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# NEW YORK APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

(1 -5 Attorneys)

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**NOTICE:**

Unless amended by endorsement, amounts incurred as Claim Expenses shall be in addition to the Limits of Liability and shall not be applicable to the Deductible.

If coverage is purchased with Claim Expenses within the Limits of Liability, Claim Expenses shall reduce and may exhaust the Limits of Liability. If coverage is purchased with Claim Expenses 100% within the Limit of Liability, Claim Expenses shall reduce 100% of the Limit of Liability. If coverage is purchased with Claim Expenses 50% within the Limit of Liability, Claim Expenses shall reduce the Limit of Liability by no more than 50%.

Please note that if coverage is purchased with Claim Expenses within the Limits of Liability, 100% or 50% of the Limits of Liability may be completely exhausted by Claim Expenses (whichever applies) and, in such case, the Insurer shall not be liable for Claim Expenses or for the amount of any judgment or settlement after the exhaustion of the Limits of Liability.

Please note that if coverage is purchased with Claim Expenses applicable to the Deductible, Claim Expenses will apply to 100% of the Deductible if the 100% offset option is purchased or will apply to no more than 50% of the Deductible if the 50% offset option is purchased.

**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.

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**I. GENERAL INFORMATION**

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1. (a) Full name of Applicant \_\_\_\_\_  
\_\_\_\_\_
- (b) Principal business premises address: \_\_\_\_\_  
\_\_\_\_\_ (Street)  
\_\_\_\_\_ (City) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)
- (c) Name of contact person \_\_\_\_\_ E-mail address \_\_\_\_\_
- (d) Phone Number \_\_\_\_\_ Fax number \_\_\_\_\_

(e) Website address: \_\_\_\_\_ (f) Date firm was established \_\_\_\_\_

(g) Business is a:  individual  partnership  sole proprietorship  limited liability partnership (LLP)  
 professional corporation (PC)  limited liability corporation (LLC)  Other

2. Is the Applicant a sole practitioner? .....  Yes  No  
 If Yes, 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: \_\_\_\_\_

3. List the names of all predecessor firms of the Applicant. A "Predecessor Firm" is any legal entity which was engaged in the practice of law to whose financial assets and liabilities the Applicant is the majority successor in interest.

Name of Predecessor Firm	Date Established	Date Dissolved	Did Firm Maintain Coverage?	Extended Reporting Endorsement Purchased (Tail Coverage)?	Requesting Coverage For Predecessor Firm?

**II. FINANCIAL AND STAFFING INFORMATION**

1. Provide the applicants fee volume.

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

2. Provide the names of all lawyers who are presently officers, partners, employed lawyers, of counsels, or part-time attorneys of the Applicant and complete the information requested for each lawyer.

Name of Lawyer	Designation: O - Officer P - Partner E - Employed Lawyers OC - Of Counsel PT- Part Time Attorney	Hours Worked Per Week*	Year Admitted to Bar	MM/DD/YY Joined Applicant	Maintain Separate Insurance Yes/No

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**\*Attach Additional Sheets if Necessary.**

3. Provide the following for Applicant's staff:

	Number Currently Employed	Number Who Left the Applicant Last Year
Lawyers		
Paralegals		
Other Staff		

4. Does the Applicant have a

- (a) Full-time office administrator?.....  Yes  No  
 (b) Management/Executive Committee? .....  Yes  No

5. 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.

6. In the past five years, has any lawyer proposed for this coverage hold an equity or financial interest in a client? .....  Yes  No

7. 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. \_\_\_\_\_

**III. FIRM MANAGEMENT AND ADMINISTRATION**

1. (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

2. Which of the following tools are used to avoid conflict of interest?

- oral/memory  computer  index file  conflict committee  written procedure  Other \_\_\_\_\_

3. 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

**IV. PRACTICE AREAS**

1. Indicate percentage of time devoted to the following areas of practice.

AREA OF PRACTICE	%	AREA OF PRACTICE	%	AREA OF PRACTICE	%
Administrative Law		Entertainment		Municipal Law	
Admiralty Defense		Environmental Law*		Oil & Gas Mining	
Admiralty Marine		ERISA		Oil & Gas Title	
Adoptions		Estate Planning*		Patent, Trademark, Copyright – Filing*	

