please provide details or attach a copy of your current policy. **CURRENT POLICY EXPIRATION DATE:** _____

A. Number of years of continuous coverage: _____ E. Annual premium: \$ _____ How many attorneys? _____

B. Current Professional Liability Carrier/Program: _____ F. Deductible: \$ _____

C. Current Limits: \$ _____ G. Per Claim or Annual Aggregate: _____

D. Retroactive Date (if any): _____ H. Does your current policy modify or exclude coverage? _____
If yes, provide details on an attachment.

2. ATTORNEYS Please provide information about each attorney in your firm. If any "of counsel" and/or part-time attorneys, provide number of hours worked on behalf of firm. (Attach additional sheet if necessary)

Full Name	Date Admitted to Bar / State	Date Began Private Practice (MM/DD/YY)	Date Joined Firm	Status: Employee/Partner/of Counsel/Independent Contractor	Individual Prior Acts Date
1					
2					
3					
4					
5					

3. AREA OF PRACTICE Please furnish the % of billable hours, not income, you spend in:

<ul style="list-style-type: none"> ___ Admiralty/Marine: Defense ___ Plaintiff ___ Anti-trust/Trade Regulation ___ Bankruptcy ___ Financial Institution/Banking ___ Business Transaction: Administrative ___ Formation of Entities ___ General Contract Negotiation ___ Mergers & Acquisitions ___ Secured Transactions ___ Civil Litigation ___ Civil Rights/Discrimination ___ Collections* ___ Construction (Building Contracts) ___ Consumer Claims (not class action) ___ Copyright/Trademark* ___ Criminal ___ Entertainment* ___ Environmental Law ___ ERISA/Pension/Employee Benefits ___ Family Law: Adoption ___ Divorce: marital assets < \$1,000,000 ___ Divorce: marital assets > \$1,000,000 ___ Elder Law ___ Guardianship/Juvenile ___ Social Security ___ Government Contracts/Claims ___ Healthcare: Regulatory Compliance ___ Immigration/Naturalization ___ Intellectual Property* ___ International Law ___ Labor/Employment: <ul style="list-style-type: none"> ___ Management ___ Employee ___ Union 	<ul style="list-style-type: none"> ___ Litigation: Insurance Defense* ___ Class Action/Mass Tort: Defense* ___ Class Action/Mass Tort: Plaintiff* ___ General Commercial: Defense ___ General Commercial: Plaintiff ___ Personal Injury/Prop Damage: Defense ___ Personal Injury/Prop Damage: Plaintiff* ___ Personal Injury/Prop Damage: Med Mal ___ Workers Compensation: Defense ___ Workers Compensation: Plaintiff ___ Lobbying ___ Local Government/Municipal (not bonds) ___ Natural Resources/Oil & Gas ___ Patent* ___ Real Estate: Landlord/Tenant ___ Abstracting/Title: Commercial* ___ Abstracting/Title: Residential* ___ Conveyance: Commercial* ___ Conveyance: Residential* ___ Foreclosures & Loan Workouts ___ Syndications/Limited Partnerships* ___ Zoning & Planning ___ Securities (SEC, Blue Sky, Bonds)* ___ Taxation: Business <ul style="list-style-type: none"> ___ Individual ___ Tax Litigation ___ Opinions ___ Wills, Estates, Trusts, Probate & Planning: <ul style="list-style-type: none"> ___ For assets < \$1,000,000 ___ For assets > \$1,000,000 ___ Other: (describe) _____ <p>100 TOTAL (Must Equal 100%)</p> <p><i>*May require completion of a supplemental application.</i></p>
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4. CLAIMS INFORMATION

A. How many claims, including disciplinary matters, have been made against your firm or any present or past partners, employees, or "of counsel" in the last five years? _____

B. How many incidents, circumstances, errors, omissions or offenses, which may result in a claim being made against your firm, are you now aware? _____

If yes to either, we will send you a claim supplement to complete.

5. MISCELLANEOUS UNDERWRITING INFORMATION

YES NO

A. Does any attorney in your firm serve as a director, officer, or employee, or have any equity interest, in any client of the firm? (If yes, please provide details on another sheet.)

B. Does the firm have a docket system with two independent date controls?

C. Do you have a conflict of interest avoidance system?

D. Do you use engagement/disengagement letters?

E. Do you share office space with other firms? If yes, does the firm share letterhead?

F. Do you act as a Title Agent?

G. Do you own a Title Agency?

H. How many suits for fees have you filed against your clients in the last two years? _____

Attach: -- YOUR FIRM'S LETTERHEAD with EITHER -- THIS PREMIUM ESTIMATE FORM AND CURRENT POLICY DECLARATION PAGE OR -- YOUR MOST RECENT APPLICATION

I UNDERSTAND THE INFORMATION SUBMITTED HEREIN BECOMES PART OF THE APPLICANT'S PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS AND THAT THERE WILL BE NO COVERAGE AFFORDED UNDER THE PROPOSED INSURANCE FOR ANY MATTER(S) LISTED IN RESPONSE TO THIS SUPPLEMENT

AUTHORISED SIGNATURE OF APPLICANT

TITLE

Date