

## General Information

**This application is for a claims-made and reported policy.**

Producer Name \_\_\_\_\_ Producer Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Please print legibly and answer all questions. If a question is not applicable, write "N/A." If additional space is needed, please attach the information and reference the question. Please attach a copy of the applicant's letterhead(s) and current policy declarations page.

**1. General Information: Applicant (Firm) Name**

Street Address \_\_\_\_\_ Suite \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Website Address \_\_\_\_\_ Date Firm Established \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Contact Person's Name \_\_\_\_\_ Title \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**2. Does the applicant have any other locations or branch offices?**

Yes  No

If yes, provide the following for each location:

Street Address \_\_\_\_\_ Suite \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

**3. Is the applicant engaged solely in the full-time private practice of law?**

Yes  No

If no, please explain:

**4. Is the applicant a solo practitioner?**

Yes  No

If yes, does the applicant have an attorney who will handle their practice and legal matters on their behalf if they are absent for an extended period of time?

Yes  No

If yes, please provide their full name: \_\_\_\_\_

**5. Does the applicant share any of the following with other attorneys or firms?**

Yes  No

If yes, please select all that apply and give full particulars of the sharing practices:

Office Space  Expenses  Support Staff  Letterhead  Cases  Fees

## Insurance History and Information

**6. Does the applicant have any predecessor firms for which coverage is being sought?**

Yes  No

If yes, list all predecessor firms of the applicant for which coverage is being sought under this policy. (Predecessor firm means an attorney, firm or professional legal corporation engaged in the practice of law to whose financial assets and liabilities the applicant is the majority successor in interest.)

Name of Firm	Date Formed (MM/YYYY)	Date Dissolved, Merged, etc. (MM/YYYY)	% of Assets Assumed	% of Liabilities Assumed	Number of Attorneys

Attach an addendum using this format if additional space is required. If this question is left blank, coverage will not be provided for any predecessor firm.

**7. Current Policy Retroactive Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**8. Limits Requested (check one):**

\$100,000/\$300,000  
  \$200,000/\$500,000  
  \$200,000/\$600,000  
  \$250,000/\$500,000  
  \$250,000/\$750,000  
 \$500,000/\$500,000  
  \$500,000/\$1M  
  \$500,000/\$1.5M  
  \$750,000/\$1.5M  
  \$1M/\$1M  
 \$1M/\$2M  
  \$1M/\$3M  
  \$2M/\$2M  
  \$2M/\$3M  
  \$2M/\$4M  
 \$3M/\$3M  
  \$3M/\$5M  
  \$4M/\$4M  
  \$5M/\$5M  
  Other

**9. Deductible Requested (check one):**

\$0  
  \$1,000  
  \$2,500  
  \$5,000  
  \$10,000  
 \$15,000  
  \$20,000  
  \$25,000  
  \$30,000  
  \$35,000  
 \$50,000  
  Other \_\_\_\_\_

## Insurance History and Information

**10. Expiration Date of Applicant's Current Lawyers Professional Liability Policy:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Please list any and all primary and excess lawyers professional liability policies carried by the applicant or any predecessor firms for each of the last five years, including any extended reporting periods:

Policy Period <small>(MM/DD/YYYY to MM/DD/YYYY)</small>	Insurance Company	Limits <small>(Per claim/Agg)</small>	Deductible <small>(Per claim/Agg)</small>	Premium (\$)	Number of Attorneys

**11. Have there been any gaps in continuous claims-made coverage for the last 8 years?**  Yes  No

If yes, please provide date(s) and the reason(s) in an addendum to this application.

## Financial Information

**12. Provide the applicant's gross revenues:**

**Prior Fiscal Year:** \_\_\_\_\_ Year End Date: \_\_\_\_ / \_\_\_\_ Gross Revenues (\$): \_\_\_\_\_

**Two Years Prior:** \_\_\_\_\_ Year End Date: \_\_\_\_ / \_\_\_\_ Gross Revenues (\$): \_\_\_\_\_

**13. What percentage of the applicant's billings are over 90 days overdue?** \_\_\_\_\_ %

**14. Has the applicant filed any suits against its own clients in the last five years to enforce the collection of unpaid fees?**  Yes  No

If yes, how many? \_\_\_\_\_ What is the procedure for determining whether to file a suit for fees?