Arbitration/Mediation		Estate/Trust/Probate*		Patent, Trademark, Copyright Litigation*	
Banking*		Family Law – (Non-Divorce)		Patent, Trademark, Copyright Prosecution*	
Bankruptcy		Fiduciary		Plaintiff BI/PI (Non Product Liability)*	
BI/PI Defense		Foreclosures		Product Liability Plaintiff*	
<b>Bonds*</b>		Foreign Law		Real Estate Closings/General*	
Business Transactions		Guardianships		Real Estate Commercial Title*	
Civil Rights		High Profile Divorce or Monied		Real Estate Development*	
Civil/General Litigation		Immigration/Naturalization		Real Estate Investment Trusts*	
<b>Class Action Plaintiff*</b>		Insurance Defense		Real Estate Limited Partnership*	
Collection*		International Law		Real Estate Residential Title*	
Commercial Defense		Investment Money Manager		Real Estate Syndication*	
Commercial Law		Juvenile		<b>Securities*</b>	
Consumer Claims		Labor Unions		Taxation Opinions	
Construction Law		Labor/Employee		Taxation Preparation	
Contracts		Labor/Management		Taxation Representation	
Corporate Formation		Landlord Tenant/Leases		Traffic	
Corporate General		Lobbying		Wills	
Corporate Litigation		Local Government		<b>Workers Compensation Plaintiff*</b>	
Criminal Law		Medical Malpractice Defense		Workers Compensation Defense	
Divorce		<b>Medical Malpractice Plaintiff*</b>		Other: Please Explain on Firm Letterhead	
Employment Law		Mergers & Acquisitions		<b>Total:</b>	<b>100 %</b>

**\*Please contact agent for supplement.**

**V. BUSINESS PRACTICES**

1. (a) Have any suits for collection of fees have been filed against any client in the last two (2) years  Yes  No  
If Yes, how many? \_\_\_\_\_

If Yes, provide the following for each suit for unpaid legal fees. Attach a separate sheet if necessary.

Date Filed	Name of Client	\$ Amount Sought	Status/Result

(b) What steps have been taken by the Applicant to reduce or avoid the necessity of fee collections suits in the future?

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

- 2. When evaluating whether a case should be sent for collection, does the Applicant review the file for the purpose of evaluating whether the possibility of a counterclaim alleging malpractice might be filed in response thereto? .....  Yes  No
- 3. Does the Applicant accept cases where the cause of action arises and is adjudicated outside of the Applicant's local jurisdiction (i.e., in another state)? .....  Yes  No  
If Yes, does the Applicant refer such cases to local counsel? .....  Yes  No
- 4. Has the Applicant outsourced any work in the last two (2) years, either domestically or out of the country? .....  Yes  No
- 5. Does the Applicant have any single client or group of related clients which produce more than 25% of total gross billings in the last 24 months? .....  Yes  No

If Yes, provide the percentage of gross billings, name of client, business activities of client, and services provided on behalf of client. \_\_\_\_\_  
\_\_\_\_\_

- 6. In the last five (5) years, has the Applicant accepted client securities or other forms of compensation in lieu of fees? .....  Yes  No  
If Yes, provide details. \_\_\_\_\_
- 7. 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. \_\_\_\_\_

**VI. INSURANCE AND CLAIM HISTORY**

1. Requested Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

2. (a) Limits of Liability: Indicate the limit of liability requested:

