

**LAWYERS PROFESSIONAL LIABILITY INSURANCE
APPLICATION**

Medmarc Casualty Insurance Company • 14280 Park Meadow Drive • Suite 300 • Chantilly, VA 20151-2219 • 800.356.6886 • 703.652.1300

NOTICE: THIS IS A CLAIMS MADE POLICY. SUBJECT TO ALL ITS TERMS AND CONDITIONS, THIS POLICY APPLIES ONLY TO THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR AN EXTENDED REPORTING PERIOD.

THIS POLICY PROVIDES COVERAGE ONLY FOR CLAIMS AGAINST THE INSURED (1) INVOLVING ACTS, ERRORS, OR OMISSIONS THAT FIRST OCCURRED ON OR AFTER THE RETROACTIVE DATE AND (2) ABOUT WHICH, PRIOR TO THE EFFECTIVE DATE OF THIS POLICY, NO INSURED KNEW OR SHOULD HAVE KNOWN OF FACTS THAT REASONABLY COULD HAVE BEEN EXPECTED TO RESULT IN A CLAIM.

COVERAGE UNDER THIS POLICY OR ANY SUBSEQUENT RENEWAL OF THIS POLICY APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR AN EXTENDED REPORTING PERIOD, SUBJECT TO THE POLICY TERMS AND CONDITIONS. THIS POLICY INCLUDES A SIXTY (60) DAY LIMITED AUTOMATIC REPORTING PERIOD, BEGINNING AT THE TERMINATION OF THE POLICY PERIOD, SUBJECT TO THE POLICY TERMS AND CONDITIONS. UPON TERMINATION OF THIS CLAIMS MADE POLICY, ALL COVERAGE UNDER THE POLICY CEASES, EXCEPT FOR THE LIMITED AUTOMATIC REPORTING PERIOD, UNLESS AN EXTENDED REPORTING PERIOD ENDORSEMENT IS IN EFFECT.

THIS POLICY PROVIDES THE NAMED INSURED OR INDIVIDUAL INSURED THE OPTION TO PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT AS STATED IN SECTION 6.2 OF THE POLICY, FOR AN UNLIMITED DURATION OR FOR A ONE (1), TWO (2), THREE (3), FOUR (4) OR FIVE (5) YEAR PERIOD. PLEASE NOTE: FAILURE TO OBTAIN AN EXTENDED REPORTING PERIOD ENDORSEMENT CAN CREATE A GAP IN COVERAGE IF THE NAMED INSURED OR INDIVIDUAL INSURED DOES NOT PURCHASE REPLACEMENT COVERAGE, OR PURCHASES COVERAGE WITH A LATER RETROACTIVE DATE THAN THE APPLICABLE RETROACTIVE DATE OF THIS POLICY. A GAP ALSO MAY OCCUR IF THE EXTENDED REPORTING PERIOD ENDORSEMENT IS NOT IN PLACE FOR AN UNLIMITED DURATION.

CLAIMS MADE RATING: THIS POLICY IS RATED USING A "STEP RATING" PROCESS. THE POLICY WILL MATURE OVER A PERIOD OF YEARS OF CONTINUOUS COVERAGE, AND THE INSURED CAN EXPECT SUBSTANTIAL ANNUAL INCREASES, INDEPENDENT OF OVERALL RATE LEVEL INCREASES, UNTIL THE POLICY IS MATURE, AT WHICH TIME THE STEP RATING WILL END.

NOTICE: UNLESS OTHERWISE STATED IN AN ATTACHED ENDORSEMENT, IF THE EACH CLAIM LIMIT IN ITEM 4 OF THE DECLARATIONS OF THIS POLICY IS \$500,000 OR MORE, CLAIM EXPENSES WILL BE APPLIED TOWARD THE DEDUCTIBLE IN ITEM 5 OF THE DECLARATIONS, NOT TO EXCEED 50% OF THE EACH CLAIM LIMIT OF THE DEDUCTIBLE. CLAIM EXPENSES IN EXCESS OF 50% OF THE EACH CLAIM LIMIT OF THE DEDUCTIBLE WILL BE APPLIED AGAINST THE EACH CLAIM LIMIT IN ITEM 4 OF THE DECLARATIONS, NOT TO EXCEED 50% OF THE EACH CLAIM LIMIT. REGARDLESS OF THE AMOUNT OF CLAIM EXPENSES INCURRED, THE PORTION OF THE LIMIT OF LIABILITY AVAILABLE TO PAY CLAIMS SHALL NOT BE REDUCED TO AN AMOUNT LESS THAN FIFTY PERCENT (50%) OF THE AGGREGATE LIMIT OF LIABILITY OF THE POLICY. THE COMPANY IS NOT OBLIGATED TO PAY ANY FURTHER CLAIM EXPENSES OR DAMAGES ONCE THE COMPANY HAS PAID THE LIMIT OF LIABILITY.

