



**APPLICATION FOR
LAWYERS PROFESSIONAL LIABILITY INSURANCE
THIS APPLICATION IS FOR A "CLAIMS MADE" POLICY**

APPLICANT'S INSTRUCTIONS

- A. ALL QUESTIONS MUST BE ANSWERED COMPLETELY. PLEASE TYPE OR PRINT CLEARLY. IF ANY QUESTIONS ARE CONSIDERED "NOT APPLICABLE", PLEASE EXPLAIN WHY.
- B. PLEASE USE THE COMMENTS LINE(S) FOR ADDITIONAL INFORMATION OR CONTINUE ON A SEPARATE ADDENDUM INDICATING THE QUESTION NUMBER/SUPPLEMENT.
- C. PLEASE COMPLETE THE APPLICATION FORM AND SUPPLEMENTS WHERE REQUIRED.
- D. THIS APPLICATION AND ALL SUPPLEMENTS MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM.
- E. THE TERM "LAWYER" IN THIS APPLICATION SHALL MEAN ANY PARTNER, EMPLOYED LAWYER, "OF COUNSEL" OR CONTRACT LAWYER.
- F. THIS APPLICATION MAY ASK FOR DETAILS ON ACTIVITIES FOR WHICH NO COVERAGE IS PROVIDED UNDER THE INSURANCE BEING REQUESTED. PLEASE CONSULT WITH YOUR BROKER OR INSURANCE AGENT FOR DETAILS OF YOUR PROPOSED COVERAGE.

1. A. Name of Applicant: _____

Individual Partnership Professional Corporation Ltd. Liability Partnership

B. Address: _____

City: _____ County: _____

State: _____ Zip: _____

C. Telephone Number: (____) _____ Fax Number: (____) _____

E-mail Address: _____
CCMail/Internet etc.

D. If the Applicant has branch offices in other cities, please indicate the 3 largest by Gross Billings:

City: _____ City: _____ City: _____

State: Billings % State: Billings % State: Billings %

E. Date Commenced Business: _____ / _____ / _____
Month Day Year

F. Total Gross Billings (whether collected or not, including contingent fees) by Fiscal Year:

This Year: \$ _____ Last Year: \$ _____ Two Years Ago: \$ _____

For 12 months ending: _____ / _____ / _____
Month Day Year

G. Total number of Lawyers:

This Year: _____ Last Year: _____ Two Years Ago: _____

H. Total number of:

Partners/
Shareholders: _____ Employed
Lawyers/Associates: _____ Of
Counsel: _____ Other
Staff: _____

I. For any contract Lawyers not listed in H and employed by the Applicant in the past 12 months, please indicate:

Number of
Lawyers Employed: _____ Billable
Hours Worked: _____ Amount Billable
for Their Services: \$ _____

Comments: _____

ADDITIONAL SUPPLEMENTS

2. A. Please complete Supplement Number 1 and attach a copy of the Applicant's letterhead.

B. Does the Applicant currently, or did the Applicant at any time:

(i) in the last Ten years, provide Legal Services to any Financial Institution as defined in the instructions for Supplement Number 2? Yes No

If yes, please complete Supplement Number 2.

(ii) in the last Two years perform any Securities work? Yes No

If yes, please complete Supplement Number 3.

(iii) in the last 12 months perform any Entertainment work? Yes No

If yes, please complete Supplement Number 4.

(iv) in any of the last Five years has any one client or group of related accounts produced more than 10% of Total Gross Billings? Yes No

If yes, please complete Supplement Number 5.

(v) in the last Five years provide any other Professional Services apart from Legal work? Yes No

If yes, please give details on a separate addendum. Please include details of applicable insurance.

(vi) if you are a Sole Practitioner, please provide details of arrangements that you have in place in the event of any long term or unforeseen absence from your practice, on a separate Addendum. Yes No

