



APPLICATION FOR:  
**LAWYERS PROFESSIONAL LIABILITY INSURANCE**

**NOTICE:** This professional liability coverage is provided on a "claims-made" basis; therefore, only claims which are first made against you, and reported to the Company, during the policy term, any subsequent renewal of this policy or any extended reporting period are covered, subject to the policy provisions.

**Please attach a sample of your letterhead to this application.** Inconsistencies between your letterhead and the application – such as attorneys named, address, and other offices – should be explained on a separate sheet of paper.

**YOUR FIRM**

1. **Are you engaged in the private practice of law?**  Yes  No (If you answered "No," please contact your agent before proceeding.)

2. **The precise name of the firm to be insured, as reflected on your letterhead:**

\_\_\_\_\_

3. **Your firm's principal Location and phone number:**

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

4. **Your firm's mailing address (if different than above):**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. **When was your firm established?** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Month/Day/Year)

6. **Does your firm practice from additional offices?**  Yes  No (If yes, turn to "Additional Locations," page 8.)

7. **Applicant is a(n) (check one):**  Individual  Partnership  Professional Association  
 Professional Corporation  LLC or LLP

Other: \_\_\_\_\_

8. **List all predecessors of the firm:**

(Predecessor means any partnership, professional corporation, professional association, limited liability partnership or limited liability corporation engaged in legal services; and to whose financial assets and liabilities the firm is the majority successor in interest.)

Include the date the predecessor firms were established and the date of merger.

None

Name of Predecessor Firm	Date Established	Date of Merger

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9. Total number of lawyers who have left in the past year: \_\_\_\_\_

10. Please list here your firm's attorneys.

Attorneys Name	A - Associate E - Employee O - Owner OC - Of Counsel P - Partner PT - Part Time	Date Admitted to Bar (MM/DD/YYYY)	Date Hired / Joined Firm (MM/DD/YYYY)	Have you completed any CLE or have you attended continuing education seminars within the last 2 years?	
				Yes	No

11. For "Of Counsel" attorneys: Please complete the following for each "of counsel" attorney.

Attorneys Name	Does attorney work exclusively for the applicant firm?	How many hours per week worked for the applicant firm?	Does attorney have independent professional liability insurance coverage?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

12. Have any of your firm's attorneys been refused admission to practice, disbarred, suspended or formally reprimanded, or are any such proceedings in progress?  Yes  No (If yes, please provide dates, allegations, outcome and date of reinstatement on a separate sheet and attach it to this application.)

13. What is your total number of clerks, secretaries, paralegals, investigators, and other support staff? \_\_\_\_\_

14. Is your ratio of staff to attorneys greater than 2:1?  Yes  No (If Yes, turn to "Support Staff," page 8.)

15. Practice Sharing: Do you share office space with attorneys other than those listed in Question 10?

Yes  No (If no, skip to Question 16.)

B. If you do share offices with other attorneys, does your firm keep separate files, employ separate support staff, and present itself as an independent practice to the public?  Yes  No

16. If you are a sole practitioner, please identify the attorney who handles your cases in your absence.

(A back-up attorney is required.)

Back-up Attorney: \_\_\_\_\_

Address, City & St: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**INTERNAL PROCEDURES** (Please provide a written explanation for all "NO" responses.)

17. a) Does your firm maintain a Docket Control system for litigated and non-litigated items?  Yes  No  
Please check all applicable categories  
 Single Calendar  Computer  Tickler Cards  
 Dual Calendar  Master Listing  Other (describe): \_\_\_\_\_
- b) Does the firm have procedures to back-up computer systems or some other form of emergency back-up system in the event of disruption of business due to emergency or natural disaster?  Yes  No
- c) Are at least two individuals involved in maintaining the Docket Control System?  Yes  No
- d) Please indicate how frequently time deadlines are crosschecked?  
 Daily  Weekly  Monthly  Other (Describe): \_\_\_\_\_
- e) Does the ultimate responsibility for the Docket Control of a matter rest with the lawyer handling the matter?  Yes  No
- f) Does your firm require the use of engagement letters including fee agreement on all engagements undertaken by firm?  Yes  No
- g) Does your firm notify clients or prospective clients in writing when you decline to represent them, and when an existing relationship is terminated?  Yes  No
- h) Which of the following tools are used to avoid conflict of interest?  
 Oral/Memory  Index File  Computer  
 Conflict Committee  Written Procedure  Other (describe): \_\_\_\_\_
- i) Does the conflict of interest system allow the cross-checking of conflicts between former, existing or potential clients of the applicant and all individual attorneys before accepting new clients or new matters?  Yes  No
- j) How many suits for collection of fees have been filed by the firm during the past two (2) years? \_\_\_\_\_  
Dollar Amount Last Year: \$ \_\_\_\_\_ Dollar Amount Previous Year: \$ \_\_\_\_\_
- How many of these suits have been resolved successfully? \_\_\_\_\_
  - What percentage of your firm's billings are 90 days overdue? \_\_\_\_\_
- k) Does your firm delegate or refer legal work, retaining a portion of the fees?  Yes  No (If Yes, turn to "Delegated Work," page 8)

**CLIENT RELATIONS**

1. **Major Client** - Did any one client (including affiliated or related clients) account for 25% or more of your gross revenues during the past twelve (12) months?  Yes  No

If yes, please provide complete details on a separate attachment.

2. a. Suits for Fees – How many suits for fees have been filed against clients in the last two (2) years? \_\_\_\_\_

b. Provide the following information on each suit for unpaid legal fees filed within the last two (2) years. Please attach separate sheet if necessary:

DATE FILED	NAME OF CLIENT	\$ AMOUNT SOUGHT	STATUS/RESULT

- c. What steps have been taken by the firm to reduce or avoid the necessity of future fee collections suits?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- d. When evaluating whether a case should be sent for collection, does the firm review the file for the purpose of evaluating whether the possibility of a counter claim alleging malpractice might be filed in response thereto?

Yes  No

**YOUR PRACTICE**

**18. Some guidelines for completing this section:**

- a. Express percentages of time devoted to each specialty during the previous year.
- b. Indicate percentages in **WHOLE NUMBERS** next to the type of law you practice, not the business client you represent.
- c. Please be as accurate as possible as casual estimates may cause inappropriate evaluation of your practice by our underwriters.

