



I N S U R A N C E

# Lawyers Professional Liability Application

## APPLICATION FOR A CLAIMS-MADE AND REPORTED LPL POLICY

PLEASE TYPE OR PRINT IN INK AND RETURN WITH A SAMPLE OF YOUR LETTERHEAD

_____ Firm/Applicant Name	_____ Business Phone with Area Code	_____ E-mail Address
_____ Principal Business Address	_____ Business Fax with Area Code	_____ Effective Date Requested
_____ City	_____ County	_____ State
_____ Zip		

1. Please list all attorneys practicing on behalf of your firm. Add an attachment if necessary.

Attorney Name	Social Security Number	Years in Private	Designation Code (See choices below)	Current Legal Malpractice Insurance Carrier	Current Retroactive Date

**Designation Code:** E = Member/Employee of the Firm, OC = Of Counsel/Independent Contractor and F = Full Time, P = Part Time (26 hours or fewer per week)

2. Have any members of your firm been reprimanded, censured, suspended or disbarred within the past five (5) years?

If YES, provide full details on your letterhead.  Yes  No

3. Have any professional liability claim(s) or suit(s) been made against the applicant firm or any attorney(s) in the applicant firm or former attorney(s) in the applicant firm within the past five years?

If YES, complete the Claim Supplemental Application.  Yes  No

4. After inquiry, are you or any attorney in your firm aware of any circumstances, incidents, acts or omissions that has led to a professional liability claim that has not yet settled or which could lead to a professional liability claim being made against your firm? If YES, complete the Claim Supplemental Application  Yes  No

5. Please list the limit of liability and deductible currently carried and circle the appropriate type of limit and deductible. Select the limit and deductible requested.

CURRENT			DESIRED		
Limit: \$ _____			Limit: \$ _____		
Defense Costs Part of the Limit * Defense Costs Outside the Limit			Defense Costs Part of the Limit * Defense Costs Outside the Limit		
* Don't Know			* Don't Know		
Deductible: \$ _____			Deductible: \$ _____		
Per Claim	Aggregate	Loss Only	Per Claim	Aggregate	Loss Only
Premium: \$ _____					

6. Please provide the percentage of gross billable dollars allocated to each Area of Practice. Please round to the nearest whole number. Total must equal 100%.

ADMIRALTY/MARITIME		GOVERNMENT-FEDERAL AND STATE	
ANTITRUST		GOVERNMENT-LOCAL (NOT BOND WORK)	
BUSINESS TRANSACTIONS-CORPORATE AND COMMERCIAL		IMMIGRATION/NATURALIZATION	
<b>BUSINESS TRANSACTIONS-ENTERTAINMENT</b>		INTERNATIONAL LAW	
CIVIL RIGHTS/DISCRIMINATION		LABOR LAW	
COLLECTION/BANKRUPTCY		<b>PI/PD-PLAINTIFF</b>	
CONSTRUCTION LAW (BUILDING CONTRACTS)		INSURANCE DEFENSE	
CONSUMER CLAIMS		WORKERS COMPENSATION-DEFENSE	
BUSINESS ORGANIZATION:		WORKERS COMPENSATION-PLAINTIFF	
Formation/Alteration and Mergers/Acquisitions		NATURAL RESOURCES/OIL & GAS	
Secured Transactions		<b>PATENT/TRADEMARK/COPYRIGHT (INTELLECTUAL PROPERTY)</b>	
Administrative Law/Record Keeping		REAL ESTATE	
CRIMINAL		<b>SECURITIES LAW</b>	
<b>ENVIRONMENTAL LAW</b>		State or Federal (both exempt and registered)	
ESTATE/TRUST/PROBATE		Municipal Bonds	
FAMILY LAW		TAXATION/TAX OPINIONS	

**BOLD INDICATES THAT A SEPARATE SUPPLEMENTAL APPLICATION IS REQUIRED.**

The applicant represents that the above statements are true and correct to the best of his or her knowledge and that no material or relevant facts have been suppressed or misstated and agree that the policy, if issued, will be issued on the reliance of such representations.

Applicant acknowledges a continuing obligation to report to us as soon as practicable any material changes in the facts or statements above, and in each supplementary application, which applicant becomes aware after signing the application.

Notice to Applicant: **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 false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions.**

Completion of this form does not bind coverage. Applicant's acceptance of company's quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance should a policy be issued and it will be attached to the policy.