ACTIVITIES

2. C. Indicate Percentage of this years "Total Gross Billings" derived from: (OVERALL TOTAL MUST EQUAL 100%)

<u>AREA OF LAW</u>	<u>LAST YEAR</u>	<u>THIS YEAR</u>	For any area of law that represents more than 10% of the Applicant's practice, complete any applicable detailed practice split.		
Banking/Savings & Loan	____%	____%			
BI/PD & Personal Injury Litigation	____%	____%	____%	____%	____%
General Corporate Advice/Litigation	____%	____%	____%	____%	____%
Corporate/Partnership Formation/Alteration	____%	____%	____%	____%	____%
Real Estate	____%	____%	____%	____%	____%
Securities Practice including Syndication's Bonds/Tax Shelters/Ltd. Partnerships and Derivatives	____%	____%	____%	____%	____%
Taxation	____%	____%	____%	____%	____%
Environmental	____%	____%	____%	____%	____%
Bankruptcy	____%	____%	____%	____%	____%
Copyright/Patent	____%	____%	____%	____%	____%
Estate/Trust/Probate	____%	____%	____%	____%	____%
Municipal Law (Except bonds)	____%	____%	____%	____%	____%
Domestic Relations	____%	____%	____%	____%	____%
Admiralty Law (Except Labor Relations)	____%	____%	____%	____%	____%
Criminal	____%	____%			
Labor Relations	____%	____%	____%	____%	____%
Entertainment	____%	____%	____%	____%	____%
Oil & Gas	____%	____%	____%	____%	____%
Other: Please describe:					
_____	____%	____%	____%	____%	____%
_____	____%	____%	____%	____%	____%
Overall Total:	100 %	100 %			

MANAGEMENT

3. A. Is the Applicant managed by a management committee? Yes No

Comments: _____

If yes, how many Partners or Officers comprise the management committee? _____

How often has it met in the past 12 months? _____

Comments: _____

- B. Does the Applicant employ a full time non Lawyer Administrator? Yes No

Comments: _____

- C. Does the Applicant use a peer review system to evaluate the performance of all practicing Lawyers (including Partners) within the Firm? Yes No

If yes, does this include periodic review of selected case files by a Partner not handling the case? Yes No

Comments: _____

NEW BUSINESS

(Please insert an "X" in the appropriate box, or a "W" where the response represents the Applicant's written policy.)

4. A. Are new clients and new matters subject to approval of the Applicant's management committee or at least One Independent Partner or Officer other than the Lawyer proposing to handle the case? Yes No

Comments: _____

- B. Does the approval process for new Clients include independent inquiries as to a Client's creditworthiness and reputation for payment of legal or other bills? Yes No

Comments: _____

- C. Is information as to all new Clients made available on at least a weekly basis to all Partners or Officers of the Applicant? Yes No

Comments: _____

- D. Is a Lawyer generating new business required to associate with a Partner or Officer with specific expertise in the matter? Yes No

Comments: _____

- E. Does the Applicant have a written Policy with regard to accepting or not accepting a Client on a case or transaction for which the Client has already been represented by one or more predecessor Legal Counsel? Yes No

If yes, please summarize: _____

CONFLICTS

(Please insert an "X" in the appropriate box, or a "W" where the response represents the Applicant's written policy.)

5. A. How does the Applicant maintain its conflict of interest system?

Oral/Memory Index File Computer Other: _____

Comments: _____

B. Is the conflict search always completed prior to accepting a Client? Yes No

Comments: _____

C. If not, are clients accepted subject to that search and is this documented in an engagement letter? Yes No

Comments: _____

D. Does the system contain the following information? (Please tick as appropriate.)

- | | | | |
|-----------------------|--------------------------|--|--------------------------|
| • Client Name | <input type="checkbox"/> | • Previous firms of lateral hires employed by the Applicant | <input type="checkbox"/> |
| • Opposing Party | <input type="checkbox"/> | • Names of parties whose representation was declined | <input type="checkbox"/> |
| • Client Subsidiaries | <input type="checkbox"/> | • Names of any entity in which the Applicant or any Lawyer practicing with the Applicant holds an outside interest (including, but not limited to, an Equity interest or option to purchase Equity and/or a position as a Director/Officer/Partner/Employee) | <input type="checkbox"/> |
| • Client Principals | <input type="checkbox"/> | | |
| • Opposing Counsel | <input type="checkbox"/> | | <input type="checkbox"/> |

Comments: _____

E. Are all Lawyers in the firm, regardless of practice area or geographical location:

- (i) able to access all conflict data held by the Applicant in their conflict search? Yes No
- (ii) required to access all conflict data held by the Applicant in their conflict search? Yes No

Comments: _____

F. Does the Applicant have a Policy not to review any privileged or confidential Client information prior to an unqualified acceptance of a Client? Yes No