AREA OF PRACTICE Round to the nearest whole percent	%	AREA OF PRACTICE Round to the nearest whole percent	%
Administrative Law		Insurance Defense	
Admiralty Defense		International Law	
Admiralty Marine		Investment Money Manger	
Adoptions		Juvenile	
Arbitration/Mediation		Labor Unions	
Banking**		Labor/Employee	
Bankruptcy		Labor/Management	
BI/PI Defense		Landlord Tennant/Leases	
Bonds **		Lobbying	

Business Transactions		Local Government	
Civil Rights		Medical Malpractice Defense	
Civil/General Litigation		Medical Malpractice Plaintiff *	
Class Action Plaintiff *		Mergers & Acquisitions	
Collection**		Municipal Law	
Commercial Defense		Oil & Gas Mining	
Commercial Law		Oil & Gas Title	
Consumer Claims		Patent, Trademark, Copyright – Filing **	
Construction Law		Patent, Trademark, Copyright Litigation **	
Contracts		Patent, Trademark, Copyright Prosecution **	
Corporate Formation		Plaintiff BI/PI (Non Product Liability) *	
Corporate General		Product Liability Plaintiff *	
Corporate Litigation		Real Estate Closings/General**	
Criminal Law		Real Estate Commercial Title**	
Divorce		Real Estate Development**	
Employment Law		Real Estate Investment Trusts**	
Entertainment		Real Estate Limited Partnership**	
Environmental Law **		Real Estate Residential Title**	
ERISA		Real Estate Syndication**	
Estate Planning		Securities **	
Estate/Trust/Probate*		Taxation Opinions	
Family Law – (Non-Divorce)		Taxation Preparation	
Fiduciary		Taxation Representation	
Foreclosures		Traffic	
Foreign Law		Wills	
Guardianships		Workers Compensation Plaintiff *	
High Profile Divorce		Workers Compensation Defense	
Immigration/Naturalization		Other: Please Explain on firm Letterhead	
		<b>Total</b>	

- \* Please Complete Plaintiff Supplement on Page 13.
- \*\* Please Contact Agent for Supplement.

**FEE VOLUME/BILLINGS:**

- \$0 - \$100,000                       \$100,001 - \$250,000                       \$250,001 - \$400,000  
 \$400,001 - \$500,000                       \$500,001 - \$1,000,000                       \$1,000,001 – 2,000,000

If revenues are in excess of 2,000,000 please include actual revenues \_\_\_\_\_

**19. Complete Financial Institution Supplement on Page 9 if questions 19 A, 19 B or 19 C are answered “Yes.”**

- a. Have any lawyers performed services on or on behalf of a financial institution other than those listed below?  
 Yes     No

- Bankruptcy                                      • Loan Workout                                      • Title Work/Conveyances
- Collection                                      • Real Estate Closings                                      • Trust Work
- Loan Documentation    • Real Estate Foreclosures

- b. Has any lawyer:

- i. Had any financial control over or equity interest in a financial institution?     Yes     No
- ii. Acted as director, officer, general counsel or committee member for a financial institution?  
 Yes     No

iii. Been involved with the initial formation of, or provided any securities services for a financial institution?  
 Yes  No

c. Are any of your firm's financial institution clients uninsured by a government agency such as the FDIC or NCUA?  
 Yes  No

d. Had any loan commitments?

e. Had a client be declared insolvent or operating under regulatory direction or agreement?

**20. Website:**

a. Do you or your firm have an Internet website?  Yes  No (If Yes, please provide web address)

\_\_\_\_\_

b. Does any firm member practice law:

as a Prosecuting Attorney?  Yes  No as a Municipal/State Counsel?  Yes  No

as a Public Defender?  Yes  No as an Employed Lawyer elsewhere?  Yes  No

**OUTSIDE INTERESTS**

Note: If you answer "Yes" to 21A or 21B, please complete the section titled "Outside Interests" page 9.

21. a) Do any of your firm's attorneys serve as a director, an officer or an employee of any client of your firm, or have an equity interest in any CLIENT of your firm?  Yes  No

b) Does any single CLIENT represent 10% or more of your firm's gross billings?  Yes  No

22. Does any member of your firm provide professional services as an accountant/CPA, insurance agent or broker, or real estate agent or broker?  Yes  No

	Percent Of Income Derived	Professional Liability Insurer	Limits Of Liability
Accountant/CPA			
Insurance Agent			
Real Estate Agent			

**YOUR INSURANCE**

23. Coverage requested to be effective on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Month/Day/Year)

24. Please select the limits and deductible you prefer:

**DEDUCTIBLE**

**LIMITS** (Maximum Each Claim/Maximum Each Year)

\$ 0 None  \$ 15,000  \$ 100,000 / \$ 300,000  \$2,000,000 / \$2,000,000

- |                                   |                                     |  |   |
|-----------------------------------|-------------------------------------|--|---|
| <input type="checkbox"/> \$ 1,000 | <input type="checkbox"/> \$ 25,000  | <input type="checkbox"/> \$ 250,000 / \$ 500,000   | <input type="checkbox"/> \$2,000,000 / \$4,000,000  |
| <input type="checkbox"/> \$ 2,500 | <input type="checkbox"/> \$ 50,000* | <input type="checkbox"/> \$ 500,000 / \$ 500,000   | <input type="checkbox"/> \$2,000,000 / \$5,000,000  |
| <input type="checkbox"/> \$ 5,000 | <input type="checkbox"/> \$ 75,000* | <input type="checkbox"/> \$ 500,000 / \$1,000,000  | <input type="checkbox"/> \$3,000,000 / \$3,000,000  |
| <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$100,000* | <input type="checkbox"/> \$1,000,000 / \$1,000,000 | <input type="checkbox"/> \$4,000,000 / \$4,000,000  |
|                                   |                                     | <input type="checkbox"/> \$1,000,000 / \$2,000,000 | <input type="checkbox"/> \$4,000,000 / \$7,000,000  |
|                                   |                                     | <input type="checkbox"/> \$1,000,000 / \$3,000,000 | <input type="checkbox"/> \$5,000,000 / \$5,000,000  |
|                                   |                                     |  | <input type="checkbox"/> \$5,000,000 / \$10,000,000 |
- \* Please submit firm's current financial statement

25. Is your firm currently insured against malpractice claims?  Yes  No
26. Does your current policy have a prior acts exclusion?  Yes  No
27. If Yes, what is your Prior Acts Exclusion Date? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Month/Day/Year)
28. Please provide your current Insurance History below:

	Insurance Company	Limits Claim/Aggregate	Per	Policy Period (MM/DD/YYYY)	Premium Paid
Current Year 1		\$	/\$		\$
Previous Year 2		\$	/\$		\$
Previous Year 3		\$	/\$		\$

29. During the past five years, has any insurance carrier canceled or refused to renew your professional liability insurance for any reason other than carrier's withdrawal for the market?  Yes  No
- a. If you answer this question "Yes," please provide on the next page the name of the carrier, the date and reason for cancellation or non-renewal, and any comments you may wish to add.
30. After inquiry, are any attorneys in your firm aware:
- a. Of any professional liability claims made against them **in the past five years?**  Yes  No
- b. Of any legal work or incidents that might reasonably be expected to lead to a claim or suit against them?  Yes  No
- c. If you answer either question "Yes," please complete the "Supplemental Claim Form" on Page 10-12.

The following pages provide for additional information we may need on some aspects of your practice. If this information is required, you've already been directed to the appropriate section. Provided you've done this, you need only turn to the last page and sign the application. If you have any questions, please contact your agent.

THANK YOU!

ADDITIONAL INFORMATION:

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**ADDITIONAL LOCATIONS:** (From Question 6)

If your firm practices from more than one office, does responsibility for your firm’s other offices rest with management at your principal location indicated in Question 3?  Yes  No

Please provide us with:

ADDRESSES OF OTHER OFFICES	NUMBER OF ATTORNEYS
1.	
2.	
3.	
4.	
5.	