**15. Does the applicant have any single client that represents more than 25% of its gross revenues?**  Yes  No

If yes, please provide each such client's name, industry, a description of the services provided by the applicant and the percentage of the gross revenues that client represents in an addendum to this application.

**16. Has the applicant or any of its past or present attorneys served as an officer, director or employee of a for-profit or non-profit enterprise other than the applicant, or had any kind of debt, equity or ownership interest in a client of the applicant, or engaged in any business venture with a client of the applicant?**  Yes  No

If yes, complete the outside interests supplement.

## Professional Staff

**17. Please list the total number of all non-attorney employees:** Law Clerks: \_\_\_\_\_ Paralegals: \_\_\_\_\_ Investigators: \_\_\_\_\_

Clerical/Office Staff: \_\_\_\_\_ Abstractors/Title Agents: \_\_\_\_\_ Other: \_\_\_\_\_

**18. Please list total number of attorneys:** In applicant this year: \_\_\_\_ In applicant last year: \_\_\_\_\_

Leaving applicant in the last 12 months: \_\_\_\_\_ Joining applicant in the last 12 months: \_\_\_\_\_

**19. Please list all of the applicant's attorneys, including but not limited to all owners, principals, partners, officers, associates, employed attorneys and of counsel, for whom coverage is being sought.** Coverage only applies to professional services performed on behalf of the applicant. Please use the following status codes: P=partner; A=associate or employed lawyer; OC=of counsel; IC= independent contractors for whom you seek coverage. Attach an addendum in this format if more space is required.

Full Name	Status	# of Years in Practice	States Admitted to The Bar	Date Joined Firm (mm/yyyy)	Hours Worked Per Week

**20. Do all of the applicant's attorneys comply with state CLE requirements?**  Yes  No

## Areas of Practice

Using the chart below, please identify the applicant's areas of practice based on the applicant's gross billings in the most recent complete fiscal year.

<b>Admiralty/Maritime</b>	<b>Elder Law (Not Tax or ETP)</b> %	<b>Personal Injury/Property Damage*</b>
% Plaintiff %	<b>Entertainment Law*</b>	% Class Action/Mass Tort Plaintiff %
% Defense %	% Including Money Management %	% Class Action/Mass Tort Defense %
% Other _____ %	% Excluding Money Management %	% Medical Mal. Plaintiff %
<b>Antitrust/Trade Regulation</b>	<b>Environmental Law</b>	% Medical Mal. Defense %
% Plaintiff %	% Plaintiff %	% Other PI/BI Plaintiff %
% Defense %	% Defense %	% Other PI/BI Defense %
% Other _____ %	% Other _____ %	<b>Real Estate*</b>
<b>Appellate</b> %	<b>Estate/Trust/Probate</b>	% Commercial %
<b>Bankruptcy</b> %	% Estate Planning %	% Residential %
% Creditor %	% Trust Administration %	<b>Securities/Bonds*</b>
% Debtor %	% Other %	% Corporate %
% Court Appointed Trustee %	<b>Family Law</b>	% Other (Including Gov't Bonds) %
<b>Business Formation &amp; Alteration</b>	% Pre-Nuptial/Divorce %	_____ %
% Formation/Dissolutions %	% Adoption %	<b>Taxation</b>
% Merger/Acquisition %	% Other _____ %	% Tax Shelters/Opinions %
% Other _____ %	<b>Government</b>	% Corporate Tax Preparation %
<b>Business Transactions/Commercial Law</b>	% General or Financial Advice %	% Other _____ %
% Public Corporations %	% Defense %	<b>Worker's Compensation</b>
% Private Corps./Individuals %	% Lobbying/Other _____ %	% Employer/Defense %
% Other _____ %	<b>Financial Institutions*</b> %	% Employee/Plaintiff %
<b>Civil Rights &amp; Discrimination</b>	<b>Immigration &amp; Naturalization</b> %	<b>Other (Please Describe)</b> %
% Plaintiff %	<b>Intellectual Property*</b>	_____ %
% Defense %	% Patent %	
% Other _____ %	% Trademark/Copyright %	
<b>Collections</b>	% Litigation %	
% Creditor %	<b>International Law</b> %	
% Debtor %	<b>Labor/Employment</b>	
% Other _____ %	% Management %	
<b>Construction Law/ Bldg. Contracts</b>	% Union/Labor %	
% Plaintiff %	% Other _____ %	
% Defense %	<b>Natural Resources/Oil &amp; Gas</b>	
% Transactional %	% Plaintiff %	
<b>Consumer Claims (Not Class Actions)</b> %	% Defense %	
<b>Criminal Law</b> %	% Other _____ %	
		<b>Total Should Equal</b> _____ <b>100%</b>