Comments: _____

G. Are potential conflicts always referred to an independent conflict Partner or committee? Yes No

Comments: _____

5. H. Where representation is continued subject to conflict waivers, does the Applicant have a written policy requiring the waiver to clearly:

- (i) show the conflicting parties the nature of the conflict?
- (ii) show how it could affect the representation?
- (iii) show how the client was advised to consider consulting another Law Firm either about the conflict and/or the original matter prior to signing the waiver?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments: _____

I. With the exception of positions held with Charitable Institutions in relation to pro-bono work, does the Applicant or any Lawyer practicing with the Applicant hold an outside interest in a Client (including, but not limited to, an Equity interest or option to purchase Equity or a position as a Director/Officer/Partner/Employee)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please complete Supplement Number 4.

OUTSIDE COMMUNICATIONS

(Please insert an "X" in the appropriate box, or a "W" where the response represents the Applicant's written policy.)

6. A. For what percentage of cases does the Applicant:

- (i) when accepting a representation, send an engagement letter which clearly shows the scope of services to be performed and the terms and rates on which the matter will be billed? _____ %
- (ii) when declining a representation, send a non engagement letter? _____ %
- (iii) when ceasing representation, send a disengagement letter? _____ %
- (iv) incorporate a fee mediation/arbitration clause into the retainer/engagement letter? _____ %

Comments: _____

B. When declining a case in which a critical deadline or statute date may apply, does the Applicant always:

- (i) send a non engagement letter? Yes No
- (ii) by certified mail? Yes No
- (iii) which clearly warns of the importance of immediately seeking alternative representation? Yes No
- (iv) and the risk of losing the chance to pursue the case if a time deadline is exceeded? Yes No

DOCKET AND CALENDAR

(Please insert an "X" in the appropriate box, or a "W" where the response represents the Applicant's written policy.)

7. A. Does the Applicant maintain a central system for control of statute dates and other critical deadlines?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Comments: _____

B. Is this central system used by all Lawyers in the firm to control the critical statutory dates or deadlines applicable to their area of practice?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

If no, please describe: _____

7. C. How many independent date controls are kept on each matter? 1 2 3 more than 3, please specify _____
 Comments: _____
- D. Does the Applicant use a: Perpetual Calendar Tickler Type Computer
 Other (please describe): _____

- E. Is all incoming mail checked centrally for critical dates by the person(s) responsible for docket control before being distributed to the Lawyer(s) handling the matter? Yes No
 Comments: _____
- F. Please describe how the Applicant ensures that statutes of limitation periods entered are correct and currently applicable for a case and take into account differences according to jurisdiction, category of defendant, cause of action, etc.: _____

- G. Is a list of the pending dates and deadlines on the docket control system circulated to all Lawyers or, if the Applicant is divided into formal departments, to all Lawyers in the appropriate department? Yes No
 Comments: _____

TRAINING AND SUPERVISION

(Please insert an "X" in the appropriate box, or a "W" where the response represents the Applicant's written policy.)

8. A. Does the Applicant maintain a formal training program for new Lawyers with regard to office and court procedures? Yes No
 Comments: _____
- B. How many Lawyers have participated in formal continuing Legal education programs of at least seven hours during the last year? _____
 Comments: _____
- C. Are all Associates under the direct supervision of a Partner or Officer? Yes No
 Comments: _____

MISCELLANEOUS

(Please insert an "X" in the appropriate box, or a "W" where the response represents the Applicant's written policy.)

9. A. Do suits for collection of fees have to be approved by the Applicant's management committee or by at least two Partners or Officers? Yes No
 Comments: _____

9. B. What percentage of the Applicant's billings are more than 90 days overdue from the date the bill was sent out? _____ %

Comments: _____

C. How many suits for collection of fees have been filed by the Applicant during the past two years? _____

Comments: _____

D. Please explain what the Applicant has done to reduce the number of fee related disputes with clients.

(i) Monthly billing for all Clients (ii) Retainers for all new Clients

(iii) Reporting of overdue receivables to the management committee when they exceed a set \$ amount due:

from any one Client to any one Lawyer

(iv) Other: _____

E. Other than on contingent cases, what is the largest amount currently owed by a client to the firm for billed or un-billed time? \$ _____

F. Can the Applicant confirm that no Lawyers listed in Supplement 1 have been disciplined, censured, suspended, had sanctions awarded against them of over \$20,000 or been put on probation by any State Bar, Judicial Body or Regulatory Agency? Yes No

If no, please give details below or on a separate addendum.