**SUPPORT STAFF:** (From Question 14)

If your ratio of staff to attorneys is greater than 2:1 . . . Is your support staff supervised by an attorney who is ultimately responsible for their work?  Yes  No

Please give us details of their work:

JOB TITLE	NUMBER OF STAFF BY JOB TITLE	DUTIES	FULL TIME / PART TIME
1.			
2.			
3.			
4.			
5.			

**DELEGATED WORK:** (From Question 17 k)

If you delegated work and retain some portion of the fees, please provide us:

TO WHOM YOU DELEGATE	CERTIFICATE OF INSURANCE ON RECORD	NATURE OF LEGAL SERVICES PROVIDED	% *
1.			
2.			
3.			
4.			
5.			

\* Percentage of your firm’s annual gross billing delegation represents.



**FINANCIAL INSTITUTION AND LOCATION:** (From Question 19)

**Complete only if you have answered "Yes" to Questions 19 A, 19 B, or 19 C.** Please photocopy and provide separate pages for each Financial Institution.

Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Is the institution insured by any government agency such as FDIC or NCUA?  Yes  No

Is any lawyer involved with the approval of loans?  Yes  No

Check if applicable: Equity interest in financial institution. Complete Directors & Officers Outside Interest Supplement.

Initial formation or securities services were provided for this financial institution. Complete Securities Supplement

Check any of the following positions held:  No Position Held  Director  Officer  Audit Committee

Loan Committee  Executive Committee  General Counsel-List Services Below  Other-List Services Below:

If the financial Institution has been taken over by a regulatory agency, check if services were provided:

Prior to takeover  After Takeover  Both  Not Applicable  Describe services provided each time period:

List services provided other than in Section A of Question 19:

**OUTSIDE INTERESTS:** (From Question 21)

**Complete only if you have answered "Yes" to Questions 21 A or 21B,** please provide us with this information for each applicable client.

**Client:** \_\_\_\_\_ Date of affiliation with client: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Nature of Business: \_\_\_\_\_ Name of attorney assigned: \_\_\_\_\_

Annual percentage of firm's gross billings: \_\_\_\_% Percent of equity interest: \_\_\_\_% Dollar Value \$ \_\_\_\_\_

Attorney's management role or committee assignments:

Does client carry D & O insurance?

Yes  No

Name of D & O carrier: \_\_\_\_\_

At what limits? \$ \_\_\_\_\_

**SUPPLEMENTAL CLAIM INFORMATION:** (From Question 30)

If within the last five years you have been involved in any malpractice claim or suit, or are aware of an incident which may give rise to a claim, please complete the form below for each claim or incident. If space is insufficient to answer any questions fully, attach separate sheet.

1. Full name of individual(s) and/or firm involved in the claim: \_\_\_\_\_
2. Full name of claimant: \_\_\_\_\_
3. Indicate whether:  Incident  Claim  Suit
4. Date and location of alleged error: \_\_\_\_\_
5. Date of claim: \_\_\_\_\_
6. Additional defendants: \_\_\_\_\_
7. IF CLOSED: \*Total Paid: \$ \_\_\_\_\_ Indicate whether:  Court Judgment  Out of Court Settlement  
\*Including Defense Expenses incurred.
8. IF PENDING: Claimants settlement demand: \$ \_\_\_\_\_ Insurer's loss reserve: \$ \_\_\_\_\_  
Your assessment of damages or offer for settlement: \$ \_\_\_\_\_ Is claim in suit?  Yes  No
9. Name of Insurer responding to this claim or incident: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Limits of Liability: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_ Type of Form:  Occurrence or  Claims Made
10. Description of claim: (Provide enough information to allow evaluation and use additional sheet if more space is required.)
  - a. Alleged act, error or omission upon which Claimant bases claim:  
\_\_\_\_\_
  - b. Describe what activities gave rise to the claim or incident:  
\_\_\_\_\_
  - c. Describe the type of injury or damage allegedly sustained:  
\_\_\_\_\_
  - d. Does this incident or claim follow or result from an action to collect fees?  Yes  No

**REPRESENTATIONS:**

We affirm that the information contained here and in any addendum is true to the best of my/our knowledge and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We hereby authorize the release of claim information from any prior insurer to the Company or its representatives. I/We specifically asked all lawyers in our firm if they have knowledge of any claim, potential claim, disciplinary matter or circumstance that may rise to a claim against us that is not listed in our response to Questions 12 & Question 30 A & B. All lawyers have responded "No" **Please Initial Here** ( \_\_\_\_\_ ). On behalf of our firm, I agree that this application, including all attachments and exhibits, is complete and correct to the best of my knowledge and belief. I understand that this application forms the basis of the contract of insurance, if the Company offers coverage and we accept the Company's offer. I also understand that completion of this application does not bind the Company, Agent or Broker to provide insurance.

**NOTICE TO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 SUBJECTS THE PERSON TO CRIMINAL PENALTIES.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUHTORITIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON, PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES A 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, SUBJECT TO CRIMINAL PROSECUTION AND CIVIL PENALTIES.

**NOTICE TO LOUISIANA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MAINE APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE AND MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS - WARNING:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-10, 36 §3613.1).

**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES A 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, SUBJECT TO CRIMINAL PROSECUTION AND CIVIL PENALTIES.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO VERMONT APPLICANTS:** 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

X \_\_\_\_\_  
Signature of Owner, Officer, Partner, Shareholder, or Member Date

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

Unless the application is fully completed, no coverage can be bound or quotes issued.

- 1. Any claim, incident, disciplinary matter, or circumstance that may give rise to a claim. **See Above.**
  - a. There is no coverage for any claim, incident, disciplinary matter or circumstance that may rise out of the matters reported on page 2, 6, or 9; or
  - b. Which any member of the applicant firm has knowledge of prior to policy inception will not be afforded coverage under any policy which may subsequently be issued by any of the State National Insurance Companies.
- 2. Failure to report to your current insurance company any:
  - a. Claim made against you during your current policy term; disciplinary matter, or
  - b. Fact, circumstances or event which you are aware of or which may give rise to a claim BEFORE policy expiration may create a lack in coverage or will result in no coverage.

## PLAINTIFF SUPPLEMENT

Please answer all questions in relation to your plaintiff practice only

- 1. Have you advertised during the past 12 months through any of the following:
  - A. Television.....  Yes  No
  - B. Radio.....  Yes  No
  - C. Newspaper.....  Yes  No
  - D. Yellow Pages.....  Yes  No

If **Yes**, please attach copies of this advertising or provide an explanation of the specific nature of such advertising.