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> \$ 100,000 / \$ 300,000   | <input type="checkbox"/> \$1,000,000 / \$2,000,000 | <input type="checkbox"/> \$3,000,000 / \$3,000,000  |
| <input type="checkbox"/> \$ 250,000 / \$ 500,000   | <input type="checkbox"/> \$1,000,000 / \$3,000,000 | <input type="checkbox"/> \$4,000,000 / \$4,000,000  |
| <input type="checkbox"/> \$ 500,000 / \$ 500,000   | <input type="checkbox"/> \$2,000,000 / \$2,000,000 | <input type="checkbox"/> \$5,000,000 / \$5,000,000  |
| <input type="checkbox"/> \$ 500,000 / \$1,000,000  | <input type="checkbox"/> \$2,000,000 / \$4,000,000 | <input type="checkbox"/> \$5,000,000 / \$10,000,000 |
| <input type="checkbox"/> \$1,000,000 / \$1,000,000 | <input type="checkbox"/> \$2,000,000 / \$5,000,000 |   |

(b) Deductible - Indicate the deductible requested:

- \$1,000  \$2,500  \$5,000  \$10,000  \$15,000  \$25,000  \$50,000  \$100,000  Other \$ \_\_\_\_\_

(c) Optional Coverage – Indicate the optional coverages requested:

- Claim Expenses Within the Limit of Liability – 50% Offset
- Claim Expenses Within the Limit of Liability – 100% Offset
- Claim Expenses Within the Deductible – 50% Offset
- Claim Expenses Within the Deductible – 100% Offset

3. List the Professional Liability Insurance History for the last three (3) years: **If none, check here**

Insurance Company	Limits of Liability	Deductible	Premium	Policy Period (MM/DD/YY)	No. of Lawyers Covered
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	\$	/ \$			
	\$	/ \$			
	\$	/ \$			

4. Does your current policy have Prior Acts Exclusion?.....  Yes  No  
 If yes, what is your Prior Acts Date? \_\_\_/\_\_\_/\_\_\_\_\_
5. 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. \_\_\_\_\_
6. Has any lawyer Applicant, in the last three (3) years been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, fined, or held in contempt by any court, state or local bar association, administrative agency, or regulatory body? .....  Yes  No  
 If Yes, complete disciplinary supplement.
7. Is any person(s) or entity(ies) proposed for this insurance currently under investigation, or has any disciplinary complaint or grievance been made to any court, bar association, administrative agency or regulatory body in the last three (3) years that resulted in any formal censure or other formal action? .....  Yes  No  
 If Yes, complete disciplinary supplement.
8. After inquiry, are any attorneys in your firm aware:  
 If you answer either question "Yes," please complete the "Supplemental Claim Form".
- 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 be expected to lead to a claim or suit against them?.....  Yes  No  
 \* If Yes, indicate total number of claims. \_\_\_\_\_

**SUPPLEMENTAL CLAIM INFORMATION** (from question 8)

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.

- Full name of individual(s) and/or firm involved in the claim:
- Full name of claimant: \_\_\_\_\_
- Indicate whether:  Incident  Claim  Suit
- Date and location of alleged error: \_\_\_\_\_
- Date of claim: \_\_\_\_\_
- Additional defendants: \_\_\_\_\_
- IF CLOSED: \*Total Paid: \$ \_\_\_\_\_ Indicate whether:  Court Judgment  Out of Court Settlement  
 \*Including Defense Expenses incurred.
- IF PENDING: Claimants settlement demand: \$ \_\_\_\_\_ Insurer's loss reserve: \$ \_\_\_\_\_  
 Your assessment of damages or offer for settlement: \$ \_\_\_\_\_ Is claim in suit?.....  Yes  No
- Name of Insurer responding to this claim or incident: \_\_\_\_\_
- Description of claim: (Provide enough information for evaluation. Use additional sheet if more space is required.)
  - Alleged act error or omission upon which Claimant bases claim: \_\_\_\_\_
  - 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

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**VII. ADDITIONAL INFORMATION**

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**COMMENTS:**

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**REPRESENTATIONS:**

I/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 7(V) & Question 8 A & B (VII). 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.

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

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Date



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

X \_\_\_\_\_  
Date

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

\_\_\_\_\_  
Title



### Class Action/Mass Tort Questionnaire

JLT Facilities, Inc.

