



PROFESSIONAL LIABILITY INSURANCE FOR LAW FIRMS
RENEWAL APPLICATION

NOTICE: This professional liability coverage is provided on a Claims Made basis. Only claims which are first made against the insured and reported to the Company during the policy term are covered, subject to the policy provisions.

Applicant Instructions: Carefully read all statements and questions on this application. Answer all questions in ink. If a question does not apply, state "N/A". If space is insufficient to answer all questions fully, use separate sheets of paper. The application and all attachments must be signed and dated by the named applicant, partner or officer. A copy of your business stationery must be attached.

1. a. Name of Applicant (Firm Name): \_\_\_\_\_ Policy Number: \_\_\_\_\_
Complete for any change in the following:
b. Physical Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)
c. Telephone Number: (\_\_\_\_) \_\_\_\_\_ Facsimile Number: (\_\_\_\_) \_\_\_\_\_

2. Have any lawyers left or joined the firm since completion of the last application? Yes [ ] No [ ]

If Yes, complete a New Lawyer Information Supplement for each new hire and the Attorney Detail Supplement.

3. Since completion of the last application, has the firm: (Provide details for any "Yes" response by attachment.)

- a. changed its procedures for Docket / Diary control and or conflict of interest system?..... Yes [ ] No [ ]
b. filed any fee suits against clients? ..... Yes [ ] No [ ]
c. increased or decreased the number of support staff? ..... Yes [ ] No [ ]

4. Has the following changed since completion of the last application? (Provide details for any "Yes".)

a. Share office space/letterhead sharing/additional locations..... Yes [ ] No [ ]

5. For any business enterprise other than civic, charitable, or non-profit, does any lawyer:

- a. have any position as a director/officer/trustee or partner?..... Yes [ ] No [ ]
b. act as an employee of any organization other than the applicant?..... Yes [ ] No [ ]
c. provide any professional services other than as an attorney?..... Yes [ ] No [ ]

If "Yes", complete the Outside Interests Supplemental Application. Yes [ ] No [ ]

6. Gross Income for the most recent calendar year: ..... \$ \_\_\_\_\_

7. Since completion of the last application were any services performed in relation to any Class Action matter? ..... Yes [ ] No [ ]

If Yes, please complete a supplement.

8. Since the last application, has any lawyer been denied the right to practice, been suspended, disbarred, reprimanded or had other disciplinary action taken against them by any court or administrative agency?

If yes, provide full details on the Detail Information Addendum. Yes [ ] No [ ]

9. During the current policy year, have any claims or suits been made against the applicant, its predecessor firms or any of the lawyers proposed for this insurance and that have not been previously reported to this Company?

If Yes, complete the Claim Information Supplement. Yes [ ] No [ ]

10. Is the applicant, its predecessor firms or any lawyer proposed for this insurance aware of any circumstance, act, error, omission or personal injury that could be the basis of a claim or suit that has not previously been reported to this Company? If Yes, complete the Claim Information Supplement. Yes [ ] No [ ]

11. Within the past year have there been any changes in the status of claims that were reported to other insurance companies? If Yes, complete the Claim Information Supplement. Yes [ ] No [ ]

12. AREA OF PRACTICE%

DEFENSE	%	Ad Valorem Tax – Commercial	Provide Additional Information*	%
Admiralty		Ad Valorem Tax – Residential	Corporate General **	
Arbitration / Mediation		Administrative Law	Environmental	
BI/PI		Adoptions	Fiduciary	
Civil Rights / Employment		Antitrust Trade Regulations	Investment Cnslng / Money Mgt	
Class Action / Mass Tort		Bankruptcy	Mergers & Acquisitions **	
Commercial Litigation		Collection	Oil and Gas	
Criminal		Communication	Other: _____	
Insurance Company		Construction	Venture Capital	
Medical Malpractice		Corporation Formation		
Product Liability		Divorce	<b>Complete Additional Supplement</b>	
Workers Compensation		Estate Planning **	Abstracting / Title	
		ERISA	Banking / Financial Institutions	
<b>PLAINTIFF</b> (Complete Supplement)		Family Law (other than Divorce)	Bonds	
Admiralty		Foreclosures	Copyright	
BI/PI Plaintiff		Health	Entertainment	
Civil Rights / Employment		Housing Court	Limited Partnerships	
Class Action / Mass Tort		Immigration	Patent	
Commercial Litigation		International	Private Placements	
Medical Malpractice		Labor – Employee / Union	Real Estate – Residential	
Product Liability		Labor – Management	Real Estate – Commercial	
Workers Compensation		Local Government / Municipal	Real Estate Development	
		Public Utilities	Securities – Federal	
TAX – Individual Preparation		Social Security	Securities – State	
TAX – Commercial Preparation		Water Law	Syndications	
TAX – Opinions		Wills and Trusts **	Trademark	

\* Provide Additional Information on the Detail Information Addendum.

\*\* Complete supplement

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material fact known, or that should be known, and agrees that this application along with all supplements, attachments and all previous applications, supplements and attachments will become the basis of any coverage and a part of any policy that may be issued by the Company.

- The execution of this application does not bind the undersigned to purchase any coverage offered, nor does the receipt and/or review of this application bind the Company to offer coverage or issue a policy.
- The undersigned understands and accepts that any policy issued will provide coverage on a **Claims Made and Reported** basis, and this application shall form a part thereof.

**Warning: 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 and subjects the person to criminal and civil penalties.**

**Notice to Alaska Applicants:**

A person who knowingly and with the intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information is guilty of a felony.