- 2. Total number of personal injury cases during the past 12 months: \_\_\_\_\_
- 3. Average number of personal injury cases each attorney handles per year: \_\_\_\_\_
- 4. Percentage of cases (must equal 100%): settle before trial? \_\_\_\_\_ Cases tried to conclusion? \_\_\_\_\_
- 5. Percentage of cases referred to you by other law firms? \_\_\_\_\_ %
- 6. Do you use written referral agreements in all cases which are referred to you? .....  Yes  No
- 7. Do you use written referral agreements in all cases which are referred out? .....  Yes  No
- 8. Do you obtain certificates of insurance in all cases which are referred out? .....  Yes  No
- 9. Average dollar value of all plaintiff cases are:  less than \$25,000     \$25,001 - \$100,000     \$100,001 - \$500,000  
 \$500,001 - \$1,000,000     other: \_\_\_\_\_
- 10. What percentage of your plaintiff cases are:
 

_____ % <b>Class Action/Mass Tort *</b>	_____ % Product Liability	_____ % Legal Malpractice
_____ % Automobile Accident	_____ % Slip and Fall	_____ % Medical Malpractice
_____ % Other: _____		
- 11. With respect to your answer in question 10, please state the maximum dollar value of any one case:
 

\$ _____ <b>Class Action/Mass Tort *</b>	\$ _____ Product Liability	\$ _____ Legal Malpractice
\$ _____ Automobile Accident	\$ _____ Slip and Fall	\$ _____ Medical Malpractice
\$ _____ Other: _____		

- 12. Percentage of recovery your firm takes as fees: \_\_\_\_\_ %
- 13. Describe the firm's procedure for tracking the Statue of Limitation on each personal injury case:
 

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14. Name and position of person(s) designated to track the Statute of Limitation on each personal injury case: \_\_\_\_\_

\* Please provide a written narrative regarding any **Class Action/Mass Tort** cases this firm has handled or had involvement with, in the past three years, to include: the number of such cases, number of clients in each case, overall case value, status, nature or cause of action of each case, as well as the firm's previous experience in this area.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Title



**IRONSHORE INDEMNITY, INC.**  
(A Stock Company)

**SECURITIES SUPPLEMENT**

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

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

**Section I. - Risk Management**

**A. Client Identification and Evaluation**

- (1) Does the applicant (partners, associates, stockholders or employees of the firm) have a procedure for new client identification intended to assure that there will be no conflict of interest with respect to the Securities matters to be undertaken by the applicant? .....  Yes  No  
If "Yes, " is the procedure in writing? .....  Yes  No
- (2) Does the applicant have a procedure for evaluating a new client seeking Securities advice relevant to a proposed transaction or offering to determine such things as the client's: financial strength, management expertise, reputation, the nature of its business, and history of changing Securities attorneys and accountants? .....  Yes  No  
If "Yes, " is the procedure in writing? .....  Yes  No  
If "Yes," is this evaluation conducted by a lawyer or committee of lawyers who are not anticipated to work directly for the client? .....  Yes  No
- (3) Does the applicant use an engagement letter with each new client that retains the applicant in connection with any Securities offering? .....  Yes  No

**B. Legal Opinions**

- (1) Does the applicant have a procedure requiring the preservation of the factual source and verification made by the applicant's lawyers to support legal opinions rendered by the applicant? .....  Yes  No  
If "Yes, " is the procedure in writing? .....  Yes  No
- (2) Does the applicant have a procedure requiring at least one Securities lawyer who is not working on the transaction in question review and approve all written legal opinions to be furnished in the transaction? .....  Yes  No  
If "Yes, " is the procedure in writing? .....  Yes  No

**C. Disclosure Requirements and Exemptions**

- (1) Does the applicant have a procedure requiring an experienced Securities lawyer to interview the client's directors, executive officers, and principals in connection with disclosure document preparation and review? .....  Yes  No  
If "Yes, " is the procedure in writing? .....  Yes  No
- (2) Does the applicant have a procedure requiring the preservation of written records of the factual source and verification made by the applicant's lawyers in connection with disclosure document preparation? .....  Yes  No

- If "Yes, " is the procedure in writing? .....  Yes  No
- (3) Does the applicant have a procedure requiring back up "cold review" by an experienced Securities lawyer who is not working on the transaction of disclosure documents prepared by applicants lawyers? .....  Yes  No
- If "Yes, " is the procedure in writing? .....  Yes  No
- (4) Does the applicant have a procedure precluding the use of pre-signed signature pages for registration statements (other than for immaterial amendments)? .....  Yes  No
- If "Yes, " is the procedure in writing? .....  Yes  No
- (5) Does the applicant have a procedure precluding the use of the applicant's name in disclosure documents other than as having passed on specified legal matters? .....  Yes  No
- If "Yes, " is the procedure in writing? .....  Yes  No
- (6) Does the applicant have a policy that prohibits its lawyers and staff from participating in the Securities selling process (e.g., not participating in marketing meetings or calls involving prospective investors)? .....  Yes  No
- If "Yes, " is the procedure in writing? .....  Yes  No
- (7) Does the applicant have a policy prohibiting any arrangement where the client's obligation to pay for the services is contingent upon the closing of a Securities transaction? .....  Yes  No
- If "Yes, " is the procedure in writing? .....  Yes  No
- (8) Does the applicant have a policy prohibiting any arrangement where a Securities client pays for the applicant's services with client securities? .....  Yes  No
- If "Yes, " is the procedure in writing? .....  Yes  No
- (9) Did the applicant derive legal fees from its securities practice during the last twelve months? .....  Yes  No
- .....
- If "Yes, " please indicate the amount: \$ \_\_\_\_\_

**Section II. - Recent Experience of the Applicant's Securities Lawyers**

Please complete the schedule below for all lawyers of the applicant who practice Securities Law. In the third and fourth columns, indicate the number of hours the lawyer has billed on Securities Law matters during the past **twenty-four** months. **Round to the nearest fifty hours.**

Lawyer	# of Years SEC Experience	Securities Practice Billable Hours Most Recent 12 Months	Securities Practice Billable Hours Prior 12 Months

**Section III. - Certain Exempted Transactions**

**A. Has the applicant provided legal services in connection with the offer and sale of Securities Intended to be a transaction exempted from registration under the 1933 Act by reason of one or more of the following provisions of Sections 3 or 4 of the 1933 Act or any Regulation relating thereto:**

- (1) Section 3(a) (11) and/or Rule 147? .....  Yes  No
- If "Yes," were any such offers and sales of Securities made to the public pursuant to any form of registration or qualification or similar filing under State Securities Laws?  Yes  No



If "Yes," were disclosure documents used in connection with all Section 3(a) (11) offerings?  Yes  No

(2) Section 4 (2) (exclusive of Rule 506)? .....  Yes  No

If "Yes," were disclosure documents used in connection with all Section 4 (2) offerings with an aggregate price of \$100,000 or more? .....  Yes  No

(3) Does the applicant have basis for reasonable belief that any of the offerings listed in the Section IV -Offerings Schedule would be deemed to be integrated offerings pursuant to Rule 502(a)? .....  Yes  No

**B. Tender Offers and Exchange Offers**

(1) Has the applicant provided legal services in connection with any tender offer or exchange offer? .....  Yes  No

(2) Has the applicant advised any client with respect to a tender offer made or proposed to be made involving any entity whose management opposed or opposes such offer? .....  Yes  No

**C. Proxy Contests**

(1) Has the applicant provided legal services in connection with any proxy contest involving a Public Company? .....  Yes  No

(2) Was the applicant's client in connection with any such contest a person or entity opposing director nominees of the Public Company or its management? .....  Yes  No

**Section IV. - Offerings Supplement**

In reverse chronological order, list first the anticipated filings expected to be made within the next 90 days. Then list the most recent filings for the last 24 months, If less than 10 filings would be listed in the 24 month period Indicated, list all such filings for the past 48 months. Include in this list filings, which were withdrawn after having been filed, unsuccessful offerings, and filings made pursuant to an exemption from registration under the act. Provide the information regarding the issuance or sale of securities for which a filing was made by the applicant firm (or you) on behalf of a client with the Federal Securities and Exchange Commission (The "SEC"), or with any state agency which regulates the issuance or sale of securities.