\* Please complete the appropriate supplemental application if the applicant provides services in the areas of entertainment, financial institutions, intellectual property, personal injury/property damage—plaintiff, real estate or securities.

## Risk Management

- 21. Check all that apply to the applicant's client screening and communication procedures. With respect to clients or matters, does the applicant:**
- Routinely use engagement letters for new clients and matters
  - Routinely use written fee agreements/retainer letters for new clients or matters
  - Routinely use non-engagement letters to decline a new client or matter
  - Routinely use disengagement letters to end representation
  - Have written procedures and forms for client screening and communication
  - Use applicant's or another's website for client intake, screening or communication
  - None of the above
- 22. Check all that apply to the applicant's conflict of interest procedures. With respect to conflict of interest checking, does the applicant have:**
- Oral/Memory System
  - Computerized System
  - Index File System
  - Client Lists System
  - Written Procedures
  - No System
- 23. Check all that apply to the applicant's calendaring or docket control procedures. With respect to calendaring or docket control, does the applicant have:**
- At least two independent controls, calendars or systems
  - A designated docket control or calendaring person responsible for the firm's calendar and deadlines
  - A computer system
  - None of the above

## VIII. Claims History

Please complete the claim/suit information supplement for each claim, potential claim or suit.

- 24. In the past five years, has the applicant or any attorney for whom coverage is sought ever been involved, directly or indirectly, in a claim, potential claim, or suit arising out of the rendering or failing to render legal services?**
- Yes  No If yes, how many? \_\_\_\_\_
- 25. Is the applicant or any attorney for whom coverage is sought aware of any act, error, omission, or incident that might reasonably be expected to result in a claim or suit being made against them?**
- Yes  No If yes, how many? \_\_\_\_\_
- 26. Has the applicant or any attorney for whom coverage is sought ever been disbarred, refused admission to practice law, suspended, reprimanded, sanctioned, fined, placed on probation, held in contempt, or the subject of disciplinary action of any kind by a court, administrative or regulatory body?**
- Yes  No If yes, please give the full particulars for each instance in an addendum to this application.
- 27. After inquiry has the applicant or any of its past or present attorneys ever been convicted of a felony or a crime of moral turpitude?**
- Yes  No
- 28. Has any lawyers professional liability carrier that has issued coverage to the applicant ever canceled, refused to renew, or reduce limits on renewal of such coverage?**
- Yes  No If yes, please give the full particulars for each instance in an addendum to this application.

## Important Notice

This insurance is for a claims-made and reported policy. This insurance is limited to liability for injuries for which claims are first made during the policy period arising out of incidents or acts that first occurred on or after the applicable retroactive date. Please read and review the policy carefully.

## Fraud Notice

Under the laws of your state, it may be a criminal offense to knowingly provide false, incomplete, or misleading information to an insurance company. Penalties for fraud may result in one or more of the following: imprisonment, fines or denial of insurance benefits.

Mandatory: All applicants must read the following:

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

## Please Read and Sign

The applicant shall immediately inform the company if any statements made on this application (including attachments) were inaccurate or misleading when submitted, or are no longer accurate, or have become misleading. In the event that the applicant's statements are reasonably determined by the company to be untrue or misleading then the company shall have all rights allowed pursuant to applicable law. The company shall also have the right to increase the premium, deductibles or retentions consistent with how the company might have responded if fully accurate and non-misleading information had been submitted. Completion of this form does not bind coverage or obligate the company to offer coverage. The company's receipt of the applicant's acceptance of the company's quotation is required before the coverage may be bound and a policy issued. The applicant agrees to cooperate with the company in implementing an ongoing program of loss control and will allow the company to review and monitor such programs that the applicant undertakes in managing its professional insurance exposures. The applicant hereby authorizes and directs any person or organization whatsoever to release and furnish to the company, and its agents or representatives, any and all information requested which may relate to insurability under the policy. The applicant furthermore authorizes the release of all such information by the company as required by law to any governmental agency or professional society or association. The applicant furthermore releases and agrees to hold harmless the company, and all of its agents and representatives, any prior insurer, governmental agency, or professional society or association from any liability arising out of the release or review of any and all information released or furnished pursuant to this authorization and application for insurance, notwithstanding the fact that there may be errors, omissions, or mistakes contained in such released information.

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Signature of authorized individual

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Title

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Date

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Print Name

**Claim/Suit Information Supplement**

Producer Name \_\_\_\_\_ Producer Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Whenever used in this supplement, the term "Applicant" shall mean the firm applying for this insurance, as well as its past and present attorneys and staff, and any predecessor firms for which coverage is sought. Please print legibly, answer all questions and complete all fields. If a question is not applicable, respond with "N/A." If, in order to respond completely and fully, additional space is needed or additional information is required, respond on a separate page, reference the question being responded to, and attach any additional information. Please note that the underwriting department may request additional documentation at its discretion.

**1. General Information:** Applicant (Firm) Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**2. Client/Claimant Full Name:** \_\_\_\_\_

**3. Name of other defendants, if any, involved in the claim or suit:** \_\_\_\_\_

**4. Date of alleged error or omission which led to the allegations against Applicant:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year

**5. Date claim/incident notice received:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year

**6. Has this claim/incident been reported to your current or former insurer?**  Yes  No

If yes, date reported to your current or former insurer. \_\_\_\_/\_\_\_\_/\_\_\_\_ If yes, please provide a copy of the report(s).  
Month Year

**7. Disposition or current status of claim or suit:**  Open  Closed

If closed, date of closing/settlement or award: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year

**8. Indicate case value/reserve established by carrier, if known (in \$):** \_\_\_\_\_

**9. Carrier defending claim:** \_\_\_\_\_

**10. Was this matter closed with your consent?**  Yes  No

**11. Was a suit filed?**  Yes  No

**12. Was payment made?**  Yes  No

If no, was claim or suit withdrawn?  Yes  No

If yes, indicate total amount of settlement or award (in \$): \_\_\_\_\_

Amount paid on your behalf (in \$): \_\_\_\_\_

**13. Nature of allegations in the claim or suit:**

Alleged error or omission: \_\_\_\_\_

Services provided: \_\_\_\_\_

Alleged negligence: \_\_\_\_\_

Alleged damages: \_\_\_\_\_

**14. Please provide a narrative description of the facts, the type of services provided:**

This Supplement is incorporated into and expressly made part of the Application and any policy issued as the result of the application process. All answers made herein are subject to the representations and signature on the Application.

# AREAS OF PRACTICE SUPPLEMENT FINANCIAL INSTITUTIONS LAW

NATIONAL LIABILITY & FIRE INSURANCE COMPANY

POLICY NUMBER \_\_\_\_\_

COMPANY USE ONLY



## I. SUPPLEMENT INSTRUCTIONS

- WHENEVER USED IN THIS SUPPLEMENT THE TERM "APPLICANT" SHALL MEAN THE FIRM APPLYING FOR THIS INSURANCE, ITS PAST AND PRESENT ATTORNEYS AND STAFF, AND ANY PREDECESSOR FIRMS FOR WHICH COVERAGE IS SOUGHT.
- INCLUDE ALL REQUESTED INFORMATION AND ATTACHMENTS. PROVIDE A COMPLETE RESPONSE TO ALL QUESTIONS AND ATTACH ADDITIONAL INFORMATION IF NECESSARY TO ANSWER TRUTHFULLY AND COMPLETELY.
- COMPLETE EACH SECTION OF THIS SUPPLEMENT THAT PERTAINS TO THE APPLICANT'S PRACTICE AND CHECK THE APPROPRIATE BOX AT THE BEGINNING OF EACH SECTION TO INDICATE THE AREAS OF PRACTICE THAT DO NOT PERTAIN TO THE APPLICANT'S PRACTICE.
- COMPLETE THE DECLARATIONS AND SIGNATURE SECTION AT THE END OF THIS SUPPLEMENT.
- PLEASE PRINT LEGIBLY AND ANSWER ALL QUESTIONS. IF A QUESTION IS NOT APPLICABLE, STATE "N/A". IF ADDITIONAL SPACE IS NEEDED, PLEASE USE A SUPPLEMENTAL FORM WITH A REFERENCE TO THE QUESTION.