**Notice To Arkansas 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 may be guilty of a crime and subject to fines and confinement in prison.

**Notice To California Applicants:**

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in prison. Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**Notice to Colorado Resident 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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 Agencies.

**Notice To Delaware Applicants:**

Any person who knowingly, and with the intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**Notice To District Of Columbia Applicants:**

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, any 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 the intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**Notice To Hawaii Applicants:**  
For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines, imprisonment or both.

**Notice To Idaho Applicants:**  
Any person who knowingly, and with the intent to defraud or deceive any false, incomplete or misleading information is guilty of a felony.

**Notice To Indiana Residents:**  
A person who knowingly and with the intent to defraud an insurer files a statement of claims containing any false, incomplete or misleading information commits a felony.

**Notice To Kentucky Applicants:**  
Any person who knowingly and with the intent to defraud an 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.

**Notice To Louisiana, Maine And Tennessee Applicants:**  
Any person who knowingly and with the intent to defraud any insurance company or another person, files a statement of claim contain 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, subject to criminal prosecution and civil penalties. Insurance benefits may also be denied.

**Notice To Minnesota Applicants:**  
A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**Notice to Nebraska Resident Applicants:**  
Any person who knowingly presents false information in an application for insurance or viatical settlement contract is guilty of a crime and may be subject to fines and confinement in prison.

**Notice To Nevada Applicants:**  
Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

**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 Mexico Applicants:**  
Any person who knowingly presents a false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Notice to New York Resident Applicants:**  
Any persons who knowingly and with the 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 Resident Applicants:**  
Any person who, with intent to defraud or knowing that he/she 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 Resident 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.

**Notice To Pennsylvania Applicants:**  
Any person who knowingly and with the 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 thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.

**Notice to Utah Resident Applicants:**  
For your protection, Utah law requires the following to be included in this application: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**Notice To Virginia Applications:**  
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.

**Notice to West Virginia Resident 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.

Signature of Partner, Officer or Owner \_\_\_\_\_ Date \_\_\_\_\_

Print or Type Name \_\_\_\_\_ Title \_\_\_\_\_



**LAWYERS PROFESSIONAL LIABILITY  
REAL ESTATE AREA OF PRACTICE SUPPLEMENT**

1. For the firm's Real Estate practice, please complete the following:

A. Type of Representation	B. Percentage of Practice	C. Number of Cases Per Year	D. Average Real Estate Value	E. Largest Real Estate Value
<b>Commercial Real Estate</b>				
Closings				
Development				
Foreclosures				
Land Use				
Leases				
Limited Partnerships				
New Construction				
Syndications				
Title Searches / Opinions				
Other:				
<b>Residential Real Estate</b>				
Closings				
Foreclosures				
Land Use				
Leases				
New Construction				
Title Searches / Opinions				
Other:				

2. Does the firm review for potential environmental concerns?..... Yes  No
- a. If Yes, does the firm provide findings in a written report, including any limitations?..... Yes  No
- b. If No, are clients advised to seek an independent environmental evaluation?..... Yes  No
3. Does the firm provide an engagement letter, for each representation, that clearly defines the scope of representation?..... Yes  No
4. During the last six (6) years, has the firm or any attorney proposed for this insurance been involved in Real Estate Syndications, or the formation of Limited Partnerships? If yes, please explain. .... Yes  No

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, and agrees that this application shall be included in the basis of any coverage and a part of any policy that may be issued by the Company.

**Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.**

\_\_\_\_\_  
Name of Applicant Firm

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

\_\_\_\_\_  
Date



**LAWYERS PROFESSIONAL LIABILITY  
ATTORNEY DETAIL SUPPLEMENT**

Firm: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**Application Instructions:** Complete this section for **ALL** attorneys proposed for this insurance.

Name	Designation	State(s) of Admission	Year Admitted To Bar	Years In Practice	Date of Hire with Applicant Firm	Predecessor Firm Coverage*
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

“O” Owner/Officer/Director      “P” Partner      “E” Employed Lawyer      “OC” Of Counsel      “IC” Independent Contractor

**Complete for all Of Counsel, Independent Contractors and Per Diem Attorneys**

Name	Designation	Specialty	Date of Hire	Hours Worked Per Week	Other Professional Liability Insurance?
1.					
2.					
3.					
4.					

**Predecessor Firms\***

Name of Firm	Dates of Existence	Date of Merger or Purchase	Insurance Company	Attorneys
1.				
2.				
3.				
4.				

\* (A predecessor firm is any legal entity that is engaged in the practice of law to whose financial assets and liabilities the Applicant is the majority successor in interest.)

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or should be known, and agrees that this Attorney Detail Supplement will be included in the basis of any coverage and a part of any policy that may be issued by the Company.

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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

\_\_\_\_\_  
Date



## LAWYERS PROFESSIONAL LIABILITY PLAINTIFF SUPPLEMENT

1. For the firm's Bodily and Personal Injury, Workers Compensation, Civil Rights, and other Plaintiff practice, complete the following:

A. Type of Case	B. Percentage of Billings	C. Average Number of Cases Per Year	D. Percentage of cases settled before trial	E. Average Award or Settlement	F. Largest Award or Settlement
Automobile					
Class Action / Mass Tort					
Employment related					
Medical Malpractice					
Other Malpractice					
Product Liability					
Slip and Fall					
Workers Compensation					
Other (Specify):					

2. Average number of Plaintiff cases handled per attorney in the past twelve (12) months..... \_\_\_\_\_
3. Does the applicant accept referrals for any of the above?..... Yes  No 
  - a. average number of referrals received per year:..... \_\_\_\_\_
4. Does the applicant refer any Plaintiff matters to other law firms? ..... Yes  No 
  - a. does the firm verify professional liability insurance is carried by that firm? ..... Yes  No
  - b. does the firm have standards for selecting a referral attorney?..... Yes  No
  - c. average number of referrals per year:..... \_\_\_\_\_
5. Does an attorney meet with prospective clients prior to agreeing to representation?..... Yes  No
6. Are nonengagement letters, including notice of the applicable statutes of limitations, issued for all matters when representation is declined? ..... Yes  No
7. What is the applicant's average time frame for filing suit prior to the expiration of the statute of limitations?
 

