



APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

FIRM OPERATIONS AND MANAGEMENT (CON'T)

- 27. Does the firm regularly acknowledge in writing the declination or termination of representations?
28. For firms greater than 5 attorneys: Does the firm require that at least two attorneys in the firm be informed of the initiation of a representation?
29. If you are a solo practitioner, do you have a procedure in place regarding provisions of services if you are incapacitated or otherwise unavailable?
30. Has the firm initiated lawsuits or arbitration procedures during the last two years to enforce the collection of unpaid fees for the firm?

If "yes", complete the Fee Suit Supplemental Application.

- 31. Has the Firm or any lawyer in the Firm represented publicly traded clients with services rendered involving Sarbanes-Oxley Act (SOX) compliance including but not limited to Securities, Accounting, Financial/Investment Services or Tax work?

If "yes", please complete the Client Information supplement.

- 32. Has the firm been involved in any mass tort / class action cases within the past five years?

If "yes" complete the Mass Tort / Class Action Supplemental Application.

- 33. Provide the firms gross revenues:

Table with 3 columns: Year, Year End Date, Gross Revenues. Rows include Current fiscal, Prior fiscal, and 2 Years Prior.

- 34. What percentage of accounts receivable are outstanding more than 90 days? _____%

CLAIM / INCIDENT / DISCIPLINARY INFORMATION

- 35. After inquiry, is any attorney in the firm aware of:
a. a professional liability claim made in the past five years against them, the firm, any predecessor firm, or against any current or former attorney of the firm while affiliated with the firm?
b. an actual or alleged act, omission, circumstance, or breach of duty that a reasonable attorney would recognize might reasonably be expected to result in a claim being made against the firm, any predecessor firm, or against any attorney currently or formerly affiliated with the firm or any predecessor firm, regardless of whether any such claim would be meritorious?

If "yes" to a, or b above complete the Claims Supplemental Application for each claim or incident

- 36. a. Within the past five years, has any attorney been subject to any disciplinary inquiry, complaint or proceeding for any reason including non-payment of dues?
b. Has any attorney ever been refused admission to practice, disbarred, suspended, formally reprimanded, or sanctioned in any other way?

If "yes" to a or b above complete the Disciplinary Supplement unless the matter was reported under a prior CNA policy term and supplement was completed. The Disciplinary - Status Update Supplement should be completed for renewal policies where the matter was previously reported but was still open at the last renewal.



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REQUESTED COVERAGE

(Some limits / deductibles / optional coverages may not be available in all states and all are subject to underwriting qualification. Your quote will reflect the coverage and options for which your firm qualifies.):

37. a. Select the Each Claim/Aggregate Limit the firm desires:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$ 100,000/\$ 300,000 | <input type="checkbox"/> \$ 500,000/\$ 1,000,000 | <input type="checkbox"/> \$ 2,000,000/\$ 2,000,000 | <input type="checkbox"/> \$4,000,000/\$ 4,000,000 |
| <input type="checkbox"/> \$ 250,000/\$ 500,000 | <input type="checkbox"/> \$1,000,000/\$1,000,000 | <input type="checkbox"/> \$ 2,000,000/\$ 4,000,000 | <input type="checkbox"/> \$5,000,000/\$ 5,000,000 |
| <input type="checkbox"/> \$ 500,000/\$ 500,000 | <input type="checkbox"/> \$ 1,000,000 / \$ 2,000,000 | <input type="checkbox"/> \$ 3,000,000/\$ 3,000,000 | <input type="checkbox"/> Other: \$ _____ / \$ _____ |

b. Select the Aggregate Deductible the firm desires:

- | | | | | | | |
|-----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> \$ 1,000 | <input type="checkbox"/> \$ 2,500 | <input type="checkbox"/> \$4,000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$75,000 | |
| <input type="checkbox"/> \$ 2,000 | <input type="checkbox"/> \$ 3,000 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$15,000 | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$100,000 | <input type="checkbox"/> Other: \$ _____ |

38. Select the optional coverages the firm desires:

- Per Claim Deductible Claims Expenses Outside Limit First Dollar Defense Title Insurance Agency

NOTE: The Title Insurance Agency optional coverage extends coverage to a specific title agency as a separate entity. A supplemental application is required.



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SIGNATURE AND REPRESENTATION

Applicant hereby represents, after inquiry, that the information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations: this application, and any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof.
2. This application will be the basis of the contract and will be incorporated by reference into and made part of such policy; and
3. Applicant's failure to report to its current insurance company, during the current policy period, either any claim made against any insured, or any act or omission known to any insured that may reasonably be expected to be the basis of a claim against any insured may create a lack of coverage.
4. Any attorney currently or formerly affiliated with the firm or any predecessor firm, has disclosed in this Application any actual or alleged, act, omission, circumstance or breach of duty that a reasonable attorney would recognize might reasonably be expected to result in a claim being made against the firm, any predecessor firm, or any attorney currently or formerly affiliated with the firm or any predecessor firm, regardless of whether any such claim would be meritorious.

Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant.

FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

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 MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (for New York residents only: 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.) (For Pennsylvania Residents only: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.) (For Tennessee Residents only: Penalties include imprisonment, fines and denial of insurance benefits.)

Applicant:

By _____

| | | |
|--|----------------------------------|------|
| SIGNATURE OF OFFICER OR PARTNER OF THE FIRM | PRINT NAME OF OFFICER OR PARTNER | DATE |
|--|----------------------------------|------|

REMINDER

Please attach a sample of your letterhead to this application