

# LAWYERS PROFESSIONAL LIABILITY – INSURANCE APPLICATION



(Claims-Made Basis)

Submitting Agency: \_\_\_\_\_  
 Agency Code: \_\_\_\_\_  Direct  Sub-Produced

- Gulf Insurance Company, Hartford, Connecticut
- Atlantic Insurance Company, Irving, Texas
- Select Insurance Company, Irving, Texas

## INSTRUCTIONS

ALL QUESTIONS MUST BE ANSWERED ACCURATELY AND COMPLETELY. IF A POLICY IS ISSUED, THE COMPLETED APPLICATION AND SUPPLEMENTS WILL BE ATTACHED TO AND BECOME PART OF THE POLICY. IF ADDITIONAL SPACE IS NEEDED, CONTINUE ON YOUR LETTERHEAD AND REFER TO THE QUESTION NUMBER.

## COVERAGE REQUESTED

- Limits of Liability. Claims expenses are outside the limits of liability in AR, ID, KS, LA, ME, MI, MO, NC, NY, VA and VT and only under certain circumstances in AK, NJ, NM and SD. Refer to policy language.
 

<input type="checkbox"/> \$100,000/\$300,000	<input type="checkbox"/> \$1,000,000/\$1,000,000	<input type="checkbox"/> \$4,000,000/\$4,000,000	<input type="checkbox"/> \$9,000,000/\$9,000,000
<input type="checkbox"/> \$200,000/\$600,000	<input type="checkbox"/> \$1,000,000/\$2,000,000	<input type="checkbox"/> \$5,000,000/\$5,000,000	<input type="checkbox"/> \$10,000,000/\$10,000,000
<input type="checkbox"/> \$250,000/\$500,000	<input type="checkbox"/> \$2,000,000/\$2,000,000	<input type="checkbox"/> \$6,000,000/\$6,000,000	
<input type="checkbox"/> \$500,000/\$500,000	<input type="checkbox"/> \$2,000,000/\$4,000,000	<input type="checkbox"/> \$7,000,000/\$7,000,000	
<input type="checkbox"/> \$500,000/\$1,000,000	<input type="checkbox"/> \$3,000,000/\$3,000,000	<input type="checkbox"/> \$8,000,000/\$8,000,000	
- Deductible Amount Requested. Amount will apply PER CLAIM and will include defense costs except in LA, NJ, NY and VA.
 

<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*	\$ _____
- Other Deductible and Limit Options:
 

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

## GENERAL APPLICANT INFORMATION

- Name(s) of Legal Entity(ies) to be Insured: (as Reflected on Your Letterhead)  
 \_\_\_\_\_
- Principal Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
**PLEASE ATTACH A COPY OF THE FIRM'S LETTERHEAD FOR EACH OFFICE LOCATION.**
  - Does your Firm practice from any other office location(s)? .....  Yes  No  
 If "Yes", please complete the **Additional Locations Supplement**.
- Date Applicant Firm Established: \_\_\_\_\_
- Firm is a(n):  Partnership  Professional Corporation or Association  Limited Liability Company or Partnership  Sole Proprietor  Association  
 Other: \_\_\_\_\_
- Indicate the Firm's gross revenue for the applicable fiscal year. If Firm is newly established, please advise best estimate for current fiscal year only.
 

Estimate for current fiscal year:	\$ _____
Actual for immediate past fiscal year:	\$ _____
Actual for second previous fiscal year:	\$ _____
- Do you have any single client(s) representing 20% or more of your gross revenue? .....  Yes  No  
 If "Yes", please list.

Client/Industry	Area(s) of Practice	% of Revenue

10. Do you 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     Fliers     Newspapers     Periodicals     Radio     Television     Internet

11. List all predecessor firm(s) of the applicant. This is defined as a law firm or practice which has undergone dissolution and at least 50% of the owners, officers, partners, principals or shareholders of the prior firm have joined the successor firm.

Name of Prior Firm(s)/ Sole Practitioner(s)	Date Established	Date Dissolved	# of Owners, Officers, Partners at:		# of Owners, Officers, Partners from Prior Firm that joined successor	
			Start	End	Start	End

12. If you are a Sole Proprietor, have you made arrangements with another attorney to handle your cases in the event of your extended absence from your practice? .....  Yes  No  
 If "Yes", please provide the following concerning your back-up attorney:  N/A

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 City/State: \_\_\_\_\_

13. Is this a full-time, private practice of law? .....  Yes  No

14. Please list all attorneys associated with the Firm (including yourself) by category, using the following position designations.

- O = Owner/Officer/Shareholder    S = Sole Proprietor    EA = Employed practicing attorneys of the Firm  
 A = Associate practicing for Firm    OC = Of Counsel Attorneys of the Firm    not otherwise designated.  
 P = Partner of the Partnership    CA = Attorneys on contract or per diem    RP = Retired Partners of the Firm

Name	Position (See Key)	Month/Year Admitted to Bar (Identify All States)	Month/Year Attorney Joined Firm	Average Hours Worked Per Week for OC's and Any Part Time Attys	Participated in CLE during the past (12) months? <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

15. Does the Firm or any member of the Firm have any other law partner(s), associated, employed or independently contracted attorney(s) other than those named above? .....  Yes  No  
 If "Yes", please provide details of such relationships.