Applicant Instructions: Please complete all questions, noting N/A where not applicable. Enclose a copy of the law firm's letterhead. The application must be dated and signed by a partner, officer or owner of the firm.

1. Coverage Requested

Requested Effective Date: _____

Limits of Liability: _____ Deductible: _____

2. Applicant Location

Name (Primary Firm Name): _____

Is this a d/b/a (doing business as) name? Yes No If yes, provide legal name: _____

Contact Person: _____ Email Address: _____

Street Address: _____

City: _____ County: _____ State: _____ ZIP: _____

Office Phone: _____ Office Fax: _____ Website: _____

If the firm has additional office locations, please list on a separate sheet.

3. Applicant Information

A. Applicant is: Sole Proprietor Professional Association Partnership PC
 LLC Other _____

B. If the applicant is a sole practitioner, please identify the lawyer who will be responsible for your practice if you are absent for an extended period of time (i.e. vacation, illness, etc.). **A backup lawyer is required.**

Name: _____ Bar License Number: _____

Street: _____ Website: _____

City: _____ State: _____ ZIP: _____ Phone: _____

C. Date the applicant firm was established: _____ D. Federal Tax I.D.: _____

E. Gross Revenue for past three years:

Most Recent 12 Months: _____ One Year Prior: _____ Two Years Prior: _____

F. List all predecessor firms of the applicant. A predecessor firm is any legal entity, which is engaged in the practice of law to whose financial assets and liabilities the applicant is the majority successor in interest. If additional space is needed, please list on a separate sheet.

Name of Firm	Date Established mm/yyyy	Date of Merger mm/yyyy	Percentage of Lawyers Still Members of Applicant Firm	Did Firm Dissolve, Change Name or Form, or Continue to Exist

G. Does the applicant have any single client or group of related clients which produced more than 25% of total gross billings during the past 24 months? Yes No

If yes, please indicate on letterhead the percentage of gross billings, name of client, business activities of client, and services provided on behalf of client.

H. Total Number of Lawyers: _____

Number of: Owners/Officers/Partners: _____ Associates/Employed Lawyers: _____ Of Counsels/Independent Contractors: _____

I. Has the number of lawyers in the firm been altered by more than 50% in any one year during the past three years? Yes No

If yes, please explain: _____

J. Number of Support Staff: _____ Law clerks/paralegals _____ Clerical _____ Other (describe) _____

If ratio of staff to lawyers is greater than 3:1, please explain: _____

K. List all active lawyers in the firm: **If the applicant firm includes more than ten (10) law partners, associates, employed lawyers or “of counsel”, please complete a Larger Firm Supplement instead of completing this question.**

*Status = “O” Owner/Officer/Partner “A” Associate/Employed Lawyer “OC” Of Counsel “IC” Independent Contractor

**Average hours worked required for Of Counsel, Independent Contractors and Part-time Lawyers

Lawyer Name	Date of Birth mm/dd/yyyy	Date Admitted mm/dd/yyyy	State(s) Admitted	Status*	Date of Hire (w/Applicant) mm/dd/yyyy	Prior Acts Date mm/dd/yyyy	Avg. Hours worked per week**	CLE in the past 12 mos

L. Does the applicant have any other law partner, associate, employed lawyer, independent contractor or of counsel not listed in Question 3.K. or on the Larger Firm Supplement? Yes No

If yes, please explain: _____

M. Is any lawyer proposed for this insurance an employee or independent contractor of any organization, entity or governmental body other than the applicant? Yes No

If yes, please explain: _____

N. Does the applicant share office space with lawyers who are not listed in Question 3.K. or on the Larger Firm Supplement? Yes No