At least One Year prior:  Six Months to One Year Prior:  Three to Six Months Prior:

One to three Months Prior:  Less than One Month Prior:  Other: \_\_\_\_\_
8. Are all settlement offers provided to the client(s) in writing?..... Yes  No
9. Are rejected settlement offers approved by the client(s) in writing?..... Yes  No
10. Has the applicant been involved in any Class Action representation in the past six (6) years?..... Yes  No 

(Provide details including date of suit, number of class members, nature of case and status by attachment.)

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, and agrees that this application shall be included in the basis of any coverage and a part of any policy that may be issued by the Company.

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

\_\_\_\_\_  
Name of Applicant/Insured Firm

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

\_\_\_\_\_  
Date



**LAWYERS PROFESSIONAL LIABILITY- CLAIM INFORMATION SUPPLEMENT**

This form **must be** completed in **its entirety** for each claim or incident within the past five (5):

1. Full Name of Applicant / Insured Firm: \_\_\_\_\_

2. Full Name of Attorney(s) Involved as Defendant(s) in Claim: \_\_\_\_\_  
\_\_\_\_\_

3. Name of Firm involved in Claim: \_\_\_\_\_

4. Additional Defendants: \_\_\_\_\_

5. Full Name of Claimant: \_\_\_\_\_

6. a. Indicate Type: Claim/Suit .....  Incident ....

b. Indicate Status: Open .....  Closed .....

7. a. Date Claim/Incident made against Firm: \_\_\_\_\_

b. Date Claim/Incident reported to Insurer: \_\_\_\_\_

c. Name of Insurer Claim/Incident was reported to: \_\_\_\_\_

8. If Claim is **Closed**, answer a, b, & c below. If claim is **Open**, please go to Question 9.

a. Out of Court Settlement: ..... Yes  No  ..... Date of Settlement: \_\_\_\_\_

b. Court Judgment: ..... Yes  No  ..... Date of Judgment: \_\_\_\_\_

c. Total defense costs paid: \$ \_\_\_\_\_ Total Indemnity paid: \$ \_\_\_\_\_ Deductible paid: \_\_\_\_\_ \$.

9. If Claim is **Open**, answer each of the following (do not leave any blank):

a. Claimants, settlement demand: \$ \_\_\_\_\_

b. Defendants offer for settlement: \$ \_\_\_\_\_

c. Insurer's Loss Reserve: \$ \_\_\_\_\_

d. Insurer's Expense Reserve: \$ \_\_\_\_\_

e. Defense Expenses to date \$ \_\_\_\_\_

f. Applicant/Insured's estimate of settlement amount: \$ \_\_\_\_\_

10. Description of alleged act, error or omission upon which claimant bases the Claim. Include events leading to the Claim. **Please do not attach summons or complaint.** Use reverse or additional sheets for more details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Explain what action has been taken to prevent a recurrence of a similar Claim. Use reverse or additional sheets for more details.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, and agrees that this supplemental will be included in the basis of any coverage and a part of any policy that may be issued by the Company.

**Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.**

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

\_\_\_\_\_  
Date



**LAWYERS PROFESSIONAL LIABILITY  
SECURITIES SUPPLEMENT**

1. List the names of all lawyers engaged in securities and/or securities related practice (including tax and corporate services for such) during the past six (6) years:

Name	Practice Specialty	Years in this Specialty	Percentage of Time Billed for the Past Twelve (12) months	Average Annual Percentage of time for the Past Six (6) Years

2. Gross revenue derived from securities and /or securities related practice:

Type	Gross Revenue: Past Twelve (12) Months	Number Transactions For the Past Twelve (12) Months	Highest Annual Revenue for the Past Six (6) years	Total Number of Transactions for the Past Six (6) years
Bonds				
Derivatives				
General or Ltd. Partnerships				
Hedge Funds				
IPO				
Mergers & Acquisitions				
Private Placements				
Other (Specify):				

3. Does the firm accept securities in lieu of fees as payment for services rendered involving securities-related transactions? (If Yes, provide details)..... Yes  No
- 

4. List all securities offerings, private placements, limited partnerships, syndications and bonds handled in the past six (6) years:

Year	Client	Industry	Type of Representation (list all that apply)	Size of Offering	Primary (P) or Secondary (S)	Taken Up or Not	Type of Transaction

5. Other than primary and secondary offerings, describe in detail any other work involving securities practice:
- 

6. By attachment, describe in detail what steps are taken to satisfy the “due diligence” requirements under Section 11 of the Securities Act of 1933.

7. Does the firm provide investment counselor services or render tax opinions in connection with the transactions handled? (If Yes, provide details)..... Yes  No
- 

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, and agrees that this Securities Supplement will be included in the basis of any coverage and a part of any policy that may be issued by the Company.