16. Does any member of the 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 provide details.

17. Provide the total number of non-attorney staff serving as:

Law Clerks \_\_\_\_\_ Abstractors \_\_\_\_\_ Clerical \_\_\_\_\_ Other \_\_\_\_\_ (Describe Below):  
 Paralegals \_\_\_\_\_ Title Agents \_\_\_\_\_ Investigators \_\_\_\_\_

18. Does any attorney or non-attorney member of your 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 member's 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.

19. Complete the following chart based upon the Firm's gross revenue for each category. The total must equal 100%. If Firm is newly established, please provide best estimate.

Area of Practice	% of Practice	Area of Practice	% of Practice
Administrative	%	Investment Counseling / Money Management	%
Admiralty / Maritime - <b>Defense</b>	%	Loans	%
Admiralty / Maritime - <b>Plaintiff</b> (6)	%	Labor Law - Management	%
Antitrust / Trade Regulation	%	Labor Law - Union	%
Arbitration / Mediation	%	Labor Litigation - <b>Defense</b>	%
Aviation	%	Labor Litigation - <b>Plaintiff</b> (6)	%
Banking / Financial Institutions (1)	%	Litigation - Commercial - <b>Defense</b>	%
Bankruptcy	%	Litigation - Commercial - <b>Plaintiff</b> (6)	%
BI / PI - <b>Defense</b>	%	Mergers and Acquisitions	%
BI / PI - <b>Plaintiff</b>		Municipal / Governmental - Zoning & Planning	%
General Liability (6)	%	Municipal / Governmental - Other (Not Bonds)	%
Medical Malpractice (6)	%	Oil / Gas / Minerals	%
Products Liability (6)	%	Patent (2)	%
Other Plaintiff (6)	%	Public Utilities	%
Civil Rights / Discrimination	%	Real Estate - Commercial (4)	%
Collection / Repossession / Foreclosures	%	Real Estate - Escrow Agent (4)	%
Communication / FCC	%	Real Estate - Residential (4)	%
Copyright / Trademark (Not Patent) (2)	%	Real Estate - Title Work (4)	%
Corporate - Formation / Alteration	%	Real Estate - Syndication / Development (4)	%
Corporate - General	%	School Law	%
Criminal	%	Securities, Bonds, Secured Transactions (5)	%
Domestic Relations / Family / Juvenile	%	Social Security / Elder Law	%
Eminent Domain	%	Tax - Corporate / Business Opinions	
Employee Benefit Plans / ERISA	%	Tax - Corporate / Business Preparation	%
Entertainment / Sports (3)	%	Tax - Individual	%
Environmental - General (4)	%	Water Rights	%
Environmental - Litigation	%	Workers Compensation - <b>Defense</b>	%
Estate / Estate Planning / Probate / Trusts / Wills	%	Workers Compensation - <b>Plaintiff</b> (6)	%
Foreign (Non-U.S. Law) / International	%	Other - Describe in Detail - Miscellaneous Not Acceptable	
Healthcare	%		%
Insurance	%	<b>THE ABOVE MUST TOTAL 100%</b>	

If the Firm practices in any area(s) above with a numerical notation(s), complete the associated **Supplement** so indicated below.

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

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

21. Has any member or former member of the Firm, at any time 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 21 above, please complete the **Securities Supplement**.

22. Does the Firm provide any services in connection with any pre-paid legal services plan? .....  Yes  No  
 If "Yes", please provide details.

**RISK MANAGEMENT**

23. Concerning your docket control and/or calendaring system(s):

- a. Does the Firm regularly make use of these system(s) with a least two independent date controls for each item? .....  Yes  No  
 b. Indicate all types regularly utilized:                       Computer                       Tickler System                       Two Calendar System  
 Other (Describe): \_\_\_\_\_  Perpetual Calendar                       Daytimer                       Pocket Calendar  
 c. Are two separate individuals entering dates into different systems for the same matter? .....  Yes  No

23. Continuation of Question 23 from Prior Page:

- 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. Do you 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 for an extended period? .....  Yes  No

24. Concerning your conflict of interest avoidance system(s) and procedure:

- a. Does the Firm regularly make use of a conflict of interest avoidance procedure when accepting new clients or a new matter from existing clients? .....  Yes  No
- b. Indicate method(s) used to achieve conflict checks:  
 Oral/Memory                       Computer                       Index File                       Conflict Committee  
 Perpetual Calendar                       Client Lists                       Other (Describe): \_\_\_\_\_
- c. Does the Firm disclose to clients, in writing, all actual or potential conflicts of interest? .....  Yes  No
- d. Upon disclosure of actual or potential conflicts, do you or your Firm always obtain written consent to perform ongoing legal services or decline further representation in writing? .....  Yes  No
- e. Does this procedure capture attorney-client relationships established by predecessor, merged or acquired firms? ..  Yes  No  
 N/A

