



EMPLOYED LAWYERS PROFESSIONAL LIABILITY APPLICATION

INSTRUCTIONS

1. All application questions must be fully answered. If more space is needed, continue on a separate sheet and indicate the question number.
2. If a question does not apply, write "N/A".
3. When applicable, provide copies of:
 - a. Loss runs, dated within 60 days of submission, covering the past five (5) or more years.
 - b. Expiring Declarations Page with retroactive date (if applicable)

GENERAL INFORMATION

1. Name of Applicant (include any DBA's) : _____
2. Contact Name: _____ Contact Title: _____
 Phone Number: _____ Email Address: _____
3. Date of Formation or incorporation (MM/DD/YYYY): ____/____/____
 State of formation or incorporation (MM/DD/YYYY): ____/____/____
4. Principal Address: _____
5. State primary nature of business (include SIC class): _____
6. Applicant is: Public Private Not for Profit entity
 - a. Provide the average time of service of your directors: ____ yrs.
 - b. If public, please provide the exchange where you are listed and tickler symbol: _____

PROFESSIONAL SERVICES

1. Number of Employed Lawyers: _____
2. Complete the following for each Employed Lawyer to be insured:

| ATTORNEY NAME | TITLE | YEAR ADMITTED | HIRE DATE | PRINCIPAL AREA(S) OF PRACTICE |
|---------------|-------|---------------|-----------|-------------------------------|
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3. Does the Company have an indemnification policy or practice applicable to Employed Lawyers, regardless of whether those Employed Lawyers are directors or officers of the Company? Yes No

If yes, please provide details and attach indemnification provisions and relevant limitation of liability provisions in the certificate of incorporation or corporate bylaws, as well as any other indemnification policies or agreements.

4. Please indicate all areas which account for more than five percent (5%) of the total work done by all employed Lawyers and indicate the number of lawyers working in each area:

| | | | |
|-------------------------------------|--|---|--|
| Contract Drafting/ Review/ Approval | | Other Regulatory Compliance | |
| Copyright/ Patent/ Trademark | | "Moonlighting" (representation of clients other than the Company) | |
| Collection/ Repossession | | Pro Bono | |
| Corporate Finance | | Real Estate | |
| Corporate Translations | | Securities | |
| Environmental Compliance | | Taxation | |
| Employee Benefits | | Utility Regulation | |
| International Law | | Other (Specify): | |
| Labor Relations | | Other (Specify): | |
| Litigation | | | |

5. Does any Employed Lawyer issue written legal opinions to or for the use of:
- a. The Board of Directors Yes No
 - b. Entities other than the Company in which the Company has an equity or other interest? Yes No
 - c. Third Parties Yes No
 - d. Other (specify) _____ Yes No

If yes to any of the above, describe the types of opinions issued and the recipients thereof:

6. Does any Employed Lawyer prepare, review, comment on, or approve financial statements, proxy statements, prospectuses, registration statements, annual or quarterly reports, or other reports filed with federal, provincial or state agencies or released to shareholders or the public regarding the Company? Yes No

If yes, describe the role of Employed Lawyer(s) in such preparation, review, comment, or approval.

7. Does any Employed Lawyer represent individual employees of the Company in judicial, administrative, or other proceedings? Yes No

8. Does any Employed Lawyer provide personal legal services to any director, officer, or employee of the Company in such director's, officer's, or employee's individual capacity? Yes No
If yes, please indicate:

a. The type of personal legal services provided: _____

b. The percentage of the Employed Lawyer's time devoted to the provision of personal legal services:
_____%

9. Please provide a brief description of the structure and management of the legal department, including the legal department's placement within the general organization of the Company. Yes No

10. Does the Company and/or the legal department have written policies or procedures With regards to the following:

| | | |
|----|--|--|
| A. | Training of newly hired Employed Lawyers | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B. | Continuing legal education for Employed Lawyers | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C. | Circulation and updating of commonly used form documents within the legal department | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D. | Litigation docket control within the legal department | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| E. | Preparation and approval of legal opinions to or for the use of entities other than the Company | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| F. | Employee hiring, termination, and promotion, and the investigation and reporting of employee complaints under any federal, provincial, state, or local anti-discrimination statutes or regulations | <input type="checkbox"/> Yes <input type="checkbox"/> No |

11. Please indicate the types of legal work that are typically referred by the Company to outside counsel and any guidelines governing such referrals.