## II. APPLICANT INFORMATION

A. \_\_\_\_\_  
**APPLICANT/FIRM NAME**

\_\_\_\_\_  
**SUITE STREET ADDRESS**

\_\_\_\_\_  
**CITY STATE ZIP CODE COUNTY**

\_\_\_\_\_  
**BUSINESS PHONE BUSINESS FAX E-MAIL**

## III. FINANCIAL INSTITUTIONS LAW

- A. CHECK HERE IF THE APPLICANT DOES NOT PERFORM ANY FINANCIAL INSTITUTIONS WORK, DOES NOT HAVE A FINANCIAL INSTITUTIONS LAW PRACTICE AND INDICATED NO PERCENTAGE (%) OF FINANCIAL INSTITUTIONS WORK ON THE APPLICATION.

IF YOU HAVE NOT CHECKED THE QUESTION ABOVE OR IF THE APPLICANT, OR ANY OF ITS PAST OR PRESENT ATTORNEYS, HAS PROVIDED LEGAL SERVICES IN THE PAST FIVE YEARS IN CONNECTION WITH FINANCIAL INSTITUTIONS, PLEASE COMPLETE THIS FORM FOR EACH AND EVERY FINANCIAL INSTITUTION TO WHICH THE APPLICANT, INCLUDING ALL OR ITS PAST AND PRESENT ATTORNEYS, HAS PROVIDED LEGAL SERVICES DURING THE PAST FIVE (5) YEARS.

THE TERM "FINANCIAL INSTITUTION" FOR PURPOSES OF THIS APPLICATION AND SUPPLEMENT MEANS ANY BANK, SAVING AND LOAN ASSOCIATION, CREDIT UNION, OR OTHER LENDING OR DEPOSITORY INSTITUTION OR SERVICE COMPANY, AND ANY SUBSIDIARY OR HOLDING COMPANY OF SUCH AN ENTITY.

1. NAME AND ADDRESS OF THE **FINANCIAL INSTITUTION**: \_\_\_\_\_  
NAME

SUITE STREET CITY STATE ZIP CODE

2. DATES OF REPRESENTATION: FROM: MM / DD / YYYY TO: MM / DD / YYYY

3. FOR SERVICES PROVIDED BY THE **APPLICANT**, CHECK ALL THAT APPLY:

- |  |   |  |                                     |
|--|---|--|-------------------------------------|
| <input type="checkbox"/> NONE  | <input type="checkbox"/> LOAN COMMITTEE | <input type="checkbox"/> AUDIT COMMITTEE               | <input type="checkbox"/> REGULATORY |
| <input type="checkbox"/> GENERAL COUNSEL   | <input type="checkbox"/> SECURITIES     | <input type="checkbox"/> DIRECTOR                      | <input type="checkbox"/> OFFICER    |
| <input type="checkbox"/> LOAN DOCUMENTATION  | <input type="checkbox"/> LOAN CLOSINGS  | <input type="checkbox"/> COMMERCIAL LOAN DUE DILIGENCE |                                     |
| <input type="checkbox"/> LOAN APPROVAL OR OVERSIGHT FOR APPLICANT, ITS ATTORNEYS OR EMPLOYEES, ITS CLIENTS, OR FAMILY MEMBERS OF ANY OF THE PREVIOUS PERSONS |   |  |                                     |
| <input type="checkbox"/> OTHER (PLEASE EXPLAIN) _____  |   |  |                                     |