Date Offering Commenced	Name of Issuer	Type of Offering*	Type of Business	Did Firm Render Tax Opinion? Yes/No	Date of Issuer Incorporation or Formation	Dollar Size of Offering and Description of Security	As Counsel* (Specify)	Months as a Client	Affiliated w/Issuer? Yes/No	Applicant Lawyers Invest? Yes/No

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**\* Type of Offering (Indicate):**

PR - Private Placement                      PUI - Public Initial Placement  
 PUS - Public Secondary Placement      B - Bond  
 SY - Syndication                              M - Municipal Financing

**\*\* As Counsel For:**

I - Issuer    U - Underwriter  
 L - Lender                                        IC - Insurance Co.  
 P - Purchaser                                  A - Auditor  
 O - Other (Specify)

**Section V. - Bond Supplement**

1. Since January 1,1985, has the applicant provided legal services in connection with the offer and sale of Securities in any transaction involving a Security that was intended to be exempt under one or more of the following provisions of Section 3 (a) of the 1933 Act:

- (a) Section 3 (a) (2) as it relates to any Security issued or guaranteed by a bank? .....  Yes  No
- (b) Section 3 (a) (2) as it relates to any Security issued by the U.S. or any State or political subdivision or public instrumentality of the U.S. or any state? .....  Yes  No
- (c) Section 3 (a) (5) as it relates to any Security issued by a Savings and Loan institution? .....  Yes  No

**Please complete the schedule below for securities addressed in 1(a) or 1(c) above:**

Name of Institution	Location	Nature of Legal Services Provided	Dates of Service

2. Has the applicant provided legal services in connection with the offer and sale of private placement bonds? .....  Yes  No

If "Yes," were disclosure documents used in connection with all private placement bonds with an aggregate price of \$100,000 or more? .....  Yes  No

3. Since January 1, 1985, what is the approximate number of bond issues for which the applicant firm has provided legal services?

(a) # \_\_\_\_\_

(b) Indicate the type of bonds issued (by percent):

General obligation        \_\_\_\_\_%                      Refunding                      \_\_\_\_\_%  
 Revenue                      \_\_\_\_\_%                      Other (provide details)        \_\_\_\_\_%

(c) Indicate the capacity in which the applicant has acted in the above (item 3(a)) bond issues (by percent):

Bond Counsel \_\_\_\_\_%                      Special Counsel \_\_\_\_\_%  
 Issuer Counsel \_\_\_\_\_%                      Other (provide details) \_\_\_\_\_%  
 Underwriter Counsel \_\_\_\_\_%

(d) On how many of the above (Item 3(a)) indicated bond issues did the applicant serve as co-counsel. # \_\_\_\_\_

(e) On how many of the above (Item 3(a)) indicated bond issues has the applicant firm ever acted in more than one capacity in the same transaction? \_\_\_\_\_ (please explain)

(f) How many of the above (Item 3 (a)) indicated bonds issued:

- i) Are currently in default? \_\_\_\_\_
- ii) Have experienced a default proceeding? \_\_\_\_\_

4. Personnel/Experience:

(a) Please complete the schedule below for all lawyers who participate in the Bond practice of the applicant firm.

Lawyer Name	Bond Practice-Billable Hours Most Recent 12 Months	Billable Hours Prior 12 Months

(b) Please complete the schedule below for all lawyers responsible for reviewing the tax implications of each issue.

Lawyer Name	Tax Practice- Billable Hours Most Recent 12 Months	Billable Hours Prior 12 Months	Member of Applicant Firm? Yes/No	E&O Coverage? Yes/No

**Section IV – Other Securities Legal Services**

Please complete the schedule below for all other securities legal services provided to clients not set forth in Sections III, IV, and V above.

Client	Date(s) of Service	Legal Service Provided


X \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Owner, Partner, or Principal

## PLAINTIFF SUPPLEMENT

Please answer all questions in relation to your plaintiff practice only

1. Have you advertised during the past 12 months through any of the following:
- |                      |                          |     |                          |    |
|----------------------|--------------------------|-----|--------------------------|----|
| a. Television.....   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| b. Radio.....        | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| c. Newspaper.....    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| d. Yellow Pages..... | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

If **Yes**, please attach copies of this advertising or provide an explanation of the specific nature of such advertising.

2. Total number of Personnel Injury cases during the past 12 months: \_\_\_\_\_
3. Average number of personal injury cases each attorney handles per year: \_\_\_\_\_
4. Percentage of cases (must equal 100%): Settle before trial? \_\_\_\_\_ Cases tried to conclusion? \_\_\_\_\_
5. Percentage of cases referred to you by other law firms? \_\_\_\_\_ %
6. Do you use written referral agreements in all cases which are referred to you? .....  Yes  No
7. Do you use written referral agreements in all cases which are referred out? .....  Yes  No
8. Do you obtain certificates of insurance in all cases which are referred out? .....  Yes  No
9. Average dollar value of all plaintiff cases are:  Less than \$25,000     \$25,001 - \$100,000     \$100,001 - \$500,000  
 \$500,001 - \$1,000,000     Other: \_\_\_\_\_
10. What percentage of your plaintiff cases are:
- |   |                           |                             |
|---|---------------------------|-----------------------------|
| _____ % <b>Class Action/Mass Tort *</b> | _____ % Product Liability | _____ % Legal Malpractice   |
| _____ % Automobile Accident             | _____ % Slip and Fall     | _____ % Medical Malpractice |
| _____ % Other: _____                    |                           |                             |

11. With respect to your answer in Question 18, please state the maximum dollar value of any one case:
- |  |                            |                              |
|--|----------------------------|------------------------------|
| \$ _____ <b>Class Action/Mass Tort *</b> | \$ _____ Product Liability | \$ _____ Legal Malpractice   |
| \$ _____ Automobile Accident             | \$ _____ Slip and Fall     | \$ _____ Medical Malpractice |
| \$ _____ Other: _____                    |                            |                              |

12. Percentage of recovery your firm takes as fees: \_\_\_\_\_ %
13. Describe the firm's procedure for tracking the Statue of Limitation on each personal injury case: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
14. Name and position of person(s) designated to track the Statue of Limitation on each personal injury case: \_\_\_\_\_  
 \_\_\_\_\_

\* Please provide a written narrative regarding any **Class Action/Mass Tort** cases this firm has handled or had involvement with, in the past three years, to include: the number of such cases, number of clients in each case, overall case value, status, nature or cause of action of each case, as well as the firm's previous experience in this area.