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

\_\_\_\_\_  
Name of Applicant / Insured Firm

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

\_\_\_\_\_  
Date





**LAWYERS PROFESSIONAL LIABILITY**

**OUTSIDE INTERESTS SUPPLEMENTAL APPLICATION**

**Application Instruction:** Complete the following for any positions or equity interests outside of the Named Insured within the past six (6) years.

NAME OF APPLICANT FIRM: \_\_\_\_\_

A. Name of Attorney	B. Position Held	C. Name of Business	D. Period of Service	E. Professional Services	F. Nature of Business	G. Highest % Equity Interest	H. Client of the firm?		I. D & O Insurance		J. Non-Profit Charitable or Civic Org.	
							Yes	No	Yes	No	Yes	No
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Due to the equity and/or position identified above, have all clients been advised of the potential conflict of interest? .....Yes  No
- Has a signed waiver been obtained from all parties? .....Yes  No
- Does the applicant have policies and procedures in place to protect against insider trading?.....Yes  No

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or should be known, and agrees that this Supplemental Application will be included in the basis of any coverage and a part of any policy that may be issued by the Company.

**Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.**

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

\_\_\_\_\_  
Date



**LAWYERS PROFESSIONAL LIABILITY**

**NEW LAWYER INFORMATION SUPPLEMENT**

1. New Lawyer: \_\_\_\_\_ Name of Insured Firm: \_\_\_\_\_

2.

New Lawyer Position in this Firm *	Hours Per week	State Bar Admissions	Year Admitted	Years in Practice	Area of Practice Specialty	Date of Hire
						/ /

\* Positions: Officer, Partner, Employed Associate, Of Counsel, Independent Contractor

Name of Prior Firm	Exact Dates Associated From ( MDY) to (MDY)	Professional Liability Carrier	Position in Firm *	Is this firm a Predecessor Firm** of the Named Insured?	Provide prior acts coverage if available**
	/ / - / /			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 <input type="checkbox"/>
	/ / - / /			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

\*\*A Predecessor Firm is any legal entity that was engaged in the practice of law to whose financial assets and liabilities the Named Insured is the majority successor in interest. If the Prior firm is not a Predecessor Firm of the Named Insured, prior acts coverage cannot be provided.

3. Has an Extended Reporting Period Endorsement ( ERP) been purchased for any of the above? ..... Yes  No   
If Yes: ERP purchased for: \_\_\_\_\_  
ERP Effective from: \_\_\_\_\_ to \_\_\_\_\_

4. Are new lawyer an employee of any organization other than the Insured firm? ..... Yes  No   
If yes, please explain below.  
\_\_\_\_\_

5. Within the last 6 years, has new lawyer acted as a director, officer, partner or trustee for or exercise any form of managerial or fiduciary control over any business enterprise other than the Insured's Firm? ..... Yes  No   
**If Yes, complete the Outside Interest Supplement.**

6. Has new lawyer ever been denied the right to practice, suspended from practice, disbarred, reprimanded or had other disciplinary action taken against you by any court or administrative agency? ..... Yes  No   
**If Yes, provide details by separate attachment.**

7. Has new lawyer ever had any application for Professional Liability Insurance declined, cancelled or non-renewed? ..... Yes  No   
**If Yes, provide details by separate attachment.**

8. If in the past six (6) years, have there been any claims or suits made against new lawyer for services he or she performed? ..... Yes  No   
**If Yes, complete the Claim Information Supplement.**

New Lawyer: \_\_\_\_\_

9. Is new lawyer aware of:
- a. any circumstance, act, error, omission or personal injury which could be the basis of a claim or suit? . Yes  No
  - b. any potential malpractice claim or suit reported to a previous insurance carrier? ..... Yes  No
  - c. any adverse judgment which could be the basis of a claim or suit? ..... Yes  No
  - d. any missed statute of limitations? ..... Yes  No
  - e. any dissatisfaction with representation? ..... Yes  No

If Yes to any of the above, complete the **Claim Information Supplement**, and advise the number of potential claims. ....

10. Have the firm's areas of practice changed with the addition of this new lawyer? If yes, please explain. ... Yes  No

11. Has new lawyer you continued representation of any clients or cases from your prior law firm? ..... Yes  No
- a. Has each case been reviewed for potential conflicts of interest ? ..... Yes  No
  - b. Has each case been entered into all docket control systems? ..... Yes  No
  - c. Has each case been reviewed for potential claims? ..... Yes  No
  - d. Has each client been notified of the change in law firm? ..... Yes  No
  - e. Has each client received an updated engagement / retention letter? ..... Yes  No

**If No to any part of question 11, provide details on a separate attachment.**

12. As to all former clients for which new lawyer had entered his or her appearance, and who are no longer his or her clients, has a substitution of attorney or withdrawal of appearance been completed? ..... Yes  No

**If No, provide details on a separate attachment.**

**NOTICE:**

To avoid loss of coverage, all known circumstances, acts, errors or omissions that could result in a claim against the applicant or its predecessor firms, must be reported to the new lawyer's current insurer as soon as possible, but prior to the end of the policy period.

- The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or that should be known, and agrees that this application will be included in the basis of any coverage and a part of any policy that may be issued by the Company.
- The execution of this application does not bind the undersigned to purchase any coverage offered, nor does the receipt and/or review of this application bind the Company to offer coverage or issue a policy.
- The undersigned understands and accepts that any policy issued will provide coverage on a Claims Made and Reported basis.