If yes, does the applicant share:

- i. letterhead? Yes No
- ii. a receptionist? Yes No
- iii. office support staff? Yes No
- iv. any of the following: Clients/files/bank account/advertising expense? Yes No
- v. a common main phone number? Yes No

If yes, please provide details on how the main phone line is answered: _____

O. In the past five years, did any lawyer proposed for this insurance:

- i. act as a director, officer, partner or trustee for, or exercise any form of managerial or fiduciary control over, any business enterprise of a client other than the applicant? Yes No
- ii. own, manage, have financial control over, or equity interest in, any business enterprise other than the applicant or its predecessor firms? Yes No

If yes to any of the above, please complete the Outside Interests Supplement.

P. Has any lawyer proposed for this insurance provided any professional services as an Accountant, Real Estate Broker or Agent, Investment Advisor, Insurance Broker or Agent, Professional Agent or other non-legal capacity? Yes No

If yes, please explain: _____

Q. Does the applicant firm hold an equity interest in a title agency separate from or integrated into the operations of the firm? Yes No

4. Area of Practice

A. Within the past six years, has the applicant or any lawyer proposed for this insurance provided any legal services for, on behalf of, or in connection with, any of the following related matters:

- | | |
|--|--|
| <input type="checkbox"/> IPO, Bond Private Placement Syndication, Securities | <input type="checkbox"/> Class Action |
| <input type="checkbox"/> Entertainment Client or Industry | <input type="checkbox"/> Copyright, Patent or Trademark |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Oil and Gas |
| <input type="checkbox"/> Foreign Adoptions | <input type="checkbox"/> Construction Defect (Plaintiff) |

If yes, please provide details on firm letterhead.

B. Within the past 2 years has the applicant's areas of practice varied more than 20% per year? Yes No

If yes, please provide details on firm letterhead.

C. Within the past 2 years has the applicant added an area of practice that accounts for more than 10% of the practice's time? Yes No

If yes, please provide details on firm letterhead.

D. Does the applicant accept cases where the cause of action arises and is adjudicated in a jurisdiction where the applicant is not licensed or admitted to the local Bar Association? Yes No

If yes, does the applicant refer such cases to local counsel? Yes No

E. Indicate the percentage of time devoted to the following types of practice during the past 12 months and complete the appropriate Area of Practice Supplement, if needed. (MUST TOTAL 100%)

COLUMN A		COLUMN B		COLUMN C	
	Percentage		Percentage		Percentage
Ad Valorem Tax – Commercial	%	Oil and Gas	%	Plaintiff	
Ad Valorem Tax – Residential	%	Public Utilities	%	Admiralty	%
Administrative Law	%	Social Security	%	BI/PI Plaintiff	%
Adoptions	%	TAX-Commercial Preparation	%	Civil Rights / Employment	%
Antitrust Trade Regulations	%	TAX-Individual Preparation	%	Class Action / Mass Tort	%
Appellate - Non Criminal	%	TAX – Opinions	%	Commercial Litigation	%
Bankruptcy	%	Venture Capital	%	Legal Malpractice	%
Collection	%	Water Law	%	Medical Malpractice	%
Communication	%			Product Liability	%
Construction	%	Defense		Workers Compensation	%
Corporation Formation	%	Admiralty	%	Other	%
Corporate General	%	Arbitration / Mediation	%		
Divorce - Marital Assets < \$2M	%	BI/PI	%	Abstracting/Title	%
Divorce - Marital Assets \$2M to \$5M	%	Civil Rights/Employment	%	Banking/Financial Institutions	%
Divorce - Marital Assets > \$5M	%	Class Action / Mass Tort	%	Entertainment	%
Elder Law	%	Commercial Litigation	%	Estate Planning - Assets < \$2M	%
Environmental	%	Criminal	%	Estate Planning-Assets \$2M to \$5M	%
ERISA	%	Criminal - Appellate	%	Estate Planning - Assets > \$5M	%
Family Law (other than Divorce)	%	Insurance Company	%	Probate	%
Foreclosures	%	Legal Malpractice	%	Real Estate – Commercial	%
Fiduciary	%	Medical Malpractice	%	Real Estate Development	%
Health	%	Product Liability	%	Real Estate – Limited Partnerships	%
Housing Court	%	Workers Compensation	%	Real Estate - Residential	%
Immigration	%	Other	%	Real Estate Syndications	%
International	%			Wills and Trusts	%
Investment Cnslng/Money Mgt	%	Bonds	%		%
Labor – Employee / Union	%	Copyright	%	Complete Supplement Application for all AOPs in Column C above	
Labor – Management	%	Patent	%	Other	%
Local Government / Municipal	%	Trademark	%	Other	%
M&A -Combined Assets < \$2M	%	Private Placements	%	Other	%
M&A-Combined Assets \$2M to \$5M	%	Securities – Federal	%	Other	%
M&A - Combined Assets > \$5M	%	Securities – State	%	Total %	100%