4. IF **LOAN COMMITTEE, LOAN DOCUMENTATION OR LOAN REVIEW WORK IS PERFORMED BY THE APPLICANT, PLEASE IDENTIFY:**

THE AVERAGE SIZE OF THE LOANS FOR WHICH WORK WAS DONE \$ \_\_\_\_\_

THE LARGEST LOAN FOR WHICH WORK WAS DONE IN THE LAST FIVE YEARS \$ \_\_\_\_\_

5. FOR THE **FINANCIAL AND OPERATIONAL STATUS OF THE FINANCIAL INSTITUTION CHECK ALL THAT APPLY:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> RECEIVERSHIP OR LIQUIDATION | <input type="checkbox"/> CONSERVATORSHIP | <input type="checkbox"/> OPERATING PURSUANT TO REGULATORY LIMITATION ON ITS OPERATIONS |
| <input type="checkbox"/> NONE OF THE ABOVE           |  |  |

6. **HAS ANY PAST OR PRESENT ATTORNEY OF THE APPLICANT HELD AN EQUITY INTEREST IN THE FINANCIAL INSTITUTION?**  YES  NO

IF "YES", PLEASE PROVIDE THE FULL DETAILS INCLUDING THE NAME(S) OF THE ATTORNEY, THE EQUITY INTEREST HELD, AND THE DATES THE INTEREST WAS HELD.

\_\_\_\_\_  
\_\_\_\_\_

**III. FINANCIAL INSTITUTIONS LAW (CONTINUED)**

7. **HAS ANY PAST OR PRESENT ATTORNEY OF THE APPLICANT SERVED AS AN OFFICER OR DIRECTOR IN THE FINANCIAL INSTITUTION?**  YES  NO

IF "YES", PLEASE PROVIDE THE FULL DETAILS INCLUDING THE NAME(S) OF THE ATTORNEYS, POSITION(S) HELD AND DATES POSITION HELD.

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8. **HAS THERE BEEN ANY ALLEGATION OF IMPROPRIETY OR NEGLIGENCE AGAINST THE FINANCIAL INSTITUTION, ITS DIRECTORS OR OFFICERS, OR ANY OUTSIDE PROFESSIONAL WHO PROVIDED SERVICES TO THE FINANCIAL INSTITUTION, BY THE FEDERAL DEPOSIT INSURANCE CORPORATION ("FDIC"), THE OFFICE OF COMPTROLLER OF THE CURRENCY ("OCC"), THE OFFICE OF THRIFT SUPERVISION ("OTS"), THE FEDERAL RESERVE BOARD ("FRB"), THE SAVINGS ASSOCIATION INSURANCE FUND ("SAIF"), THE SECURITIES AND EXCHANGE COMMISSION ("SEC"), OR ANY OTHER STATE OR FEDERAL AGENCY OR REGULATORY BODY?**  YES  NO

IF "YES", PLEASE PROVIDE THE FULL DETAILS IN AN ADDENDUM TO THIS SUPPLEMENT.

9. **HAS THE APPLICANT OR ANY OF ITS PAST OR PRESENT ATTORNEYS, INCLUDING OF COUNSEL, RECEIVED A SUBPOENA IN CONNECTION WITH THE FINANCIAL INSTITUTION FROM ANY COURT OR THE SEC, THE RTC, THE FDIC, THE OTS, THE OCC, THE FRB, THE FORMER FHLBB, THE FORMER FSLIC, OR ANY OTHER STATE OR FEDERAL AGENCY OR REGULATORY BODY?**  YES  NO

IF "YES", PLEASE PROVIDE THE FULL DETAILS IN AN ADDENDUM TO THIS SUPPLEMENT.

10. **HAS THE APPLICANT PROVIDED LEGAL SERVICES TO ANY STATE OR FEDERAL AGENCY IN CONNECTION WITH THE FINANCIAL INSTITUTION?**  YES  NO

IF "YES", PLEASE PROVIDE THE FULL DETAILS IN AN ADDENDUM TO THIS SUPPLEMENT.

**IV. PLEASE READ AND SIGN**

I UNDERSTAND AND AGREE THAT THE INFORMATION SUBMITTED IN THIS SUPPLEMENT BECOMES PART OF MY LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME WARRANTIES AND CONDITIONS.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED PERSON

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE (MM/DD/YYYY)



**Outside Interest Supplement**

Policy Number \_\_\_\_\_

Please print legibly and answer all questions. If a question is not applicable, write "N/A." If additional space is needed, please attach the information and reference the question.