Applicant/Firm Name: \_\_\_\_\_

Date Representation Began	Type of Case	Capacity of Firm: LC – Lead Counsel CLC – Co-Lead Counsel LCO – Local Counsel Only	Client: P-Plaintiff D – Defendant  Type of business	Was the class certified? Y/N	Total # of class members	Number of class members represented	Total damages for all class members	Current status

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

## ENTERTAINMENT PRACTICE QUESTIONNAIRE

### APPLICANT INFORMATION

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

### GENERAL INFORMATION

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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

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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)

**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

# REAL ESTATE SUPPLEMENT

## REAL ESTATE PRACTICE BREAKDOWN

1. What percentage of real estate practice receipts for the current year and preceding year have come from the following areas:

	Current Year	Previous Year
a. Purchase and Sale		
Residential	_____ %	_____ %
Commercial	_____ %	_____ %

Transactions on behalf of buyers or sellers, including negotiation and drafting of purchase agreements, option agreements, deeds and other closing documents, representation at closing and related activities.

What is the approximate number of transactions handled in the last 12 months?

Residential	_____
Commercial	_____

What was the largest value Real Estate Transaction in the last 12 months?

Residential	\$ _____	\$ _____
Commercial	\$ _____	\$ _____

Did any one commercial real estate client generate 10% or more of firm billings in the last 12 months?

Yes       No      If yes, please attach a narrative description.

b. Land Use/Development	_____ %	_____ %
Representation of landowners, developers and others in zoning, subdivision, wetlands and other development and land use processes.		
c. Mortgages and Deeds	_____ %	_____ %
Representation of lenders or borrowers in financing, refinancing or other real estate lending activities. Includes loan documentation.		
d. Foreclosures	_____ %	_____ %
Foreclosure of mortgages, or trustee's sales under deeds of trust and other exercises of remedies in the event of default		
e. Landlord/Tenant	_____ %	_____ %
Representation of landlords or tenants in drafting or negotiating lease terms. Includes litigation and eviction.		
f. Condominiums, Cooperatives and Town House	_____ %	_____ %
representation of developers, associations, cooperative boards, or individuals in issues arising out of common ownership and common rights of property ownership.		
g. Property Valuation/Real Estate Tax Abatement	_____ %	_____ %
representation of property owners before county/local agencies and courts in Proceedings to contest property Valuations or assessed value of real estate.		

h. Other (Please describe):

\_\_\_\_\_

\_\_\_\_\_

Total must equal 100%                      100%    100%

**TITLE WORK**

2. Indicate the total number of title opinions issued over the past 2 years:

Commercial: \_\_\_\_\_ Residential: \_\_\_\_\_

3. Please indicate the total number of title searches completed over the past 2 years by:

a. Attorneys in your firm: \_\_\_\_\_ c. Non-attorneys but employees of your firm: \_\_\_\_\_

b. Attorneys not in your firm: \_\_\_\_\_ d. Non-attorney subcontractors: \_\_\_\_\_

If numbers are indicated in c. or d., do you obtain certificate(s) of insurance from all of your subcontracted sources of title searches?  Yes  No

4. How many Real Estate Title Insurance policies has the firm issued in the last 12 months? \_\_\_\_\_

5. Do you make use of engagement letter when doing title opinions or title searches, specifying who your clients is and what services you are performing for that client?  Yes  No

**ENVIRONMENTAL REAL ESTATE**

6. Does the Applicant's legal services in connection with a property transfer or leasing transaction include documented procedures to review and address issues such as:

a. Whether the type of business in question creates or in the past may have created environmental issues and concerns?  Yes  No

b. Whether any real or personal property owned, or leased now or in the past, or property to be procured is or is likely to be contaminated by hazardous matters (e.g., asbestos, lead, pcbs, etc.)?  Yes  No

c. Whether any specific site locations owned or leased, operated now or in the past, or land or property to be acquired are located in, or contiguous to ecologically sensitive areas (such as wetlands, floodplains, aquifers, or conservations areas, etc.)?  Yes  No

d. Whether any corporate entity connected to the client including all past and present subsidiaries, divisions and spin-offs has ever been fined, penalized, cited, or sued for violating any federal, state, or local environmental law or regulations?