X \_\_\_\_\_

Signature of Owner, Officer, Partner, Shareholder, or Member

X \_\_\_\_\_

Date

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

\_\_\_\_\_  
Title



**IRONSHORE INDEMNITY, INC.**  
(A Stock Company)

**OUTSIDE INTERESTS SUPPLEMENT FORM**

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

1. Instructions: Complete the following for each client of the Firm

Client Name	Date Client Affiliation Began	Date Outside Interest Began	Name of Lawyer Holding Interest of Position	Nature of Client Enterprise	Nature of Services Provide (1)	Position Held (2)	Current Percentage of Equity Interest Held by			Current Percentage of Billings		Position Covered by D&O Insurance Yes/No	Limits of Liability	Pending or Threatened Director and Officer Claims Yes/No (6)
							(3)	(4)	(5)	Firm	Ind.			

2. Has any percentage of equity interest or annual percentage of billings shown above been higher since the date of client affiliation began?  
 .....  Yes  No If yes, please attached separate sheet showing history of  
 changes for the past 36 months.
3. Has the Firm documented and disclosed in writing to all clients listed above the potential for conflict of interest as a result of the involvement described above?  
 .....  Yes  No if, yes, does the disclosure:
- a. Clearly describe the nature of the conflict? .....  Yes  No
  - b. Explain under what conditions it is advisable for the client to seek independent legal advice? .....  Yes  No
  - c. Reasonably set for the legal and practical consequences should it become necessary for the Firm to withdraw as legal counsel as a result of conflict?  
 .....  Yes  No
  - d. Obtain the client's or its legal representative's consent to continue to perform ongoing legal services? ..  Yes  No

NOTES:           (1) Include legal as well as non-legal           (3) The Firm   (5) Family member  
                   (2) Include ALL committee involvement       (4) Any Firm member                               (6) To the best of the Firm member's knowledge





# New Attorney Form

1. Name of Legal Entity insured (as referenced on your letterhead): \_\_\_\_\_

**GENERAL INFORMATION**

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**PLEASE COMPLETE A SEPARATE FORM FOR EACH ATTORNEY THAT JOINS YOUR FIRM DURING THE POLCIY PERIOD.**

2. Please complete the following chart for the new attorney:

Attorneys Name	Position in Firm	Primary Area of Practice	Hours to be Worked Per Week with your firm	Month/Year Admitted to Bar (List State Bar(s))	Years in Private Practice

3. Please complete the following chart:

Name of Prior Firm	Dates of Association	Position in Firm	Primary Area of Practice	Insurance Carrier	Limits of Liability	Firm Still in Existence (y/n)

4. In the past five years, has the new attorney been made aware of a claim or circumstances that could result in a claim against said attorney?.....  Yes  No  
*If yes, a separate Claim or Suit Supplement must be completed for each claim or incident.*

5. Has the new attorney had a disciplinary complaint filed with any court, administrative agency or regulatory body or been disbarred, suspended, reprimanded, sanctioned or held in contempt by any of the aforementioned entities?.....  Yes  No  
*If yes, please provide details:*

6. In the past five years, has the new attorney ever had professional liability or similar insurance declined, cancelled or non-renewed (*MISSOURI RESIDENTS DO NOT ANSWER*)?.....  Yes  No  
*If yes, please provide details:*

7. Has the new attorney ever purchased an extended reporting period endorsement?.....  Yes  No  
*If yes, please provide details.*

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Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

\_\_\_\_\_  
Signature (Partner, Member, Officer, Shareholder)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title



# Firm Risk Management Questionnaire

## Firm Management

1. Does your firm utilize client communication letter? Please answer below.
  - (a) An engagement letter when accepting a representation.....  Yes  No
  - (b) A non-engagement letter when declining a representation.....  Yes  No
  
2. (a) Does the Applicant's docket control system include:
   
 Single Calendar  Computer  Tickler Cards  Dual Calendar  Master Listing  Other \_\_\_\_\_
   
(b) How frequently are deadlines cross-checked?  Daily  Weekly  Monthly
  
3. Which of the following tools are used to avoid conflict of interest?
   
 oral/memory  computer  index file  conflict committee  written procedure  Other \_\_\_\_\_

## Outside Interest

4. Does any attorney proposed for this coverage currently serve as director, officer, trustee or partner of any entity which is a client of the firm.....  Yes  No
   
If Yes, complete a Supplement for Outside Interests.
  
5. In the past five years, has any lawyer proposed for this coverage held an equity or financial interest in a client? .....  Yes  No
  
6. Is any lawyer proposed for this coverage
  - (a) An employee of any organization, entity or governmental body other than Applicant? .....  Yes  No
   
If Yes, provide details. \_\_\_\_\_
  - (b) Engaged in any professional/business activities other than the private practice of law? .....  Yes  No
   
If Yes, provide details. \_\_\_\_\_

## Business Practices

7. (a) Have any suits for collection of fees been filed against any client in the last two (2) years?.....  Yes  No
   
If Yes, how many? \_\_\_\_\_
   
(b) What steps have been taken by the Applicant to reduce or avoid the necessity of fee collections suits in the future?
   
\_\_\_\_\_
  
8. Do you participate in a case sharing agreement with attorneys not listed on your letterhead?.....  Yes  No
9. Does the Applicant share office space with any other lawyer?.....  Yes  No
   
If Yes,
  - (a) Is letterhead shared?.....  Yes  No
  - (b) Is any staff shared?.....  Yes  No  
If Yes to above, provide details. \_\_\_\_\_

## Insurance & Claim History

10. Has any insurer declined, canceled, or non-renewed any Lawyers Professional Liability Insurance or any similar insurance on behalf of any person(s) or entity(ies) proposed for this insurance?.....  Yes  No
   
If Yes, provide details. \_\_\_\_\_

## If you are a sole practitioner:

11. Is there a lawyer that will be responsible for Applicant's practice if the Applicant is unable to work for an extended period of time?.....  Yes  No
   
If Yes, provide the following: Name of back-up lawyer: \_\_\_\_\_
   
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**IRONSHORE INDEMNITY, INC.**

**FINANCIAL INSTITUTION SUPPLEMENT**

1. Name(s) of Legal Entity(ies) to be insured (as referenced on your letterhead)

\_\_\_\_\_

2. With regard to any financial institution client(s) within the past six (6) years, has any member or former member of the Firm:

- a. Performed services other than bankruptcy, collection, loan documentation/workout, real estate closings/foreclosures, title work/conveyances or trust work?..... Yes No
- b. Served as general counsel, CEO, chairman, president, officer, director or member of any internal committee?..... Yes No
- c. Had any equity interest or loan commitments? ..... Yes No
- d. Had a client been declared insolvent or operated under regulatory direction or agreement? ..... Yes No

*If yes to any part of Question 2 above, please answer Questions 3 through 5.  
If no to all parts of Question 2 above, no further information is required other than signature.*

3. a. Name of Financial Institution: \_\_\_\_\_  
b. Location (City, State): \_\_\_\_\_

c. Nature and capacity of services Applicant Firm provided (please be as specific as possible):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Name of firm member(s) or former member(s) who provides or provided above professional services:  
\_\_\_\_\_

e. Dates of services, from \_\_\_\_\_ to \_\_\_\_\_.

f. Still a client? ..... Yes No

g. Date of insolvency, take-over or merger, if applicable: \_\_\_\_\_.