**1. General Information:** Applicant (Firm) Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**2. Outside Interests means service as an officer, director or employee of a for-profit enterprise other than the Applicant, or having any kind of debt, equity or ownership interest in client of Applicant, or engaging in any business venture with a client of the Applicant.**

Name of Entity/ Enterprise	Industry of Entity/ Enterprise	Attorney	Position Held	Dates Position Held	% Applicant Revenues	% Equity Ownership	Legal Services Provided	D&O Insurance? Y/N

**Areas of Practice Supplement: Plaintiff Law**

Policy Number \_\_\_\_\_

Please print legibly and answer all questions. If a question is not applicable, write "N/A." If additional space is needed, please attach the information and reference the question.

**1. General Information:** Applicant (Firm) Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**2. Areas of Focus within Plaintiff Law:**

Areas of Focus with Plaintiff Law	% of Revenues	Average Value	Maximum Value	# of Cases
Asbestos/Toxic Tort				
Class Action/Mass Tort				
Medical Malpractice				
Non-Medical Professional Liability				
Products Liability				
Personal Injury/Bodily Injury				
Other				
TOTAL	100%			

**3. For each class action/multiple plaintiff case in which the Applicant performed work in the last five years, please either attach a document or provide information below detailing the caption of the action, date filed, nature of the allegations, the approximate size of the class or plaintiff group, venue, the resolution, award and/or settlement.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Does the Applicant accept cases in venues outside the state(s) in which the Applicant has offices?**     Yes     No

If yes, list all venues/states in which that has occurred in the last five years: \_\_\_\_\_

\_\_\_\_\_

**5. With regard to referrals, check all that apply:**

- Written referral agreements are required in all cases referred to the Applicant
- Written referral agreements are required in all cases referred by the Applicant
- The Applicant requires certificates of insurance for all cases referred out of the Applicant



**Areas of Practice Supplement: Real Estate & Estate, Trust, Probate**

Policy Number \_\_\_\_\_

Please print legibly and answer all questions. If a question is not applicable, write "N/A." If additional space is needed, please attach the information and reference the question.

**1. General Information:** Applicant (Firm) Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**2. In regards to Applicant's services provided to Estate, Trust, Probate clients, check all that apply:**

- Discretionary control of client funds       Authority to write checks       Provide investment advice       Make investments
- Purchase or management of real estate       Applicant confirms in writing it outsources all tax work       Applicant handles all tax matters
- Applicant confirms in writing it provides no tax advice       Estate Trust Probate work does not require tax advice       Tax Other \_\_\_\_\_
- Act as executor, trustee, or personal representative. If checked, please explain: \_\_\_\_\_

**3. Please list Applicant's five largest estates:**

Total estate, trust or asset size	Date estate last updated

**4. In connection with the provisions of legal services related to real estate by the Applicant, please check all that apply:**

- Act in dual capacity representing buyer and seller
- Require a thorough review with the client of the possible economic impact of potential environmental issues
- Require an investigation of environmental risks before purchase or lease terms and conditions are finalized
- Consistently use non-engagement letters for parties you do not represent
- Consistently use engagement letters that advise the client to seek independent professional evaluation of potential environmental issues
- Require errors & omissions insurance for any entity other than Applicant performing title abstracting, surveying or appraisal work
- Provide services relating to the formation, management or group investment/syndications for real estate investing

Areas of Focus within Real Estate	Latest Year		Previous Year		Latest Year		Previous Year		24 Months
	% of Total Residential Real Estate	% of Total Commercial Real Estate	% of Total Residential Real Estate	% of Total Commercial Real Estate	# of Residential Transactions	# of Commercial Transactions	# of Residential Transactions	# of Commercial Transactions	Max. Value
Purchase & Sale									
Land Use/Development									
Mortgage & Deeds									
Loan Workouts/Foreclosure									
Condos, Co-ops & Townhomes									
Landlord/Tenant									
Property Valuation/ Real Estate Tax Abatement									
Syndications/ Real Estate Investment									
Construction/Mechanics Liens									
Eminent Domain									
Title Opinions									
Other Title/Abstract Work									
Other									