25. Concerning the Year 2000 (Y2K) computer software compliancy problem, has the Firm:

- a. Determined if there are any potential problems with any of the Firm's internal computer or support systems? .....  Yes  No
- b. Adopted a plan for resolution of these problems if probable or have manual back-up systems in place? .....  Yes  No
- c. Been advising your clients of this problem when it could detrimentally affect their businesses if not contemplated in their current legal dealings? .....  Yes  No

*If "No" to any part of Question 25 above, what is your time frame for addressing these issues or why aren't they of concern?*

26. Has the Firm or any present or former member of the Firm or predecessor firm provided legal professional services to clients or referred clients to any business organization in which ANY FIRM MEMBER OR SPOUSE ever:

- a. Served as a director, officer, partner, trustee or fiduciary (such as an administrator, conservator, executor, guardian, trustee, receiver, escrow agent)? .....  Yes  No
- b. Owned an equity or financial interest? .....  Yes  No

*If "Yes" to any part of Question 26 above, please complete the **Outside Interest** and/or **Trustee Supplement(s)** as applicable.*

27. Do you regularly make use of written fee or retainer agreements and/or engagement letters when accepting work? ....  Yes  No  
*If "No", please explain how you eliminate misunderstandings about the scope and cost of services being provided.*

28. Do you regularly make use of written declination or non-engagement letters when declining work? .....  Yes  No  
*If "No", please explain how you eliminate misunderstandings about representation.*

29. Within the past five (5) years, have you sued to collect fees or threatened to do so? .....  Yes  No  
*If "Yes", please indicate number \_\_\_\_\_ and advise what steps you are taking to prevent countersuits for malpractice.*

30. What percentage of your accounts receivable are over ninety (90) days past due? \_\_\_\_\_  
*If more than 30%, what steps are being taken to reduce this percentage?*

## PRIOR COVERAGE AND CLAIMS HISTORY

31. In the past five (5) years, has any professional liability claim or suit ever been made against the Firm or any predecessor firm or any current or former member of the Firm or predecessor firm? .....  Yes  No  
*If "Yes", please indicate how many \_\_\_\_\_ and complete a separate **Supplemental Claim Form** for each claim.*

32. 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 Firm or any predecessor firm or any of the current or former members of the Firm? .....  Yes  No  
*If "Yes", please indicate how many \_\_\_\_\_ and complete a separate **Supplemental Claim Form** for each incident.*

33. 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.

34. List the Lawyers Professional Liability Insurance Coverage carried during the past five (5) years, including any periods without coverage. Also, if currently uninsured, please check this box:

	Name of Insurer (Not Agency)	Policy Period From: MM/DD/YY To: MM/DD/YY	Limits of Liability	Deductible/ Retention	Premium	# of Atty(s)
Current Year						
Prior Year 1						
Prior Year 2						
Prior Year 3						
Prior Year 4						

35. Inception date of firm's first claims made policy, maintained without interruption to date: \_\_\_\_\_.

36. Does your current policy have a prior acts limitation or retroactive date applicable to the Firm or any individual attorney? .  Yes  No  
 If "Yes", please indicate date and to whom it applies if other than the Firm: \_\_\_\_\_

37. Does your current policy contain any exclusions or coverage limitations tailored specifically to your Firm? .....  Yes  No  
 If "Yes", please describe and attach a copy of the endorsement: \_\_\_\_\_

38. In the past five (5) years, has the Firm or any Firm member ever had professional liability insurance or similar insurance declined, cancelled or non-renewed? .....  Yes  No  
 If "Yes", please explain.

39. Has the Firm or any attorney for whom coverage is sought ever purchased an extended reporting period endorsement? .  Yes  No  
 If "Yes", please provide details.

**NOTICE TO APPLICANT-PLEASE READ CAREFULLY**

THE UNDERSIGNED MEMBER, PROPRIETOR, PARTNER OR OFFICER UNDERSTANDS THAT THE POLICY APPLIED FOR WILL PROVIDE COVERAGE ON A CLAIMS-MADE BASIS. COVERAGE SHALL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE APPLICANT DURING THE POLICY PERIOD AND ARISING FROM ACTS, ERRORS OR OMISSIONS OF THE INSURED COMMITTED ON OR AFTER THE EFFECTIVE DATE OF THE POLICY, OR RETROACTIVE DATE, IF ANY, AND PRIOR TO THE EXPIRATION OR TERMINATION DATE OF THE POLICY, WHICHEVER IS THE EARLIER DATE.

THE COMPLETION OF THIS APPLICATION AND ANY SUPPLEMENTS DOES NOT BIND THE COMPANY TO ISSUE, NOR THE APPLICANT TO PURCHASE THE INSURANCE. IF A POLICY IS ISSUED, THIS APPLICATION AND ANY SUPPLEMENTS WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.