4. With regard to the above institution, has any member or former member of the Firm:

a. Been a member of any internal committee(s) such as but not limited to the executive, loan policy, audit or investment advisory committee(s)? ..... Yes No

*If yes, please identify the type of committee(s) and dates of participation:*  
\_\_\_\_\_

b. Acted as director or officer? ..... Yes No

- c. Acted as general counsel?..... Yes No  
 d. Has loan commitments? ..... Yes No

*If yes, please describe type and amount:* \_\_\_\_\_

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

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

- e. Held stock or other financial interest? ..... Yes No

*If yes, what is the dollar value of such interest \$ \_\_\_\_\_, the percentage of such interest \_\_\_\_\_% and is the institution: publicly owned/traded or privately held?*

Signature of Owner, Partner or Principal	Title	Date
--	-------	------

- f. Participated in the preparation of a response to regulatory examination reports? ..... Yes No

- g. Participated or assisted in the rendering of advice on regulatory issues? ..... es No

5. Has any regulatory authority filed any lawsuit or is any litigation (including any shareholder derivative action) pending against any director or officer of the above financial institution? ..... Yes No

*If yes, please provide complete details:*  
 \_\_\_\_\_  
 \_\_\_\_\_

For all other applicable state fraud warnings, please see the main application.

**NOTICE**

Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.



## ESTATE/TRUST WORK SUPPLEMENT

Complete this supplement only if a percentage of practice was listed in Estate/Trust on the Firm Profile section of the application.

1. List the Top Five largest Estates/Trusts to which the firm provided legal services in the previous 12 months:

Name	Attorney	Approximate Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

a. What services are provided for the client(s)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. Does work performed include business formation, management, or other business transactions?  Yes  No

2. Does any one Estate/Trust client account for 10% of an attorney's annual billings?  Yes  No

If yes, provide name and percent of revenue:

3. Does your estate practice include a file review by a second attorney not involved in drafting on all new wills?  Yes  No

4. Does any attorney currently serve as Executor/Personal Representative of an estate or Trustee of a trust (not including family related matters)?  Yes  No

If yes, provide a list by attorney with: Name of Estate/Trust, approximate value and description of services provided.

Attorney: \_\_\_\_\_

Name of Estate / Trust	Approximate Value	Description of Services
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## **Fraud Warning**

### **General Notice\***

**NOTICE TO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 SUBJECTS THE PERSON TO CRIMINAL PENALTIES.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUHTORITIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON, PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES A 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, SUBJECT TO CRIMINAL PROSECUTION AND CIVIL PENALTIES.

**NOTICE TO LOUISIANA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MAINE APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE AND MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

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

**COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.**

**ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY CONJUCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_



IRONSHORE INDEMNITY, INC.

ENVIRONMENTAL LAW SUPPLEMENT

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

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

1. List the top 5 Environmental law clients, services provided for the firm and the percentage of firm billing generated by each.

Client	Services Provided	Percentage of Firm's Annual Billings
a.		
b.		
c.		
d.		
e.		

2. Does the firm refer clients to other firms or act as co-counsel with other firms regarding Environmental law matters? .....  Yes  No

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

\_\_\_\_\_

3. How many transactions handled during the last 12 months for Environmental Clients? ..... \_\_\_\_\_

4. What is the average size/value of the transactions handled for Environmental Clients? ..... \_\_\_\_\_

5. Does or has the Firm or any member of the Firm:

a. Have a business relationship with any of the Firm's environmental clients other than the rendering if legal services? .....  Yes  No

If, "Yes" please describe the other services provided: \_\_\_\_\_

\_\_\_\_\_

b. Perform(ed) site visits? .....  Yes  No

c. Perform(ed) environmental audits? .....  Yes  No

d. Render(ed) an environmental assessment of property? .....  Yes  No

e. Utilize(d) independent contractors? .....  Yes  No

f. Utilize(d) environmental consultants? .....  Yes  No



*If, "Yes" to any part of Question 5 above, please provide complete details.*

- 6. Does the Firm or any related or controlled entity, or any attorney for whom coverage is sought, serve as an owner, officer or director of an entity that provides environmental analysis or site visits? .....  Yes  No
  
- 7. Does the firm require that environmental audits be conducted by outside consultants prior to or contingent upon the representation of Environmental clients? .....  Yes  No

\* Please attach a copy of the engagement letter used for Environmental clients.

X \_\_\_\_\_  
Signature of Owner, Partner, or Principal                      Title                      Date

**ENTERTAINMENT PRACTICE QUESTIONNAIRE**

**APPLICANT INFORMATION**

1. Your full legal name \_\_\_\_\_

**GENERAL INFORMATION**

2. Please complete the following chart for all of your entertainment clients:

Client Name	Field of Entertainment	Type(s) of Services Provided	Dates of Services Provided	Currently a Client
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

- 3. Do you have a business relationship with any entertainment client, other than providing legal services? .....  Yes  No
- 4. Do you have the authority to write checks for any entertainment client? .....  Yes  No
- 5. Do you provide investment advice to any entertainment client? .....  Yes  No
- 6. Do you make investments for any entertainment client?.....  Yes  No
- 7. Do you or have you ever served as a trustee of an entertainment client's trust? .....  Yes  No
- 8. Do you negotiate the financing or distribution of entertainment productions? .....  Yes  No
- 9. Do you negotiate personal appearances or product endorsements for any entertainment client?.....  Yes  No
- 10. Do you, or any entity that you control, serve as manager or talent agent? .....  Yes  No
- 11. Do you ever accept percentages of business transactions as compensation for legal services? .....  Yes  No
- 12. Do you ever accept compensation in kind (e.g. copyrights) in return for legal services? .....  Yes  No

**RISK MANAGEMENT**

13. Do your procedures and conflict of interest system also apply to entertainment clients?.....  Yes  No

Signature (Partner, Member, Officer, Shareholder)

Date

Name (print)

Title



**IRONSHORE INDEMNITY, INC.**  
(A Stock Company)

**COPYRIGHT, PATENT AND TRADEMARK SUPPLEMENT**

**Firm Name:**

**Policy Number:**

Answers are required for questions 1 through 5 for all Applicants. Complete the remaining questions that apply to the firm’s specific practice. If one or more of the sections is not applicable, check the “Not Applicable” box in that section.

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

- a. Intellectual Property Litigation \_\_\_\_\_ %
- b. Patent Infringement Counseling \_\_\_\_\_ %
- c. Domestic Patent Prosecution \_\_\_\_\_ %
- d. Foreign Patent Prosecution \_\_\_\_\_ %
- e. Trademark Registration/Licensing \_\_\_\_\_ %
- f. Copyright Registration/Licensing \_\_\_\_\_ %
- g. Patent Searches \_\_\_\_\_ %

2. Does the firm have a computerized docketing system to alert the appropriate responsible party specific to:

- a. statutory bar dates .....  Yes  No
- b. fee due dates, whether outsourced or not? .....  Yes  No
- c. response dates? .....  Yes  No

3. Who reviews the docket entries for accuracy? **Check all that apply.**

- Billing Partner  Partner in Charge of Work  Associate
- Paralegal Secretary  Secretary  Docketing Personnel

4. Does the firm outsource to other entities for:

- a. Searches .....  Yes  No
- b. Payment of Maintenance/Annuity fees? .....  Yes  No

If yes, to either a. or b. above, does the firm:

- i. Verify the outsource entity carries professional liability insurance coverage .....  Yes  No
- ii. Obtain proof of insurance, such as a certificate of insurance .....  Yes  No

5. How does the firm choose an outsource entity? **Check all that apply.**

- Review of Work  Product Recommendations from Other Law Firms
- Yellow Pages  Advertisements in Legal Publications/Law Journal

**Copyright**

Not Applicable

6. Does the firm's docket system include dates for:

- a. Copyright renewal filing? .....  Yes  No
- b. responses to an Office Action? .....  Yes  No
- c. infringement action filing? .....  Yes  No

7. What is the firm's standard time frame for applying for copyright registration on behalf of their client, once instructed to do so by the client?