INSURANCE AND LOSS HISTORY

1. Is similar insurance currently in force? Yes No
If yes, provide:

| POLICY PERIOD | CARRIER | PER CLAIM/ AGGREGATE LIMIT | DEDUCTIBLE | RETROACTIVE DATE | PREMIUM |
|---------------|---------|----------------------------|------------|------------------|---------|
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |

If you are requesting prior acts coverage you will be asked to upon binding coverage to provide a copy of your current insurance declaration page documenting the expiring retroactive date and limits. Prior acts coverage may not be available if the date of your current retroactive coverage is different from what we have quoted or if there is any gap between effective dates.

2. Requested limits: \$100k/\$300k \$250k/\$250k \$500k/\$500k
 \$1M/\$1M \$2M/\$2M Other: _____
Requested Deductible: \$2,500 \$5,000 \$10,000 Other: _____

3. Has any Insurer cancelled, rescinded, nonrenewed or declined any similar insurance for the Applicant, its predecessors, subsidiaries, affiliates, and/or any other person or organization proposed for this insurance in the last 5 years? Yes No

If yes, please explain why: _____

4. After inquiry, with each person as appropriate, in the last five (5) years, have any claims been made against the person or entity applying for insurance, or any of your past or present members, partners, officers, directors, employees, or any predecessors in business? Yes No

If yes,:

a. How many claims have been made in the past five (5) years: _____

b. Complete a separate Supplemental Claim Application for each claim.

5. Is the Applicant or any principal, partner, owner, officer, director, employee, manager, or managing member of the Applicant or any person(s) or organization(s) proposed for this insurance aware of any fact, circumstance situation, incident, or allegation of negligence or wrongdoing, which may afford grounds for any claim such as would fall under proposed insurance? Yes No

If yes, provide full details: _____

6. Does the Named Applicant carry Directors & Officers Liability Insurance? Yes No

If yes, provide:

a. Insurer: _____

b. Limits: _____

c. Expiration Date: _____

d. If yes, is coverage for SEC claims provided? Yes No

e. What is the limit of Liability for SEC claims? _____

FRAUD WARNINGS

General Fraud Warning: 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.

Applicable Notice to Applicants in:

| | |
|-------------------|---|
| Alabama | Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof. |
| Alaska | A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law. |
| Arizona | For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties. |
| Arkansas | 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. |
| California | For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. |
| Colorado | 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, |

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| | 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. |
| Delaware | Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony. |
| District of Columbia: | 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. |
| Florida | Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree. |
| Idaho | Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony. |
| Indiana | A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony. |
| Kentucky | Any person who knowingly and with intent to defraud any insurance company or other person files a 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. |
| Louisiana | 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 | 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. |
| Maryland | Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. |
| Minnesota | A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime. |
| New Hampshire | Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20. |
| New Jersey | Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: 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 | 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 | 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. |
| Ohio | 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 | 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. |
| Pennsylvania | 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. |
| Rhode Island | 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. |

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| 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 | 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. |
| Washington | 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. |

NOTICE TO APPLICANT

NOTICE: THE INSURANCE COVERAGE FOR WHICH THE APPLICANT IS APPLYING IS WRITTEN ON A CLAIMS MADE AND REPORTED POLICY, WHICH APPLIES ONLY TO **CLAIMS** FIRST MADE AND REPORTED DURING THE **POLICY PERIOD** AS STATED IN THE DECLARATIONS, OR ANY APPLICABLE **EXTENDED REPORTING PERIOD**. THE LIMIT OF LIABILITY TO PAY **DAMAGES** WILL BE REDUCED AND MAY BE EXHAUSTED BY **CLAIM EXPENSES**, AND **CLAIM EXPENSES** MAY BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT, IF APPLICABLE. IN NO EVENT WILL WE BE LIABLE FOR **DAMAGES** OR **CLAIM EXPENSES** IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. IT IS IMPORTANT THAT YOU REPORT ANY KNOWN CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS THAT COULD RESULT IN A CLAIM TO YOUR CURRENT INSURER OR PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT TO POTENTIALLY COVER SUCH CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS. WE WILL NOT PROVIDE COVERAGE, AND COVERAGE IS EXPRESSLY EXCLUDED, FOR CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS OF WHICH THE APPLICANT HAS KNOWLEDGE AND/OR IS AWARE PRIOR TO THE EFFECTIVE DATE OF THIS POLICY, IF OFFERED AND ACCEPTED. PLEASE READ THE ENTIRE **APPLICATION** CAREFULLY BEFORE SIGNING.

REPRESENTATION AND WARRANTY

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant represents and warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate, or omit any material facts. The Applicant agrees it has a continuing obligation to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

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| Name of Applicant: | | |
| Signature of person authorized to execute on behalf of the Applicant: | | Date: |
| Print name and title of person authorized on behalf of the Applicant: | | |
| Agent/Broker Name: | | |