Comments: _____

G. Does the Applicant have a written policy requiring complaints (by either a Client or their Counsel) to be reviewed by a Partner other than the Lawyer about whom the complaint is made? Yes No

Comments: _____

H. Are two signatures required for all withdrawals of funds from Custodial Accounts? Yes No

Comments: _____

I. Has the Applicant in the last Ten years changed the name of the Applicant? Yes No
Merged with, acquired or been acquired by any other Firm or Organization? Yes No
Increased or decreased in size (by total Lawyer count) by more than 20% in a single year? Yes No
Are any of the above currently pending or contemplated? Yes No

If yes, please give full details below or on a separate addendum, including the date of the change(s).

INSURANCE

The term "after inquiry" is deemed to mean to the knowledge of any Owner, Partner, Shareholder, Associate, Employed Lawyer, of Counsel or Employee.

10. A. Has insurance of the type for which the Applicant is now applying ever been declined, canceled or had the renewal thereof refused to the Applicant? Yes No

If yes, please give details below or on a separate addendum.

Comments: _____

- B. After inquiry, have any claims or suits been made in the last Ten years against the applicant or any past or present Owners, Partners, Shareholders, Corporate Officers, Associates, Employed Lawyers, Contract Lawyers, Employees or its predecessors in business? Yes No

If yes, how many? _____

If yes, please complete enclosed Supplement Number 6.

Comments: _____

- C. After inquiry, are any persons listed in Supplement 1 aware of any circumstances, allegations, tolling agreements or contentions as to any incident which may result in a claim being made against the Applicant or any of its past or present Owners, Partners, Shareholders, Corporate Officers, Associates, Employed Lawyers, Contract Lawyers or Employees or its predecessors in business? Yes No

If yes, how many? _____

If yes, please complete enclosed Supplement Number 6.

Comments: _____

- D. Have all claims and circumstances requiring a response in questions 10B and 10C already been reported to and accepted by a current or past Insurer? Yes No

If no, please give full details below or on a separate addendum.

Comments: _____

11. Please give details of previous insurance purchased in the last Five years by the Applicant or predecessor firms.

<u>Carrier</u>	<u>Number of Lawyers</u>	<u>Limits Each Claim/Aggregate</u>	<u>Deductible</u>	<u>Paid Premiums</u>	<u>Coverage dates effective From To</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

12. Has any extended claims reporting period ("tail") coverage been purchased in the last 7 years? Yes No

If yes, please give details: _____

13. Has the Applicant had continuous Professional Liability Insurance coverage for at least Five years? Yes No

If no, please give details: _____

14. Is the Applicant's expiring coverage on a standard policy WITHOUT any endorsements restricting coverage? Yes No

Comments: _____

15. Is there any Prior Acts restriction or Retroactive date on the Applicant's expiring policy? Yes No

If yes, please state the Retroactive date: _____ / _____ / _____
Month Day Year

16. Please state coverage Limits and Deductibles requested:

Coverage Limits of Liability

\$ _____ any one Claim and in the Aggregate,
including Costs and Expenses

Self Insured Retention

\$ _____ each and every Claim,
including Costs and Expenses

The Applicant declares and warrants that, after inquiry, to the best knowledge of all persons to be insured the statements set forth herein and in any attachments made hereto are true and no material facts have been suppressed, omitted or misstated. Underwriters reserve the right to deny or rescind coverage on any Policy that is issued as a result of this Application if, in the statements set forth herein and in any attachments made hereto it is found that material information has been suppressed, omitted or misstated. Underwriters also reserve the right to amend the terms, conditions and limitations, coverage of any Policy that is issued as a result of this application, if subsequent to the date of this application, but prior to the inception date of such policy, there are any material alterations to the information contained herein. In the event of such material alteration, as aforesaid, the Applicant agrees to give immediate written notice to Underwriters and such notice shall attach to and form part of this application. Signing this application does not bind the Applicant or Underwriters to complete the insurance, but it is agreed that the statements and particulars contained herein will be relied upon by Underwriters should a Policy be issued. This application is signed on behalf of all Owners, Partners, Shareholders, Corporate Officers and Employees.

AUTHORIZED SIGNATURE OF APPLICANT
(Must be a principal of the Applicant and a person at risk.)