8. Is transfer of ownership of copyright from one client to another fully documented in writing? .....  Yes  No

**Patent**

Not Applicable

9. Does the firm request written disclosure of specific dates of all printed Publications, sales, offers for sale and/or public use of intellectual Property from a client, prior to filing of a patent applicable? .....

Yes  No

10. Does the firm request in writing, from all patent clients, the client's intent to pursue or not to pursue a foreign patent application? .....

Yes  No

11. Does the firm request in writing, from all patent clients, the client's disclosure of patent applications filed in foreign countries? .....

Yes  No

12. Does the firm advise foreign clients of requirements needed to satisfy the Establishment of the date of invention of U.S. Patents? .....

Yes  No

13. Does the firm disclose in writing to all patent clients, all dates for Payment of maintenance fees, annual payments, or annuities to be paid by the client to keep an application or patent in force? ...

Yes  No

14. Does the firm advise the client in writing to mark the patented product with the appropriate patent number? .....

Yes  No

15. Indicate the percentage of the types of Patent Opinions rendered by the firm:

- a. Patentability \_\_\_\_\_ %
- b. Infringement \_\_\_\_\_ %
- c. Validity \_\_\_\_\_

16. For the types of patent opinions rendered, does the firm disclose the Scope and extent of the search conducted that is the basis for the opinion?

Yes  No

17. Does the firm guarantee patent opinions rendered?

Yes  No

18. Does the firm disclose in writing to the client and require the client's written agreement regarding patent applications and strategies taken or to be taken with respect to the GATT Implementation Legislation of June 8, 1995?

Yes  No

**Trademark**

Not Applicable

19. Does the firm's docket system advise regarding date for:

- a. response to all PTO actions? .....  Yes  No
- b. declaration of use after registration? .....  Yes  No
- c. statement of incontestability after registration? .....  Yes  No
- d. renewal of trademark? .....  Yes  No

20. Does for firm:

- a. perform searches of the records of the PTO for trademarks? .....  Yes  No
- b. search common law sources, such as publications and business indices for existing trademarks?  
.....  Yes  No
- c. statement of incontestability for registration? .....  Yes  No
- d. renewal of trademark? .....  Yes  No

- 21. Does the firm advise that the trademark search is not guaranteed against all common law sources?  
.....  Yes  No
- 22. Is transfer of ownership of trademark from one entity to another fully documented in writing? .....  Yes  No
- 23. Are all trademark assignments promptly and properly recorded with the PTO? .....  Yes  No
- 24. Does the firm advise the client in writing of the use of proper trademark notice? .....  Yes  No

X \_\_\_\_\_  
Signature of Owner, Partner, or Principal

Title

Date

## COLLECTION WORK SUPPLEMENT

This supplement is to be completed if the Applicant indicated activity in the Collection area of practice from question number 7. of the Law Firm Application. If necessary, attach an additional sheet to fully answer all questions.

1. During the past three (3) years:
  - a. How many lawyers have done collection work? \_\_\_\_\_
  - b. Approximately how many individual consumer debtors have been contacted by phone, letter or otherwise by anyone employed by or in any way affiliated with the Applicant firm? \_\_\_\_\_
2. During the past three (3) years have you allowed any collector, collection agency, or any other party to use your law firm name or any lawyer's names in collection-related matters? Yes No  
  
If yes, please explain: \_\_\_\_\_
3. During the past three (3) years, have you provided any advice or opinions to any party relative to implementation of any debt collection procedure, collection letter or other collection activity would be in compliance with the Federal Fair Debt Collection Practices Act or similar state or federal regulation?  
Yes No  
  
If yes, please explain: \_\_\_\_\_
4. What steps do you take to assure that all Collection letters the firm sends are in compliance with the Federal Fair Debt Collection Practices Act? Please explain: \_\_\_\_\_
5. What steps do you take to assure that all Lawyers in the firm remain current with the changes in the Federal Fair Debt Collection Practices Act? Please explain: \_\_\_\_\_
6. Within the past three (3) years, has any present or past lawyer had any ownership interest in any kind of collection agency? Yes No
7. Has the firm executed any indemnity agreements with clients (for which you are doing collections work) which would indemnify or hold the client harmless for any violation of the Federal Fair Debt Collection Practices Act provisions related to the collections work? Yes No
8. Within the past three (3) years, has the firm or any present or past lawyer been a party to any claims or suits under the Federal Fair Debt Practices Collections Act? Yes No

### **Fraud Warning**

### **General Notice\***

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**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUHTORITIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON, PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES A 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, SUBJECT TO CRIMINAL PROSECUTION AND CIVIL PENALTIES.

**NOTICE TO LOUISIANA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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**ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name:  
\_\_\_\_\_



# IRONSHORE INDEMNITY, INC.

(A Stock Company)

PO Box 3407

New York, NY 10008

## SUPPLEMENTAL CLAIM INFORMATION

If within the last five years you have been involved in any malpractice claim or suit, or are aware of an incident which may give rise to a claim, please complete the form below for each claim or incident.

If space is insufficient to answer any questions fully, attach separate sheet.

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

2. Full name of claimant: \_\_\_\_\_

3. Indicate whether: Incident ..... Claim ..... Suit

4. Date and location of alleged error: \_\_\_\_\_

5. Date of claim: \_\_\_\_\_

6. Additional defendants:

\_\_\_\_\_

7. IF CLOSED: \*Total Paid: \$ \_\_\_\_\_ Indicate whether: Court Judgment Out of Court Settlement  
\*Including Defense Expenses incurred.

8. IF PENDING: Claimants settlement demand: \$ \_\_\_\_\_ Insurer's loss reserve: \$ \_\_\_\_\_  
Your assessment of damages or offer for settlement: \$ \_\_\_\_\_ Is claim in suit? Yes No

9. Name of Insurer responding to this claim or incident: \_\_\_\_\_

10. Description of claim: (Provide enough information for evaluation. Use additional sheet if more space is required.)

a. Alleged act error or omission upon which Claimant bases claim:

\_\_\_\_\_

b. Describe what activities gave rise to the claim or incident:

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

c. Describe the type of Injury or damage allegedly sustained:

\_\_\_\_\_

d. Does this incident or claim follow or result from an action to collect fees? \_\_\_ Yes \_\_\_ No

X

X

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Title