5. Practice Management

A. Docket/Diary Control System:

- i. Do you maintain a central docket control system? Yes No
- ii. Check all that apply:
single calendar dual calendar master Listings tickler system computer system
verification of completion of events provisions for accident or illness immediate entry of all dates
- iii. Does the ultimate responsibility for docket control, including entry, rest with the handling lawyer? Yes No
- iv. Does the applicant crosscheck its docket controls? Yes No
- a. If yes, how frequently? Daily Weekly Other: _____

If no to any of the above, please explain: _____

- B. How many suits for fees were initiated by the applicant against clients during the past 24 months? _____
- i. How many have been resolved? _____
 - ii. What percentage of fees were more than 90 days past due? _____
 - iii. How frequently are invoices provided to clients? _____

- C. Indicate percentage that the applicant utilizes the following?
- i. Engagement letters that include the scope of services and fee arrangements? _____%
 - ii. Non-engagement/declination letters? _____%
 - iii. Disengagement/closing letters? _____%

If any of the above are not utilized, please explain: _____

- D. Does the applicant have established procedures for identifying potential or actual conflicts of interest? Yes No

If no, please explain: _____

- i. Systems used to check conflict of interest:

<input type="checkbox"/> Oral/Memory	<input type="checkbox"/> Index File
<input type="checkbox"/> Computerized	<input type="checkbox"/> Client List
- ii. Indicate the items captured by this system:

<input type="checkbox"/> Client Name	<input type="checkbox"/> Client Principals	<input type="checkbox"/> Client Subsidiaries	<input type="checkbox"/> Opposing Party	<input type="checkbox"/> Opposing Counsel
<input type="checkbox"/> Related Individuals	<input type="checkbox"/> Predecessor Firm Conflict Information	<input type="checkbox"/> Other		
- iii. How are conflict of interest situations addressed and disclosed to clients/potential clients? **Check all that apply.**

<input type="checkbox"/> Non-Engagement Letters	<input type="checkbox"/> Signed Waiver Obtained from all parties
<input type="checkbox"/> Oral Disclosure	<input type="checkbox"/> Referral to other lawyer/law firm

- E. In the past five years, has the applicant accepted client securities or other forms of compensation in lieu of fees? Yes No

If yes, please provide details on firm letterhead.

- F. Does the applicant have a written document retention/destruction policy in place? Yes No

If yes, are there established procedures to notify clients when their files are being destroyed? Yes No

6. Professional Liability Insurance and Claim History

- A. Is the applicant currently insured for professional liability? Yes No

- B. Is the applicant requesting Prior Acts Coverage? Yes No Current Policy Retroactive Date: _____

Please provide a copy of the current policy declarations including retroactive date as evidence of current coverage.

- C. Effective date of first professional liability policy covering the applicant: _____

Has the applicant, predecessor firms or any active lawyers listed in Question 3.K., or on the Larger Firm Supplement, purchased an endorsement to extend the claims reporting period (i.e. extended reporting endorsement, ERP, tail, etc.)? Yes No

If yes, complete the following:

Lawyer/Firm Name	Endorsement Effective Date	Length of Endorsement (months)

D. List all lawyers professional liability insurance carried during the past consecutive five years for the applicant and/or any predecessor firm.

Inception mm/dd/yy	Expiration mm/dd/yy	Insurance Company	Limits	Deductible	Per Claim or Aggregate Deductible	Annual Premium	Number of Lawyers

E. Does the applicant's current policy contain any endorsement that restricts or modifies coverage (other than a prior acts endorsement)? Yes No

If yes, please attach a copy of any such endorsement(s).