THE FOLLOWING APPLIES TO ALL STATES EXCEPT ALASKA, ARKANSAS, IDAHO, KANSAS, LOUISIANA, MAINE, MICHIGAN, MISSOURI, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH CAROLINA, SOUTH DAKOTA, VERMONT & VIRGINIA: THE UNDERSIGNED ALSO ACKNOWLEDGES THAT HE/SHE IS AWARE THAT THE LIMIT OF LIABILITY CONTAINED IN THE POLICY SHALL BE REDUCED AND MAY BE EXHAUSTED BY THE COSTS OF CLAIMS EXPENSES, AND THE COMPANY SHALL NOT BE LIABLE FOR THE COSTS OF CLAIMS EXPENSES OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT IT EXCEEDS THE LIMIT OF THE POLICY. ALSO, CLAIMS EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE AND ARE THE RESPONSIBILITY OF THE APPLICANT.

THE FOLLOWING APPLIES TO ALL STATES EXCEPT MINNESOTA AND PENNSYLVANIA: THE UNDERSIGNED PROPRIETOR, PARTNER, MEMBER OR OFFICER ACTING ON BEHALF OF THE APPLICANT DECLARES, AFTER DILIGENT INQUIRY, THAT THE STATEMENTS AND PARTICULARS MADE IN THIS APPLICATION INCLUDING ALL SUPPLEMENTS, ARE TRUE, ACCURATE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

NOTICE TO ARKANSAS AND 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 FINES AND CONFINEMENT IN PRISON.

**NOTICE TO 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 POLICYHOLDER OR CLAIMANT FOR THE**

**PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER 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 AUTHORITIES**

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: 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.**

**NOTICE TO 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 IN THE THIRD DEGREE.**

**NOTICE TO 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.**

**NOTICE TO 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.**

**NOTICE TO 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.**

**NOTICE TO 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.**

**NOTICE TO NEW YORK 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.**

**NOTICE TO 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.**

**NOTICE TO 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 (365:15-1-10, 36 §3613.1).**

**NOTICE TO 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.**

**NOTICE TO TENNESSEE AND 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.**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
(Must be signed by a Proprietor, Partner or Officer of the Applicant Firm.)

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Return this application to your insurance agent. Agents should forward this submission to the Gulf Insurance Group, Lawyers Professional Liability, One Tower Square, 4 SB, Hartford, CT, 06183-3004, Telephone: (800) 842-3112, Facsimile: (800) 842-9326.

# SUPPLEMENTAL CLAIM FORM



PLEASE COMPLETE THE FOLLOWING ONLY IF INSTRUCTED TO DO SO IN THE MAIN APPLICATION. IF MORE FORMS ARE NEEDED, PLEASE PHOTOCOPY FORM BEFORE COMPLETING.

1. Name of Individual(s) and/or Firm involved in the claim/incident:

\_\_\_\_\_

\_\_\_\_\_

2. Name of claimant(s):

\_\_\_\_\_

3. a. Date of alleged act, error or omission: \_\_\_\_\_  
b. Date Applicant became aware of claim/incident: \_\_\_\_\_

4. List any additional defendants:

\_\_\_\_\_

5. Present status of claim or incident (check one and include any deductible amount in figures provided). We must have the financial information requested. "Unknown" is an unacceptable response.

Closed

Open

Total loss paid: \$ \_\_\_\_\_

Claimant's settlement demand: \$ \_\_\_\_\_

Total expense paid: \$ \_\_\_\_\_

Defendant's offer for settlement: \$ \_\_\_\_\_

Court judgment

Insurer's claim reserve: \$ \_\_\_\_\_

Out-of-court settlement

Expenses paid to date: \$ \_\_\_\_\_

Dismissed

Expense reserve: \$ \_\_\_\_\_

In Suit

Incident/Report Only (No reserve established, no expenses to date)

6. a. Date first reported to insurer: \_\_\_\_\_  
b. Name of Insurance carrier responding to this claim or incident:

\_\_\_\_\_

Limit of Liability: \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

7. Description of claim or incident.

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

\_\_\_\_\_

\_\_\_\_\_

b. Describe what activities gave rise to the claim or incident:

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

8. What steps have been taken to prevent the occurrence of a similar claim/incident?

\_\_\_\_\_

**NOTICE**

Any claims or incidents disclosed in the application or to which any member of the Firm has knowledge prior to the effective date of this application, will not be afforded coverage under any policy which may subsequently be issued by Gulf Insurance.

Applicant understands the information submitted herein becomes a part of the Applicant's Lawyers Professional Liability Insurance Application or Renewal Application and is subject to the same representations and conditions.

Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

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Signature of Owner, Partner or Principal

Title

Date

# COPYRIGHT PATENT TRADEMARK SUPPLEMENT



PLEASE COMPLETE THE FOLLOWING ONLY IF INSTRUCTED TO DO SO IN THE MAIN APPLICATION.