TITLE

DATE

Effective Date Requested for this Insurance

PLEASE MAKE CERTAIN ALL QUESTIONS ARE ANSWERED AND THAT ALL APPLICABLE SUPPLEMENTS ARE COMPLETED.

THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL QUESTIONS ON THIS APPLICATION AND APPLICABLE SUPPLEMENTS ARE ANSWERED.

SUPPLEMENT #1

**PROFESSIONAL
UNDERWRITERS
AGENCY, INC.**

**APPLICATION FOR
LAWYERS PROFESSIONAL LIABILITY INSURANCE
INDIVIDUALS FOR WHOM COVERAGE IS BEING SOUGHT**

IN ACCORDANCE WITH **QUESTION 1.H.**, PLEASE NAME ALL OWNERS, PRINCIPALS, PARTNERS, OFFICERS AND EMPLOYED LAWYERS.

NB: COVERAGE APPLIES ONLY TO WORK UNDERTAKEN FOR OR ON BEHALF OF THE APPLICANT FIRM.

NOTE: TO LIST ADDITIONAL ATTORNEYS, PLEASE MAKE A COPY OF PAGE 2 FOR CONTINUATION OF LIST.

	<u>NAME</u>	<u>TITLE</u>	<u>YEAR ADMITTED TO BAR</u>	<u>YEAR JOINED APPLICANT</u>	<u>PREVIOUS FIRM</u>
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	<u>NAME</u>	<u>TITLE</u>	<u>YEAR ADMITTED TO BAR</u>	<u>YEAR JOINED APPLICANT</u>	<u>PREVIOUS FIRM</u>
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I UNDERSTAND THE INFORMATION SUBMITTED HEREIN BECOMES PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

AUTHORIZED SIGNATURE OF APPLICANT

TITLE

DATE

**INSTRUCTIONS
FOR
FINANCIAL INSTITUTIONS SUPPLEMENT #2**

PLEASE READ BOTH CATEGORY A AND B CAREFULLY BEFORE RESPONDING.

IF ALL YOUR SERVICES AND/OR INVOLVEMENT'S WITH AN INSTITUTION FALL SOLELY WITHIN CATEGORY A, THEN NO DETAILS ARE REQUIRED.

THE TERMS "INSTITUTION" OR "FINANCIAL INSTITUTION" INCLUDE ANY SAVINGS & LOAN, BANK, CREDIT UNION, SAVINGS ASSOCIATION, BUILDING LOAN ASSOCIATION; OR SERVICE COMPANY, SUBSIDIARY CORPORATION OR HOLDING COMPANY OF THE AFOREMENTIONED.

PLEASE NOTE: INFORMATION PROVIDED HEREIN DOES NOT CONSTITUTE NOTICE OF CLAIM OR POTENTIAL CLAIM.

Category A

- | | | |
|--|--|---|
| <ul style="list-style-type: none">• Fidelity Bond Claims• Loan Workouts• Foreclosures• Bankruptcy | <ul style="list-style-type: none">• Litigation work• Collection• Trademark/Copyright• Labor Law | <ul style="list-style-type: none">• Loan Documentation and/or Loan Closing work if fees from the Financial Institution were LESS than \$50,000 in any one year. |
|--|--|---|

IF ALL YOUR SERVICES ARE CATEGORY A, PLEASE SIGN A BLANK COPY OF THE ATTACHED FINANCIAL INSTITUTION SUPPLEMENT.

Category B

Professional Services (at any time over the last 10 years.)

- | | |
|---|---|
| <ul style="list-style-type: none">• Counsel on any matter(s) not listed in Category A including, but not limited to, Regulatory/ Disclosure/ Corporate/SEC/Stock Offerings. | <ul style="list-style-type: none">• Loan Documentation and/or Loan Closing work if fees from the Financial Institution were MORE than \$50,000 in any one year.• Other |
|---|---|

Other Involvements (at any time over the last 10 years.)

- | | |
|--|--|
| <ul style="list-style-type: none">• Audit Committee• Loan Committee• Executive Committee | <ul style="list-style-type: none">• Directorship• Equity interest worth more than \$10,000 or 2% of Equity between all Partners and Lawyers combined. |
|--|--|

IF ANY OF YOUR SERVICES FOR A FINANCIAL INSTITUTION ARE CATEGORY B, PLEASE COMPLETE ONE OF THE ATTACHED FINANCIAL INSTITUTION SUPPLEMENTS PER INSTITUTION.