F. Does the applicant's current policy have any of the following optional coverages:

Claim Expenses Outside the Policy Limit First Dollar Defense (Indemnity Only Deductible)

G. During the past five years, has any lawyer listed in Question 3.K., or on the Larger Firm Supplement:

i. been the subject of any investigation or disciplinary action regarding their license to practice law? Yes No

If yes, please explain: _____

ii. been refused admission to the bar or any bar association, court or administrative agency? Yes No

If yes, please explain: _____

iii. had any professional liability insurance declined, cancelled, refused to renew, or accepted only on special terms? Yes No

If yes, please explain: _____

iv. become aware of any act, error, omission or specific circumstances which could reasonably be expected to result in a professional liability claim against the firm, any past or present lawyers in the firm, or any predecessor firm? Yes No

If yes, please explain: _____

v. become aware that any client, client representative, or lawyer has made an oral or written threat of filing a lawsuit or filing a grievance with a regulatory board? Yes No

If yes, please explain: _____

H. During the past five years, has any claim or suit been brought against the applicant, its predecessor firms or any of the lawyers proposed for this insurance? Yes No

If yes, please complete a Claim Information Supplement for each claim or suit.

I. Have all claims, potential claims and incidents been reported to the applicant's current or former professional liability insurer? If no, why haven't they been reported? **Please provide details on firm letterhead.** Yes No

7. Practices and Management of Electronic Information

A. During the past four years has the applicant had any computer security incidents? (incident refers to unauthorized access, use, vandalism, sabotage, theft of proprietary information of the applicant's computer systems) Yes No

B. Does the applicant communicate with clients by electronic mail? Yes No
If yes, are records maintained of all electronic mail communications? Yes No

C. Does the applicant have a firewall installed to protect network? Yes No

- D. Does the applicant utilize virus detecting software? Yes No
- E. Does the applicant have back-up and recovery systems in place? Yes No
- F. Does the applicant have a website? Yes No

If yes, please answer the following:

- i. Does the website offer legal advice? Yes No
- ii. Does the applicant collect sensitive or confidential information at the website? Yes No
- iii. Does the website include copyrighted material owned by another party? Yes No

If yes, has the applicant received permission to use the copyrighted material? Yes No

Consent to Conditions of Consideration of the Application for Insurance

I accept the following conditions during the processing and consideration of my application—regardless of whether or not I am granted insurance—and for the duration of the insurance which may be issued to me:

To the fullest extent permitted by law, I extend absolute immunity to, and release ProAssurance, its directors, officers, agents, employees and other authorized representatives from any and all liability for any acts pertaining to my application for insurance, including ultimate cancellation, rejection, or approval for insurance, and any communications, reports, records, statements, documents, or disclosures, including otherwise privileged or confidential information, made or given in good faith with respect to such application.

Signature of Partner, Officer or Owner of Applicant Firm: _____ Date: _____

Print or Type Name: _____ Title: _____

Important: Incomplete or incorrect information could require retroactive upward premium adjustment and, in the event of a claim, could lead to a denial of coverage. The following is an Authorization to Release Information which requires your signature. Please read it carefully.

Authorization to Release Information

I, the undersigned hereby authorize my present and prior professional liability carriers, (including ProAssurance all affiliates), any and all attorneys who have represented me in connection with any claim of professional liability, and any other individuals, associations or entities having information regarding me, to release to ProAssurance upon its request, any information which in the judgment of any such person noted above, may have bearing upon my acceptability to ProAssurance as a professional liability risk, including but not limited to closed, pending or anticipated claims, underwriting or other information.

I hereby release and agree to hold harmless all persons or organizations, their agents, servants, and employees, ProAssurance, its directors, officers, employees and agents from any liability arising from releasing the above information, notwithstanding the fact that there may be errors, omissions, or mistakes contained in such released information.

I further agree that ProAssurance and all persons and organizations described above may rely upon a photo copy of this Authorization, which shall be of equal validity with the signed original.

I hereby declare and represent that the foregoing statements and particulars are, to the best of my knowledge and recollection, complete and that I have not willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof:

Fraud Warning Notice – 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 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.

Signature of Partner, Officer or Owner of Applicant Firm: _____ Date: _____

Print or Type Name: _____ Title: _____