## AREAS OF PRACTICE

1. List the areas of your practice based on gross revenue by showing the percentages for each of the following:

- a. Domestic Patent Prosecution ..... \_\_\_\_\_%
- b. Foreign Patent Prosecution ..... \_\_\_\_\_%
- c. Intellectual Property Litigation ..... \_\_\_\_\_%
- d. Patent Filings and Searches ..... \_\_\_\_\_%
- e. Patent Infringement ..... \_\_\_\_\_%
- f. Trademark/Copyright Registration & Licensing ..... \_\_\_\_\_%
- g. Other (Describe) ..... \_\_\_\_\_%

## INDUSTRY AREAS

2. Industry Areas. Please provide a breakdown of your intellectual property practice by showing the percentages based on gross revenue derived from intellectual property matters within the following industries:

- a. Biotechnical ..... \_\_\_\_\_%
- b. Chemical ..... \_\_\_\_\_%
- c. Computer ..... \_\_\_\_\_%
- d. Electric ..... \_\_\_\_\_%
- e. Industrial ..... \_\_\_\_\_%
- f. Mechanical ..... \_\_\_\_\_%
- g. Pharmaceutical ..... \_\_\_\_\_%
- h. Other (Describe) ..... \_\_\_\_\_%

**SEARCHES**

- 3. a. When undertaking a patent search, do you require the use of an engagement letter which details the nature, scope and limitations of a proposed patent search? .....  Yes  No
- b. 1. For foreign patent filings, is the client made aware of the deadlines for these filings and the requirements necessary to complete the filings? .....  Yes  No
- 2. Are foreign patents handled by a separate unit? .....  Yes  No
- c. 1. Is your responsibility for payment of annuities, maintenance fees or taxes clearly stated in the engagement letter? .....  Yes  No
- 2. If the client is responsible for payment of annuities, maintenance fees or taxes, or if authorization is necessary, are notices of required payments sent well in advance of the due date? .....  Yes  No
- 3. Is the system for sending such notices computerized? .....  Yes  No
- d. Do you maintain a calendar or docketing system to record, monitor and comply with filing deadlines and other time limitations in connection with securing patents? .....  Yes  No
- e. Please describe your procedures to ensure that the client is notified of all such deadlines and other time limitations: \_\_\_\_\_  
\_\_\_\_\_
- f. To what extent is foreign patent work performed by you? \_\_\_\_\_  
\_\_\_\_\_
- g. Do you engage the services of a third party to carry out patent searches? .....  Yes  No  
*If "Yes", indicate how frequently, under what circumstances and whether third party have own insurance or a hold harmless agreement in place.* \_\_\_\_\_  
\_\_\_\_\_
- h. When rendering an opinion as to the results of a patent search, do you qualify the opinion in writing with reference to the nature, scope and limitations of the search conducted? .....  Yes  No

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---

Signature of Owner, Partner or Principal Title Date

# ENTERTAINMENT SUPPLEMENT



PLEASE COMPLETE THE FOLLOWING ONLY IF INSTRUCTED TO DO SO IN THE MAIN APPLICATION.

- List all entertainment (e.g., athletes, authors, designers, performers, publishers, etc., and public figures) clients of the Firm and the following information concerning them:

Client's Name	Field of Entertainment	Types and Dates of Services Provided	Still a Client?
			<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

- Does the Firm or any member of the Firm for whom coverage is sought:
  - have a business relationship with any of the Firm's entertainment clients other than the providing of legal services? .....  Yes  No
  - have the authority to write checks for any of the entertainment clients? .....  Yes  No
  - provide investment advice or make investments for any of the entertainment clients? .....  Yes  No
  - ever served as the trustee of the entertainment client's trust? .....  Yes  No
  - negotiate personal appearances or product endorsements for the entertainment clients? .....  Yes  No
- Does the Firm or any related or controlled entity, or any attorney for whom coverage is sought serve as a manager or as a talent agent? .....  Yes  No
- Does the Firm or any member for whom coverage is sought ever accept:
  - percentages of deals as compensation for legal fees? .....  Yes  No
  - compensation in kind (e.g., copyrights) in return for legal services? .....  Yes  No
- Do your procedures and conflict of interest system also apply to entertainment clients? .....  Yes  No

If "Yes" to any part of **Questions 2, 3 or 4** above, please furnish complete details.

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---

Signature of Owner, Partner or Principal \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING ONLY IF INSTRUCTED TO DO SO IN THE MAIN APPLICATION. IF MORE FORMS ARE NEEDED, PLEASE PHOTOCOPY FORM BEFORE COMPLETING.

- 1. With regard to any financial institution client(s) within the past six (6) years, has any member or former member of the Firm:
a. Performed services other than bankruptcy, collection, loan documentation/workout, real estate closings/foreclosures, title work/conveyances or trust work?
b. Served as general counsel, CEO, chairman, president, officer, director or member of any internal committee?
c. Had any equity interest or loan commitments?
d. Had a client been declared insolvent or operated under regulatory direction or agreement? .....