SUPPLEMENT #2

**PROFESSIONAL
UNDERWRITERS
AGENCY, INC.**

**APPLICATION FOR
LAWYERS PROFESSIONAL LIABILITY INSURANCE
FINANCIAL INSTITUTIONS**

NAME OF APPLICANT: _____

Category B (Please fill in one Supplement per Institution.)

Please fill in name of the Institution, even if your client was a Holding Company.

Name of Institution: _____

City: _____

State: _____

Dates of service from: _____ / _____ / _____
Month Day Year

to: _____ / _____ / _____
Month Day Year

Total Fees billed to the above over the last 10 years: \$ _____

Professional Services (at any time over the last 10 years)

Counsel on any matter(s) not listed in Category A including, but not limited to, Regulatory/Disclosure/Corporate/SEC/Stock Offerings. (Please describe below.)

Loan Documentation and/or Loan Closing work if fees from the Financial Institution were MORE than \$50,000 in any one year.

Other (Please describe below.)

Other Involvements (at any time over the last 10 years)

Audit Committee

Directorship

Loan Committee

Equity interest worth more than \$10,000 or 2% of Equity between all Lawyers combined.

Executive Committee

Please use the space below to provide further details on any of the above Services or Involvements including whether the Applicant was retained on an ongoing basis or only for a single transaction.

Has the above Financial Institution to the best of your knowledge:

Failed, been declared insolvent, placed into receivership or liquidation?

Yes No

Been merged or sold at Regulatory direction?

Yes No

Been placed under any Regulatory agreement including cease and desist order?

Yes No

Been the subject of Criminal/Civil Litigation by Regulators, Shareholders, Bondholders or others against the Institution, its Directors and Officers, or any of its Professional Advisors?

Yes No

If yes, has the Applicant been requested to provide any verbal or written information to any Regulator, Potential Litigant or their Legal Representatives?

Yes No

AUTHORIZED SIGNATURE OF APPLICANT

TITLE

DATE

SUPPLEMENT #3

**PROFESSIONAL
UNDERWRITERS
AGENCY, INC.**

**APPLICATION FOR
LAWYERS PROFESSIONAL LIABILITY INSURANCE
SECURITIES LAW**

NAME OF APPLICANT: _____

What percentage of Applicant's Securities practice for past Fiscal Year involved:

- 1. A. Securities registered under the Securities Act of 1933 on behalf of Initial Public Offerings. _____%
- B. Securities registered under the Securities Act of 1933 not on behalf of Initial Public Offerings. _____%
- C. Municipal Bonds. _____%
- D. Private Placements and State Registrations, including Syndication's and Ltd. Partnerships. _____%
- E. Representations of Clients as to compliance with proxy and reporting requirements under the Securities Exchange Act of 1934 in relation to takeovers or mergers of publicly held Companies. _____%
- F. Representations of Clients as to compliance with proxy and reporting requirements under the Securities Exchange Act of 1934 other than relative to takeovers or mergers of publicly held Companies. _____%
- G. Derivatives. _____%
- H. Other Securities work (please describe): _____%
_____%

2. Please list the main Industries that the Applicant represents on Securities work (e.g. Computer Software, Chemicals). _____

- 3. A. Does the Applicant conduct what is commonly referred to as a "due diligence" investigation when representing clients as to the Offering or Sale of Securities? Yes No
- B. If yes, does the Applicant make routine use of checklists in its investigations? Yes No
- C. During the past Five years, has the Applicant been involved in or have the knowledge of any facts which would indicate that they may be included in an investigation of administrative action by the S.E.C. or any State Agency Regulating Securities? Yes No
If yes, please give details on a separate addendum.
- D. Does the Applicant require a "cold review" of every offering or disclosure document by a Lawyer who was not involved in drafting the original document? Yes No
- E. Does the Applicant have a procedure for obtaining a new Client's history of changing Securities Lawyers or accountants or Investment Bankers? Yes No
- F. What steps does the Applicant take to verify information supplied by Clients and Third Parties?

4. Please list Representation in the past Two years in a takeover or merger and tick Client Company.

<u>Name of Acquiring Company</u>	<u>Client</u>	<u>Name of Target Company</u>	<u>Client</u>	<u>Value of Transaction</u>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

5. Please list all Securities transactions in excess of \$1m which the Applicant has been involved with the past Two years and provide the following information in the spaces below.