\_\_\_\_\_  
Signature of New Lawyer

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



**LAWYERS PROFESSIONAL LIABILITY**

**COPYRIGHT, PATENT AND TRADEMARK SUPPLEMENTAL APPLICATION**

1. Provide a percentage breakdown of the firm's copyright, patent and trademark practice into the following categories:

Intellectual Property Practice	Domestic		Foreign	
	Past 12 Months	5 year average	Past 12 Months	5 year average
a. Intellectual Property Litigation				
b. Patent Infringement Counseling				
c. Patent Licensing				
d. Patent Prosecution				
e. Trademark Prosecution				
f. Trademark Registration/Licensing				
g. Copyright Registration/Licensing				
h. Patent Searches				

2. Provide the following for the firm's largest five Intellectual Property clients:

Type of Business	Sales Per Year	Number of Patents Held or Pending	Legal Services Provided	Year Legal Services Began

3. List the names of all lawyers engaged in Intellectual Property services during the last six years:

Name	Practice Specialty	Years in this Specialty	Percentage of Time Billed for the Past 12 Months	Average Annual percentage of Time for the Past Six Years

4. Are engagement, nonengagement and disengagement letters provided to all Intellectual Property clients? .....Yes  No
- a. Does the engagement letter outline the nature, scope and limitations of the firm's representation? .....Yes  No
- b. Is the responsibility for payment of maintenance fees, taxes or annuities clearly stated? .....Yes  No
5. Does the firm have a computerized docketing system to alert the appropriate responsible party specific to:
- a. statutory bar dates? .....Yes  No
- b. fee due dates, whether outsourced or not? .....Yes  No
- c. response dates? .....Yes  No
6. Who reviews the docket entries for accuracy? Check all that apply.  
Billing Partner  Partner in Charge of Work  Associate  Paralegal  Secretary
7. Does the firm outsource to other entities for Searches or Payment of Maintenance / Annuity Fees: .....Yes  No
- a. Does the firm verify that the outsource entity carries professional liability insurance coverage? .....Yes  No
- b. Does the firm obtain proof of insurance, such as a certificate of insurance? .....Yes  No
8. How does the firm choose an outsource entity? Check all that apply.  
Review of Work Product  Recommendations from Other Firms  Yellow Pages  Advertisements
9. Does the conflict avoidance system cross-check for conflicts between previous and existing clients? .....Yes  No
- a. Is sign off by all attorneys required before a new client can be accepted? .....Yes  No
- b. Does the firm allow equity interests with firm clients? .....Yes  No
- c. Does any firm member or spouse have a position or equity interest with an Intellectual Property client? .....Yes  No
- d. Has any firm member ever received or accepted royalties or shares in lieu of fees for services? .....Yes  No
10. Are Opinion letters issued by the firm reviewed by at least one other attorney not associated with the matter?.....Yes  No
11. Are client's advised in writing to mark the patented/trademarked product with the appropriate number or notice? ..Yes  No

**COPYRIGHT** (Check Box if Not Applicable) :

12. Does the firm's docket system include dates for:
- a. Copyright renewal filing? .....Yes  No
  - a. Responses to an office action? .....Yes  No
  - c. Infringement action filing? .....Yes  No
13. What is the firm's standard time frame for applying for copyright registration once instructed by the client? \_\_\_\_\_
14. Are transfers of ownership of copyright from one client to another fully documented in writing? .....Yes  No

**PATENT** (Check Box if Not Applicable):

15. Does the firm request written disclosure of specific dates of all printed publications, sales, offers for sale and/or public use of intellectual property from a client prior to filing of a patent application? .....Yes  No
16. Does the firm request in writing the client's intent to pursue or not to pursue a foreign patent application? .....Yes  No
17. Does the firm request in writing the client's disclosure of patent applications filed in foreign countries? .....Yes  No
18. Are foreign clients advised of the requirements needed to satisfy the establishment of the date of invention for U.S. Patents? .....Yes  No
19. Does the firm disclose in writing to all patent clients, all dates for payment of maintenance fees, annual payments or annuities to be paid by the client to keep an application or patent in force? .....Yes  No
20. Indicate the percentage of the types of Patent Opinions rendered by the firm.
- a. Patentability ..... \_\_\_\_\_
  - b. Infringement ..... \_\_\_\_\_
  - c. Validity ..... \_\_\_\_\_
21. For the types of patent opinions rendered, does the firm disclose the scope and extent of the search conducted that is the basis for the opinion?.....Yes  No
22. Does the firm guarantee patent opinions rendered? .....Yes  No
23. Does the firm disclose in writing to the client and require the client's written agreement regarding patent applications and strategies taken or to be taken with respect to the GATT implementation legislation of June 8, 1995? .....Yes  No

**TRADEMARK** (Check Box if Not Applicable):

24. Does the firm's docket system advise regarding dates for:
- a. Response to all PTO actions?.....Yes  No
  - b. Declaration of use after registration? .....Yes  No
  - c. Statement of incontestability after registration? .....Yes  No
  - d. Renewal of trademark? .....Yes  No
25. Does the firm:
- a. Perform searches of the records of the PTO for trademarks?.....Yes  No
  - b. Search common law sources, such as publications and business indices for existing trademarks? .....Yes  No
  - c. Outsource the searching to an entity to perform PTO searches? .....Yes  No
  - d. Outsource the searching to an entity to search common law sources? .....Yes  No
26. Does the firm advise that the trademark search is not guaranteed against all common law sources? .....Yes  No
27. Are transfers of ownership of trademarks from one entity to another fully documented in writing? .....Yes  No
28. Are all trademark assignments promptly and properly recorded with the PTO?.....Yes  No
29. Does the firm advise the client in writing of the use of proper trademark notice?.....Yes  No

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, and agrees that this Supplemental Application shall be included in the basis of any coverage and a part of any policy that may be issued by the Company.

**Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.**

\_\_\_\_\_  
Name of Applicant Firm

\_\_\_\_\_  
Signature of Partner, Officer and/or Owner

\_\_\_\_\_  
Date



**LAWYERS PROFESSIONAL LIABILITY  
ENTERTAINMENT SUPPLEMENT**

Name of Firm: \_\_\_\_\_

1. Provide the following for your Entertainment clients in the past Twelve (12) months.

Type of Client	Number of Clients	Percentage of Fees	Clients
Journalism			
Motion Pictures			
Music Industry			
Musicians / Performers			
Product Representation			
Publishing			
Radio			
Sports			
Television			
Theater			
Other (Specify):			

If additional space is needed, provide by attachment.

2. With respect to any Entertainment client, within the past six (6) years, has any member of the firm or any predecessor firm:

- a. Acted as a business manager? .....Yes  No
- b. Acted as an Agent? .....Yes  No
- c. Made or recommended any financial investments? .....Yes  No
- d. Controlled any assets? .....Yes  No
- e. Arranged any financing any project or venture? .....Yes  No
- f. Negotiated any contract? .....Yes  No

**If "Yes", provide detail by attachment.**

3. Are engagement letters provided to all Entertainment clients? .....Yes  No

4. Does the applicant accept a percentage of profits/billings in lieu of fees? .....Yes  No

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, and agrees that this Entertainment Application shall be included in the basis of any coverage and a part of any policy that may be issued by the Company.

**Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.**

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

\_\_\_\_\_  
Date

# LAWYERS PROFESSIONAL LIABILITY

## TAX SUPPLEMENT

1. Please provide the following information for all attorneys engaged in taxation work in the last five years.

Name	Years of Experience in Taxation	% of Time Devoted to Taxation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Please provide a breakdown of the firm's gross billable income by showing the percentages for each of the following:

- a. opinion on tax shelters \_\_\_\_\_%
  - b. liquidation of corporations \_\_\_\_\_%
  - c. estate tax returns \_\_\_\_\_%
  - d. other tax returns (please describe by attachment) \_\_\_\_\_%
  - e. subchapter S elections \_\_\_\_\_%
  - f. all other tax work performed (please describe by attachment) \_\_\_\_\_%
- TOTAL:** \_\_\_\_\_%

3. During the past five years, has your firm helped create or write an opinion supporting a transaction whose primary purpose was to reduce federal taxes and resulted in (or intended to result in) savings of \$1 million or more?  Yes  No

***If yes, specify the number of such transactions and the aggregate amount of taxes saved or to be saved for the following types of transactions:***

	No. of transactions	Amount saved
a. Use of grantor trusts to realize capital gains;	_____	_____
b. Currency trades, and currency option trades, to generate losses;	_____	_____
c. Devices to delay taxes on the stock option gains;	_____	_____
d. Devices to offset gains from the sale of a business or other assets;	_____	_____
e. Use of "split dollar" or "split premium" insurance;	_____	_____
f. "Potentially abusive tax shelters," as that term is used by the IRS;	_____	_____
g. Any other devices sometimes referred to as "tax shelters."	_____	_____
<b>TOTALS:</b>	_____	_____

4. During the past five years has the IRS challenged transactions of the types listed in No. 3 above where your firm participated in, or opined on, the transaction?  Yes  No

***If yes, list the dollar amount in dispute and the status or ultimate disposition of each such challenge.***

***(Please use additional pages as necessary)***

5. During the past five years has your firm been served by the IRS with an administrative summons, sometimes referred to as a "promoter summons"?  Yes  No  
***If yes, what was the disposition of the summons?*** \_\_\_\_\_

6. Has your firm been the subject of any other federal, state, or local government proceeding regarding transactions that were also the subject of an IRS inquiry, audit and/or investigation?  Yes  No  
**If yes, list and describe any such proceeding and its status or ultimate disposition.** \_\_\_\_\_
7. Do you ever become involved in the preparation of private placement memoranda?  Yes  No  
**If yes, please complete the Securities or Bonds Supplement.**
8. Does the firm assure that all Attorneys and staff remain current with the changes in the Tax Code?  Yes  No

I understand that the information submitted in this supplement becomes a part of my Lawyers Professional Liability application and is subject to the same representations and conditions.

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**INCOMPLETE, UNSIGNED AND UNDATED APPLICATIONS WILL BE RETURNED FOR COMPLETION.**



## SUPPLEMENT APPLICATION FOR MASS TORT/CLASS ACTION

### APPLICANT'S INSTRUCTIONS:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

Please answer all questions or indicate "Not Applicable". At your option, you may attach a description of your office's mass tort / class action practice.

Firm Name \_\_\_\_\_

1. What types of mass tort or class action cases do you handle (details regarding issues, types of products, etc.)? Use extra page if needed to describe fully.

2. How many mass tort or class action cases have you handled in the past 5 years? \_\_\_\_\_

For these cases are you the "lead" attorney? Yes  No

The "local" attorney? Yes  No

The referring attorney? Yes  No

If cases are only referred to other firms, are these other firms in other jurisdictions?  
If "Yes", where? \_\_\_\_\_ Yes  No

Do you retain a fee for such referrals? Yes  No

Do you continue to work on the case after referral? Yes  No

If you are not the solo attorney, do you send your clients a letter outlining the specific scope of your representation? (i.e., advising them which tasks you are or are NOT performing, etc) Yes  No

3. How many clients do you typically represent for each case? \_\_\_\_\_

4. What is the dollar value of each (potential damages)? \_\_\_\_\_

5. Do you represent clients in other jurisdictions? Yes  No

If "Yes", where? \_\_\_\_\_

What types of mass tort or class action cases are handled? \_\_\_\_\_

**NOTICE TO APPLICANT:** The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

In 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.