If "Yes" to any part of Question 1 above, please answer Questions 2 through 4.
If "No" to all parts of Question 1 above, no further information is required other than signature.

- 2. a. Name of Financial Institution:
b. Location (City, State):
c. Nature and capacity of services Applicant Firm provided (please be as specific as possible):
d. Name of firm member(s) or former member(s) who provides or provided above professional services:
e. Dates of services, from to
f. Still a client ?
g. Date of insolvency, take-over or merger, if applicable:

- 3. With regard to the above institution, has any member or former member of the Firm:
a. Been a member of any internal committee(s) such as but not limited to the executive, loan policy, audit or investment advisory committee(s)?
b. Acted as director or officer?
c. Acted as general counsel?
d. Has loan commitments?
e. Held stock or other financial interest?
f. Participated in the preparation of a response to regulatory examination reports?
g. Participated or assisted in the rendering of advice on regulatory issues?

- 4. Has any regulatory authority filed any lawsuit or is any litigation (including any shareholder derivative action) pending against any director or officer of the above financial institution?
If "Yes", please provide complete details:

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# OUTSIDE INTEREST SUPPLEMENT

PLEASE COMPLETE THE FOLLOWING ONLY IF INSTRUCTED TO DO SO IN THE MAIN APPLICATION. IF MORE FORMS ARE NEEDED, PLEASE PHOTOCOPY FORM BEFORE COMPLETING.

1. Name of client and/or business organization:  
\_\_\_\_\_
2. Nature of business: \_\_\_\_\_  
*If this business organization is a Financial Institution, please complete the **Financial Institution Supplement**.*
3. Dates of your relationship with this client or entity: From \_\_\_\_\_ To \_\_\_\_\_.  
Currently a client of the Firm? .....  Yes  No
4. Annual percentage of the Firm's gross revenue derived from this client or entity: \_\_\_\_\_ %
5. Name of individual(s) in Firm with primary relationship to this client or entity, nature of that relationship and legal services provided:  
\_\_\_\_\_  
\_\_\_\_\_
6. Has any present or former member of the Firm referred law firm clients to this business organization? .....  Yes  No  
*If "Yes", please indicate approximately how many in the past year \_\_\_\_\_ and past five years \_\_\_\_\_.*
7. Percent of equity interest in client or entity: \_\_\_\_\_ % Dollar Value: \$ \_\_\_\_\_  
Is this entity \_\_\_\_\_ publicly owned/traded or \_\_\_\_\_ privately held? (Please check one.)
8. Name of any other individual(s) in Firm (including attorney and non-attorney staff) providing services to client or entity and nature of those services: \_\_\_\_\_  
\_\_\_\_\_
9. If any Firm member is a present or past officer or director of the client or entity, is Director's and Officer's Liability Insurance currently in force? .....  Yes  No  
*If "Yes", please indicate name of insurance company, policy expiration date, limits of liability and deductible carried: \_\_\_\_\_*  
\_\_\_\_\_
10. Describe any management role or committee assignments in client or entity: \_\_\_\_\_
11. \_\_\_\_\_
11. Has this client or entity been sued or threatened with suit in the past five (5) years? .....  Yes  No  
*If "Yes", please provide details on the **Supplemental Claim Form**.*

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\_\_\_\_\_  
Signature of Owner, Partner or Principal

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# PLAINTIFF LITIGATION SUPPLEMENT



PLEASE COMPLETE THE FOLLOWING ONLY IF INSTRUCTED TO DO SO IN THE MAIN APPLICATION.

IF FIRM IS NEWLY ESTABLISHED, PLEASE PROVIDE YOUR BEST ESTIMATE.

- Describe the types of cases handled (e.g. admiralty, aviation, asbestos, bodily injury, breast implant, commercial, discrimination, general liability, medical malpractice, personal injury, products, toxic tort, sexual harassment, tobacco, worker's compensation, unfair competition, wrongful death, etc.).

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- What is the Firm's average litigation case load per year? ..... \_\_\_\_\_
- What percentage of the Firm's litigation cases are settled before trial? ..... \_\_\_\_\_
- What percentage of the Firm's litigation cases are tried to a verdict? ..... \_\_\_\_\_
- What percentage of the Firm's litigation cases are handled on a contingency fee basis? ..... \_\_\_\_\_
- What is the estimated average dollar size of judgments, awards and settlements in the litigation cases handled by the Firm? ..... \$ \_\_\_\_\_
- What is the largest judgment, award or settlement in a litigation case achieved by the Firm in the past five years? ..... \$ \_\_\_\_\_
- Does the firm take litigation case referrals from other law firms? .....  Yes  No  
*If "Yes", please indicate the approximate number of cases and the types involved.*
- Does the firm refer cases to other law firms? .....  Yes  No  
*If "Yes", please indicate the approximate number of cases and the types involved.*
- Has the firm been involved in any class action 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.*

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Signature of Owner, Partner or Principal \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

# REAL ESTATE PRACTICE SUPPLEMENT



PLEASE COMPLETE THE FOLLOWING ONLY IF INSTRUCTED TO DO SO IN THE MAIN APPLICATION.