1. Issuer..... The name of the Organization issuing the Securities
2. Issuer est..... Number of years the Issuer has been trading
3. Business..... The business activity of the Issuer (Computer Software, Real Estate, etc.)
4. Offering size..... Dollar size of Offering
5. Issuer size..... Book value of Issuer prior to Offering
6. Date..... If filed, the date of filing, otherwise the estimated date
7. Security type..... Form of Security offered e.g. Common Stock, Municipal Bond, Ltd. Partnership unit, etc.
8. Investment grade..... Please name grade and source if applicable
9. Underwriter..... The name of the Organization Underwriting the Securities
10. Accountant..... The name of the Accountant involved in this Offering
11. Client..... Please indicate your client as I = Issuer/U=Underwriter/O=Other work relied on in prospectus or offering documents.

_____		_____			_____	
Issuer		Issuer est		Business		
\$ _____	\$ _____	_____ / _____ / _____		_____	_____	
Offering size	Issuer size	Month	Day	Year	Security type	Investment grade
_____		_____			_____	
Underwriter		Accountant		Client		

_____		_____			_____	
Issuer		Issuer est		Business		
\$ _____	\$ _____	_____ / _____ / _____		_____	_____	
Offering size	Issuer size	Month	Day	Year	Security type	Investment grade
_____		_____			_____	
Underwriter		Accountant		Client		

_____		_____			_____	
Issuer		Issuer est		Business		
\$ _____	\$ _____	_____ / _____ / _____		_____	_____	
Offering size	Issuer size	Month	Day	Year	Security type	Investment grade
_____		_____			_____	
Underwriter		Accountant		Client		

Issuer		Issuer est			Business	
\$ _____	\$ _____	_____ / _____ / _____			_____	_____
Offering size	Issuer size	Month	Day	Year	Security type	Investment grade
Underwriter		Accountant			Client	

Issuer		Issuer est			Business	
\$ _____	\$ _____	_____ / _____ / _____			_____	_____
Offering size	Issuer size	Month	Day	Year	Security type	Investment grade
Underwriter		Accountant			Client	

AUTHORIZED SIGNATURE OF APPLICANT

TITLE

DATE

SUPPLEMENT #4

**PROFESSIONAL
UNDERWRITERS
AGENCY, INC.**

**APPLICATION FOR
LAWYERS PROFESSIONAL LIABILITY INSURANCE
ENTERTAINMENT**

1. Please attach a list of your "ENTERTAINMENT" Clients.
2. Please indicate the percentage of the Applicant's entertainment work derived from:
Film _____% TV _____% Music _____% Sports _____% Other _____%

3. Where the Applicant has represented a combination of two or more of the following in a transaction:

Artist/Player
Agent/Manager
Record Company/Studio/Team
Producer
Lenders/Investors

Does the firm obtain and hold on file signed conflict waivers from all parties? Yes No

If yes, for how long has this Policy been in force _____ and when was the last transaction for which no signed conflict waivers were obtained? _____

4. Does the firm perform any money management or investment advice on behalf of its Entertainment Clients? Yes No

If yes, please give details: _____

5. Does the firm ever bill fees based on a percentage of an Entertainment Client's income? Yes No

If so, at what rate? _____%

6. Please briefly describe the services rendered for Entertainment Clients:

AUTHORIZED SIGNATURE OF APPLICANT

TITLE

DATE

SUPPLEMENT #5

**PROFESSIONAL
UNDERWRITERS
AGENCY, INC.**

**APPLICATION FOR
LAWYERS PROFESSIONAL LIABILITY INSURANCE
CLIENT INTEREST SUPPLEMENT**

NAME OF APPLICANT: _____

Please provide details for any Entity in which the Applicant or any Lawyers practicing Law with the Applicant holds a Client interest defined as:

- A. An Equity interest or option to purchase Equity and/or
- B. A position as Director/Officer/Partner/Employee and/or
- C. Any Entity which has produced over 10% of the Applicant's total Annual Gross Billings at any time over the past Five years.

No details are required for positions held with Charitable Organizations connected with Pro-Bono services.