7. Do you require:

a. Research and analysis of potential real environmental risks before determination of price and other central terms and conditions?  Yes  No

b. A thorough review with the client of the economic impacts of known environmental implications and potential advantages of further verification or qualifications of environmental risks, in property transfer or leasing transactions with potential material environmental exposure?  Yes  No

If "NO" to any of the above, are all clients advised in writing to see independent professional evaluations of potential environmental exposures?

Yes  No

### Important Reminder

The coverage for which you are applying is written on a CLAIMS-MADE basis. Only claims first made against you and reported to the Company during the policy period are covered, subject to the policy provisions. The limits of liability stated in the policy are reduced by defense expenses. Defense expenses may also be applied to the deductible, if any. If you have any questions about the coverage, please discuss them with your agent.

### Representation and Acknowledgement of Firm's Continuing Duty to Inform

The undersigned is authorized by the firm to sign this application and represents and acknowledges that all information provided by the firm including the application, submits, its supplements, attachments, and answers to any questions our underwriter asks:

- will be relied upon the Company in determining whether to insure the firm and at what rate to insure it;
- are true, correct, accurate, and complete;
- and will be considered a part of any ensuing insurance contract.

Furthermore, the undersigned understands and agrees that the firm has a continuing duty through policy inception and throughout the life of any ensuing insurance contract to update this application, its supplements, attachments, and answers to any questions our underwriter asks.

**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 IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.**

### Fraud Prevention – General Warning

**NOTICE TO APPLICANTS:** Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment for 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 CALIFORNIA APPLICANTS:** Pursuant to California Insurance Law, Sec. 1623, this application for insurance is being submitted by an insurance broker who is acting on behalf of an insured.

**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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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 Agencies.

**NOTICE TO D.C. 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 insurance company 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 HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

**NOTICE TO KENTUCKY 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.

**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 purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**NOTICE TO MINNESOTA APPLICANTS:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO 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 civil fines and criminal penalties.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he 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.

**NOTICE TO OREGON APPLICANTS:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**NOTICE TO PENNSYLVANIA 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 insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO TENNESSEE 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 TEXAS APPLICANTS:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**NOTICE TO VIRGINIA 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 NEW YORK 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 insurance act, which is a crime, and shall be also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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

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

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

Date: \_\_\_\_\_



**IRONSHORE INDEMNITY, INC.**

(A Stock Company)  
PO Box 3407  
New York, NY 10008  
(877) IRON-411

**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? ..... Yes 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.

**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.

**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 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: \_\_\_\_\_

**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 of 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



## 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 .....                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. fee due dates, whether outsourced or not? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. response dates? .....                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

- |                     |                          |                           |                          |                     |                          |
|---------------------|--------------------------|---------------------------|--------------------------|---------------------|--------------------------|
| Billing Partner     | <input type="checkbox"/> | Partner in Charge of Work | <input type="checkbox"/> | Associate           | <input type="checkbox"/> |
| Paralegal Secretary | <input type="checkbox"/> | Secretary                 | <input type="checkbox"/> | Docketing Personnel | <input type="checkbox"/> |

4. Does the firm outsource to other entities for:

- |   |  |
|---|--|
| a. Searches .....                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Payment of Maintenance/Annuity fees? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

- |  |  |
|--|--|
| i. Verify the outsource entity carries professional liability insurance coverage ... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ii. Obtain proof of insurance, such as a certificate of insurance .....              | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

- |                |                          |  |                          |
|----------------|--------------------------|--|--------------------------|
| Review of Work | <input type="checkbox"/> | Product Recommendations from Other Law Firms     | <input type="checkbox"/> |
| Yellow Pages   | <input type="checkbox"/> | Advertisements in Legal Publications/Law Journal | <input type="checkbox"/> |

**Copyright**  Not Applicable

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





## 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.

**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.

**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 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: \_\_\_\_\_

## 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 POLICY PERIOD.**

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

Attorneys Name & Date of Hire	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 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.*

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.**  
(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

--	--	--	--	--	--	--	--	--	--	--

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

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

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

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

**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



## 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 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
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