## REAL ESTATE PRACTICE BREAKDOWN

1. What percent of your 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>		
<b>Please complete the Financial Institutions Supplement if any income derived from representation of financial institutions.</b>		
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>		
<b>Please complete the Financial Institutions Supplement if any income derived from representation of financial institutions.</b>		
i. Other (Please describe) _____	_____ %	_____ %
<b>Total (Must equal 100%)</b>	<b>100 %</b>	<b>100 %</b>

**REAL ESTATE PRACTICE - RISK MANAGEMENT**



2. Do your 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. Do you 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

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# SECURITIES SUPPLEMENT



PLEASE COMPLETE THE FOLLOWING ONLY IF INSTRUCTED TO DO SO IN THE MAIN APPLICATION.

## PUBLIC CLIENTS-----

1. Please provide the following information for each publicly-traded client:

Name of Client	Nature of Business	No. Yrs. A Client	Legal Services Rendered	Were SEC Reports Prepared? Y/N	Was A Qualified Opinion Issued? Y/N

## SECURITIES-----

2. Please provide the following information for each filing. Include filings that were withdrawn, offerings which were unsuccessful, and filings made pursuant to an exemption from registration, and filings anticipated within the next 90 days. Also, provide this information on affiliated reports, statements, or similar offering documents.

Date Offering Began	Name of Issuer	Type Of Offering (1)	Nature of Client's Business	Dollar Amt. of Offering	Description of Security	Registered or Exempt Offering	Did Firm Render An Opinion? Y/N	Applicant Lawyer For? (2)

  

<b>(1) Key</b> Private Placement=PR Public Initial Placement=PUI Public Secondary Placement=PUS Bond (Private)=B Syndication=SY Municipal Financing=M Limited Partnership=LTP				<b>(2) Key</b> Issuer=I Underwriter=U Lender=L Purchaser=P Auditor=A Other=O (Please specify)				
--	--	--	--	---	--	--	--	--

3. Exempted Securities: Within the past five (5) years, has the Firm provided legal services in connection with the offer and sale of Securities in any transaction involving a Security that was intended to be an exempted Security under one of the provisions of Section 3(a) of the 1933 Act? .....  Yes  No

4. Tender Offers and Exchange Offers:

- a. Has the Firm provided legal services in connection with any tender offer or exchange offer? .....  Yes  No
- b. Has the Firm advised any client with respect to a tender offer made or proposed to be made involving any entity whose management opposed or opposes such offer? .....  Yes  No

5. Proxy Contests:

- a. Has the Firm provided legal services in connection with any proxy contest involving a Public Company? ...  Yes  No
- b. Was the Firm's client, in connection with any such contest, a person or entity opposing director nominees of the Public Company or its management? .....  Yes  No

**BONDS**

6. Within the past five (5) years, has the Firm provided legal services in connection with the offer and sale of Securities in any transaction involving a Security that was intended to be exempt under one or more of the following provisions of Section 3(a) of the 1933 Act:
- a. Section 3(a)(2) as it relates to any Security issued or guaranteed by a bank? .....  Yes  No
  - b. Section 3(a)(2) as it relates to any Security issued by the U.S. or any State or political subdivision or public instrumentality of the U.S. or any state? .....  Yes  No
  - c. Section 3(a)(6) as it relates to any Security issued by a Savings and Loan Institution? .....  Yes  No

**Please complete the schedule below for Securities addressed in Question 6a or 6c:**

Name of Institution	Location	Nature of Legal Services Provided	Dates of Service

7. a. Has the Firm provided legal services in connection with the offer and sale of private placement bonds? ...  Yes  No  
 b. Is due diligence documentation retained for services in connection with all private placement bonds with an aggregate price of \$100,000 or more? .....  Yes  No

8. Within the past five (5) years, what is the number of bond issues for which the Firm has provided legal services? \_\_\_\_\_

a. Indicate the number of bonds issued (by type):

General Obligation \_\_\_\_\_ Revenue \_\_\_\_\_ Other (provide detail) \_\_\_\_\_

b. Indicate the entity for which the Firm was employed in the above bond issues:

Bond Counsel \_\_\_\_\_ Issuer \_\_\_\_\_ Underwriter \_\_\_\_\_ Other (provide detail) \_\_\_\_\_

c. How many of the above indicated bond issues are currently in default \_\_\_\_\_ or have experienced a default proceeding \_\_\_\_\_?