In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.

**THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED. 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 HEREOF.**

	Title:
--	--------

Signature of Partner, Owner, Officer or Principal

	Dated:
--	--------

Print Name

## LAWYERS PROFESSIONAL LIABILITY CORPORATE SUPPLEMENT

Full Name of  
Applicant Firm: \_\_\_\_\_

1. Please enter the approximate percentage of gross firm revenues for each of the following that describes your corporate practice for the last 12 months. The total must equal 100%.
- |   |              |
|---|--------------|
| a. Business immigration services                                | %            |
| b. Capital raising  | %            |
| c. Corporate administration                                     | %            |
| d. Corporate formation  | %            |
| e. Corporate mergers, acquisition, divestitures, joint ventures | %            |
| f. Debt offerings or restructuring                              | %            |
| g. Due diligence  | %            |
| h. Exchange or Tender Offers                                    | %            |
| i. Loan transactions  | %            |
| j. Municipal financing **                                       | %            |
| k. Private bonds **   | %            |
| l. Private placements **  | %            |
| m. Proxy contests   | %            |
| n. Regulation D Filings **                                      | %            |
| o. Form S-1 or Form S-1/A Filings **                            | %            |
| p. Tax exempt financing   | %            |
| q. Other (Please specify) _____                                 | %            |
| <b>TOTAL</b>  | <b>100 %</b> |

\*\* Please complete a Securities Supplement

2. Please complete the following for the five largest transactions during the last 24 months:

Client	Date(s) of Service	Value of Transaction	Description of Legal Services

3. With respect to legal services provided in connection with exchange or tender offers or proxy contests, has a public company been involved?  Yes  No
4. Does the firm have a procedure for new client intake to assure that there will be no conflict of interest with respect to corporate or securities matters?  
If yes, is the procedure in writing?  Yes  No
5. Does the firm always make use of engagement letters specifying who your client is and what services you are performing for that client?  
If no, please provide an explanation.  Yes  No
6. Does the firm have a procedure requiring the preservation of the factual source and verification by the firm to support legal opinions rendered in connection with any corporate or securities matters?  
If yes, is the procedure in writing?  Yes  No
7. Does the firm refer clients to other clients, firms or entities in connection with corporate or securities matters?  
If yes, please provide a narrative including detail regarding referral compensation.  Yes  No
8. With regard to your corporate clients, does the firm or any member of the firm:
- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Have a business relationship other than the rendering of legal services?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Have the authority to disburse funds for any corporate clients?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Accept a percentage of the dollar value of a transaction or securities in lieu of legal fees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Accept securities in payment for legal services in lieu of legal fees?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- If yes to a, b, c, or d, please provide a detailed explanation.

*Now*

9. Does the firm's risk management procedures include the following:
- a. A policy prohibiting firm members from participating in the securities selling process?  
If yes, is it in writing?  Yes  No
  - b. A policy prohibiting firm members from representing adverse parties in a transaction?  
If yes, is it in writing?  Yes  No
  - c. A procedure requiring a "cold review" by an experienced securities lawyer who is not working on the transaction?  
If yes, is it in writing?  Yes  No
  - d. A policy prohibiting any arrangement where the client's obligation to pay for legal services is contingent on the closing of a transaction?  
If yes, is it in writing?  Yes  No
  - e. Does the firm have a policy requiring proof of insurance from firms, professionals, or outside entities to whom firm members refer clients?  
If yes, is it in writing?  Yes  No
10. In the last two years, has any firm member provided legal services to potentially adverse parties in a transaction, such as buyer and seller, corporation and shareholders, franchisor and franchisee, licensor and licensee, husband and wife in a divorce, lender and borrower, employer and employee?  
If yes, please attach a detailed description, including conflict of interest disclosure process.  Yes  No
11. In the last two years, has any firm member engaged in the following activities:
- a. Had discretionary investment authority over client funds, except for wills and trusts?  Yes  No
  - b. Deal making – locating potential investors, buyers, partners or lenders for any project, business venture, or other venture?  Yes  No
  - c. Drafted or negotiated any terms of any buy-sell agreement where the values involved were \$5,000,000 or more?  Yes  No
  - d. Accepted compensation on a commission basis or based on the value of the sale?  Yes  No
  - e. Performed due diligence on behalf of a prospective buyer of a business?  Yes  No
  - f. Procured financing where the amount financed was \$5,000,000 or more?  Yes  No
  - g. Promoted or assisted in the sales of any investment or offering?  Yes  No
- If yes to a – g above, please attach a detailed description.