Name of Entity: _____

1. A. Equity Interest Yes No If yes, please indicate:
Total Market value of Equity/Options: \$ _____ % Interest if more than 1%: _____

B. Outside Position Yes No If yes, please indicate:
Name(s) of Lawyer(s) with position in entity and what position held: _____

C. More than 10% of Applicants Total Annual Gross Billings in the last Five years? Yes No
If yes, please indicate: the current % of Billings _____%
highest % of any one year _____% in 19_____

2. A. Industry/type of business: _____

B. Please describe the services rendered: _____

C. Has the Applicant firm entered into any agreement to receive compensation for services rendered in the form of an Equity interest or any option to purchase Equity? Yes No

D. Has the applicant performed any services for this Client in relation to the preparation of any disclosure or offering documents for Investors and/or State or Federal Regulators? Yes No
If yes, what steps have been taken to avoid an actual or alleged conflict of interest?

AUTHORIZED SIGNATURE OF APPLICANT

TITLE

DATE

SUPPLEMENT #6

**PROFESSIONAL
UNDERWRITERS
AGENCY, INC.**

**APPLICATION FOR
LAWYERS PROFESSIONAL LIABILITY INSURANCE
CLAIM FORM**

NAME OF APPLICANT: _____

APPLICANT'S INSTRUCTIONS

- A. THIS FORM IS TO BE COMPLETED IF THE APPLICANT OR ANY LAWYERS NAMED IN SUPPLEMENT 1 IS CURRENTLY OR HAS BEEN INVOLVED IN ANY CLAIM OR SUIT DURING THE LAST TEN YEARS AS INDICATED BY A "YES" ANSWER TO QUESTIONS 10B OR 10C.
PLEASE COMPLETE ONE FORM FOR EACH CLAIM.
 - B. IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY, PLEASE USE SEPARATE ADDENDUM. **DO NOT** ATTACH COPIES OF SUMMONS AND COMPLAINT.
 - C. PLEASE NOTE THIS SUPPLEMENT IS FOR UNDERWRITING INFORMATION AND DOES NOT CONSTITUTE NOTICE OF CLAIM. IF YOU WISH TO NOTIFY A CLAIM ON YOUR CURRENT OR EXPIRING POLICY, PLEASE CHECK THE CLAIMS PROVISIONS OF YOUR POLICY AND/OR SEEK ADVICE FROM YOUR BROKER.
 - D. PLEASE LEAVE NO BLANKS.
-

1. Full name of individual(s) and name of firm involved in the claim:

- A. _____
- B. _____
- C. _____

2. Additional defendants:

- A. _____
- B. _____
- C. _____
- D. _____

3. Full name of claimant: _____

4. Date of alleged error: _____

5. To what Insurance Company did you report this claim? _____

6. Date reported to Insurance Company: _____

7. From which Area of Law, as described in question 2C, did the claim or circumstance arise?

8. Please indicate present status of claim (Tick One), and fill in the spaces below as appropriate.

OPEN CLAIM

CLOSED CLAIM

Circumstance/Claim

In Suit

Closed without payment

Closed with payment

Amounts Outstanding

Amount asked in summons: \$ _____

Claimant's settlement demand: \$ _____

Defendant's offer for settlement: \$ _____

Defense costs to date: \$ _____

Insurers Current loss reserve: \$ _____

Amounts Paid

Defense costs paid by Applicant: \$ _____

Defense costs paid by Insurer: \$ _____

Damages/Settlement paid by Applicant: \$ _____

Damages/Settlement paid by Insurer: \$ _____

Date of settlement: \$ _____

9. (Please provide enough information to allow an evaluation - DO NOT ATTACH SUMMONS AND COMPLAINT)

A. Please describe the services rendered and how they relate to the Parties in this matter?

B. Describe plaintiff's allegation/Applicant's response and evaluation:

C. Value of the case or transaction to your Client: \$ _____ Trial date: _____ / _____ / _____
Month Day Year

D. Applicant's evaluation of value of this claim: Est Loss \$ _____
Est Defense Costs \$ _____

Current Case Status: _____

E. Please explain what has been done to avoid a recurrence of this type of claim:

THIS PROFESSIONAL LIABILITY APPLICATION IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS THAT THERE WILL BE NO COVERAGE AFFORDED UNDER THE PROPOSED INSURANCE FOR ANY MATTER(S) LISTED IN RESPONSE TO THIS SUPPLEMENT.

AUTHORIZED SIGNATURE OF APPLICANT

TITLE

DATE