9. Client Identification and Evaluation:

- a. Do you have a procedure for new client identification intended to assure that there will be no conflict of interest with respect to the Securities matters to be undertaken by the Firm? .....  Yes  No
- b. Do you evaluate a new client seeking Securities advice relevant to a proposed transaction or offering to determine such things as the client's reputation, the nature of its business, financial strength, management expertise, and history of changing Securities accountants and lawyers? .....  Yes  No
- c. Do you use an engagement letter with each client that retains the Firm in connection with any Securities offering, including existing clients? .....  Yes  No

If "No" to any part of Question 9, please provide explanation: \_\_\_\_\_

10. Disclosure and Opinion Requirements:

- a. Do you require an experienced Securities lawyer to interview the client's directors, executive officers and principals in connection with disclosure documents preparation and review? .....  Yes  No
- b. Do you require the preservation of written records of the factual source and verification made by the Firm's lawyers in connection with disclosure documents and preservation of records to support opinions rendered by the Firm? .....  Yes  No
- c. Do you prohibit your lawyers and staff from participating in the Securities selling process (not participating in marketing meetings or calls involving prospective investors)? .....  Yes  No

If "No" to any part of Question 10, please provide explanation: \_\_\_\_\_

11. Potential Conflicts:

- a. Do, or have, you always prohibit(ed) a Securities Lawyer with an investment in a client from working on Securities of that client? .....  Yes  No
  - b. Do, or have, you always prohibit(ed) a Securities Lawyer from trading and investing in client Securities?  Yes  No
  - c. Do, or have, you always prohibit(ed) a non-Securities Lawyer from trading and investing in client Securities? .....  Yes  No
  - d. Do you require a Securities lawyer to disclose all Securities investments in clients of the Firm? .....  Yes  No
  - e. Do you have a procedure intended to prevent the improper use of material inside information or the tipping of such information by your lawyers and staff? .....  Yes  No
  - f. Do, or have, you always prohibit(ed) a lawyer who is a director, officer or general partner of a Securities client from working on a Securities transaction of that client? .....  Yes  No
  - g. Do, or have, you always prohibit(ed) any arrangement where a Securities client pays for the Firm's services with client Securities? .....  Yes  No
- If "No" to any part of Question 11, please provide explanation: \_\_\_\_\_

**OTHER** .....

12. For each employee or representative of the Firm handling Securities matters, please provide the following information. Round to the nearest fifty hours:

Employee/Representative Name	Securities Practice-Billable Hours Most Recent 12 Months	Billable Hours Prior 12 Months	Years of Securities Experience

13. Has the Firm's employee or representative served as an officer, director or trustee of any Securities client? ..  Yes  No

14. Has the Firm or its employee or representative ever held an equity or financial interest in any Securities client? .....  Yes  No  
 If "Yes", please identify client and nature of equity: \_\_\_\_\_

15. Have you had a dispute with a Securities client which necessitated disclosure to the Securities and Exchange Commission? .....  Yes  No  
 If "Yes", please provide the name of client, date of withdrawal or dispute and description of withdrawal or dispute: \_\_\_\_\_

16. Has any past or present Firm member been named as a party to:  
 a. any investigation or administrative action undertaken by the Securities and Exchange Commission or any state securities regulatory body? .....  Yes  No  
 b. any legal action under the SEC Acts of 1933 and 1934 or state statute relating to the issuance, offering or sale of Securities? .....  Yes  No  
 If "Yes" to any part of Question 16, please provide explanation: \_\_\_\_\_

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\_\_\_\_\_  
 Signature of Owner, Partner or Principal Title Date

# TRUSTEE SUPPLEMENT



PLEASE COMPLETE THE FOLLOWING ONLY IF INSTRUCTED TO DO SO IN THE MAIN APPLICATION. IF MORE FORMS ARE NEEDED, PLEASE PHOTOCOPY FORM BEFORE COMPLETING.

1. Name of employee or representative of the Firm designated as trustee or fiduciary:  
\_\_\_\_\_
2. Name of trust: \_\_\_\_\_
3. Date trust was established: \_\_\_\_/\_\_\_\_/\_\_\_\_ Value of the trust: \$ \_\_\_\_\_
4. Professional services provided to the trust: \_\_\_\_\_
5. Is a written agreement of the duties as trustee in place? .....  Yes  No
6. Are dual signatures required on all trust documents? .....  Yes  No
7. Do the activities as trustee include investment decisions resulting in the purchase or sale of:
  - a. securities? .....  Yes  No
  - b. real estate? .....  Yes  No
  - c. other investments? .....  Yes  No*If "Yes" to any part of Question 7, please describe:* \_\_\_\_\_  
\_\_\_\_\_
8. Does Firm receive compensation from the purchase or sale in the form of a commission or fee? .....  Yes  No  
*If "Yes", please describe:* \_\_\_\_\_  
\_\_\_\_\_
9. Is an independent audit of the trust conducted? .....  Yes  No  
*If "Yes", how often and by whom?* \_\_\_\_\_  
\_\_\_\_\_
10. Is a report to a court or outside authority required? .....  Yes  No  
*If "Yes", please describe:* \_\_\_\_\_  
\_\_\_\_\_
11. Please provide a narrative description of the purpose of the trust: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Please describe the controls in place to monitor trust activity by a third party, trust beneficiaries, or other parties who are not trust beneficiaries: \_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
Signature of Owner, Partner or Principal

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date