12. Please complete the schedule below for all firm members involved in corporate or securities practice:

Name of Attorney	# Years of Experience	Billable Hours Last 12 Months

Signature of Officer or Partner of Firm

Print name of Officer or Partner

Date

## LAWYERS PROFESSIONAL LIABILITY ESTATE / TRUST SUPPLEMENT

**Firm Name:** \_\_\_\_\_

**Please complete this Supplement if any lawyer listed on the application shows a percentage in the Estate/Trusts area of practice.**

**1. What types of Estate Planning Services does the firm provide? (check all that apply)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Wills                   | <input type="checkbox"/> Business Formation       | <input type="checkbox"/> Guardianship                   |
| <input type="checkbox"/> Estate Planning         | <input type="checkbox"/> Tax Advice (Non Shelter) | <input type="checkbox"/> Medicaid Planning              |
| <input type="checkbox"/> Probate                 | <input type="checkbox"/> Tax Shelter Advice       | <input type="checkbox"/> Litigation                     |
| <input type="checkbox"/> Trust Administration    | <input type="checkbox"/> Asset Protection         | <input type="checkbox"/> Real Estate Purchase & Sale ** |
| <input type="checkbox"/> Other – Describe: _____ |   |   |

**\*\* Please complete the Real Estate Supplement**

**2. Please list the five largest trusts to which any member of the firm provided legal services in the last 24 months.**

Name of Trust	Name of Attorney	Trustee/ Personal Rep/ Executor Y/N	Co- trustee? Y/N	Description/ Type Of Trust	Size of Trust/ Value of Assets	Date Service Began	Annual Firm Billings	% of Firm Billings	Description of Services Provided

3. Is a report to a court or outside authority required?  Yes  No  
**If "Yes", please describe:** \_\_\_\_\_
4. Does your firm have the authority to write checks, provide investment advice, make investments, or have discretionary control of funds?  Yes  No  
**If "Yes", please describe:** \_\_\_\_\_
5. Does the firm use engagement letters that clearly define the scope of the services that will be provided?  Yes  No
6. Are written scope of service agreements requiring dual signatures in place for each trust?  Yes  No
7. Does a second firm member review all trust and estate documents drafted by a firm member?  Yes  No

8. Does any trust have or reasonably anticipate having any disputes over assets or distribution of the trust?  Yes  No
9. Are firm members permitted to accept gifts or bequests from Estate and Trust clients?  Yes  No
10. Does the firm conduct conflict checks in 100% of estate/probate/trust cases?  Yes  No

**If "No", please explain:** \_\_\_\_\_

11. Does the firm have controls in place to monitor trust activity by third parties, trust beneficiaries, or other beneficiary parties?  Yes  No

**If "Yes", please describe:** \_\_\_\_\_

12. How often are client estate/trust files:

- a) Independently audited or reconciled?  Quarterly  Annually  Other – Describe: \_\_\_\_\_
- b) Reviewed for material changes in the estate?  Quarterly  Annually  Other – Describe: \_\_\_\_\_
- c) Reviewed for changes in tax code or other laws?  Quarterly  Annually  Other – Describe: \_\_\_\_\_

13. How does the firm handle tax advice given in conjunction with estate and trust work?

- Firm requires client to obtain independent tax representation
- Firm outsources or refers all tax work to outside entities
- Firm employs accountants/CPAs who handle or advise on all tax matters
- Firm's attorneys are tax attorneys who handle or advise on all tax matters
- The nature of the firm's trust and estate work does not require tax advice
- Other – Describe: \_\_\_\_\_

14. Does the firm outsource or refer business to any third party professionals (Accountants, Investment Advisors, other Attorneys)?  Yes  No

**If "Yes":**

- a) Does the firm use written referral agreements in 100% of these cases?  Yes  No
- b) Does the firm obtain proof of insurance from all third parties?  Yes  No
- c) Does the client sign off on all third parties in writing?  Yes  No
- d) Does the client retain the third party professional?  Yes  No

15. Do firm members acting as Trustees/Personal Representatives/Executors engage in the following activities:

- a) Use of Trust funds to invest in entities related in any way to the firm?  Yes  No
- b) Employment by the Trust of anyone related in any way to a firm member?  Yes  No
- c) Use of Trust funds as loans to any firm client, firm member or person related in any way to a firm member?  Yes  No
- d) Delegation of Trustee duties to others?  Yes  No

**If yes to any of the above, please explain:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Officer or Partner of Firm

\_\_\_\_\_  
Print name of Officer or Partner

\_\_\_\_\_  
Date

**LAWYERS PROFESSIONAL LIABILITY  
BANKRUPTCY/COLLECTIONS/CREDITORS RIGHTS  
SUPPLEMENT**

**Full Name of Applicant Firm:** \_\_\_\_\_

1. Is any member of the firm involved in the purchase of debt or factoring?  Yes  No  
If yes, please explain: \_\_\_\_\_

2. Does any member of the firm have any interest in any entity that is involved in the purchase of debt or factoring?  Yes  No  
If yes, please explain: \_\_\_\_\_

3. How much of the firm's practice involves the following:

	Percentage	# Cases	Ave Case Value	# Nonlawyer Staff Involved
Bankruptcy Representation - Consumer:				
Bankruptcy Representation - Commercial:				
Bankruptcy Trustee – Consumer:				
Bankruptcy Trustee – Commercial:				
Collections:				

4. Does any member of the firm have any interest in any collection agency or any entity that is involved in credit counseling?  Yes  No  
If yes, please explain: \_\_\_\_\_

5. Have all form letters and all correspondence been reviewed to be certain they comply with all state and federal laws?  Yes  No  
If yes, by whom; if no, please explain: \_\_\_\_\_

6. Does the firm use nonlawyer personnel to collect debts?  Yes  No  
If yes, does the firm take steps to assure that all correspondence, phone calls, and other outside contacts are in compliance with the Fair Debt Collection Practices Act and applicable state laws?  Yes  No  
Describe: \_\_\_\_\_

7. Has the firm executed indemnity agreements with any client (for which the firm is doing collections work) which would indemnify or hold harmless any client for violations of the Fair Debt Collection Practices Act?  Yes  No  
If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
Signature of Officer or Partner of Firm

\_\_\_\_\_  
Print name of Officer or Partner

\_\_\_\_\_  
Date