Signature of Owner/Partner \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

PLAINTIFF SUPPLEMENT

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

1. PLEASE PROVIDE the following for all lawyers involved with BI/PI Plaintiff litigation in the firm:

Name	Years of BI/PI Plaintiff Litigation Experience	Average Annual BI/PI Plaintiff Case Load Per Attorney	Hours Devoted to BI/PI Plaintiff Activities During Last 12 Months	Total Practice Hours During Last 12 Months

2 a. What is the percentage of time devoted to representation of plaintiffs in the following areas of practice:

Average dollar size of judgments, awards and settlements

Bodily Injury/Personal Injury \_\_\_\_\_% \$ \_\_\_\_\_  
 Product Liability \_\_\_\_\_% \$ \_\_\_\_\_  
 Medical Malpractice \_\_\_\_\_% \$ \_\_\_\_\_  
 Other \_\_\_\_\_% (please specify) \_\_\_\_\_ \$ \_\_\_\_\_

b. Does any member of the firm handle class action/multiple plaintiff cases?  Yes  No  
 If yes, provide a narrative describing the class action or the mass tort litigation, the capacity in which your attorney was involved in the case, the size of the class, and the amount of money involved.

c. What percentage of plaintiff suits that you have filed were terminated by:  
 Trial/Verdict \_\_\_\_\_ Settlement \_\_\_\_\_  
 Other (explain, i.e. substitution of counsel; case not pursued; etc.) \_\_\_\_\_

3. Describe procedures used to prevent missed statutes of limitation specifically for BI/PI plaintiff cases,  
 \_\_\_\_\_

4. When accepting a case in an uncommon venue or jurisdiction, what procedures are utilized to ensure that statutes of limitations and other deadlines are properly identified? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Provide an annual percentage of cases accepted where there was less than six months before the running of the statute of limitations. \_\_\_\_\_

6 Does an attorney meet with every client *prior to accepting* the representation of that client?  Yes  No  
 If no. please explain. \_\_\_\_\_

X \_\_\_\_\_

Signature of Applicant (Must be signed by a Partner, Owner Or Officer)

X \_\_\_\_\_

Date

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SECURITIES SUPPLEMENTAL APPLICATION

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Name of Firm \_\_\_\_\_

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The Securities Supplemental Application must be completed, signed, and dated by a securities lawyer who is an owner, officer, or partner of the firm.

**Section I. - Risk Management**

**A. Client Identification and Evaluation**

- (1) Does the applicant (partners, associates, and/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 items 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 with 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 to 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" of disclosure documents by an experience securities lawyer who is not working on the transaction?  Yes  No  
If "Yes", is the procedure in writing?  Yes  No
- (4) Does the applicant have a procedure precluding the use of the applicant's name in disclosure documents other than as having passed on specific legal matters?  Yes  No  
If "Yes", is the procedure in writing?  Yes  No

- (5) 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
- (6) Does the applicant have 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
- (7) Does the applicant have 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
- (8) Does the applicant have a policy governing trading and investing in securities by firm members?  Yes  No  
 If "Yes", is the procedure in writing?  Yes  No
- (9) Does the applicant have a policy prohibiting a lawyer with an investment in a client from working on a securities transaction for such clients?  Yes  No  
 If "Yes", is the procedure in writing?  Yes  No
- (10) Does the applicant have a policy prohibiting any lawyer who is a director, officer or general partner of a securities client or limited partnership from working on a securities transaction for such client?  Yes  No  
 If "Yes", is the procedure in writing?  Yes  No
- (11) Does the applicant have a policy prohibiting any contingency payment arrangement or any arrangements where a securities client pays for the applicant's services with client securities?  Yes  No  
 If "Yes", is the procedure in writing?  Yes  No
- (12) Does the applicant have any procedure that is intended to prevent the improper use of material inside information or the tipping of such information by its lawyers and staff?  Yes  No  
 If "Yes", is the procedure in writing?  Yes  No
- (13) Does the applicant have a policy requiring Executive or Management Committee review prior to any lawyer serving as director, officer or general partner of a securities client?  Yes  No  
 If Yes, is the procedure in writing?  Yes  No
- (14) During the past three (3) years, has any past or present applicant been the subject of any investigations by the SEC or been terminated by a securities client or had a dispute with a client necessitating disclosure to securities regulators?  Yes  No

Name of Firm	Date of Withdrawal or Dispute	Description of Withdrawal or Dispute

- (15) Has any past or present applicant been named as a party to any legal action under the SEC Acts of 1933 or 1934, state statute or common law tort actions arising out of or relating to the issuance, offering or sale of securities?  Yes  No

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

\_\_\_\_\_

If in the past 5 years, the applicant has, or is, practicing in any area of securities law which includes providing legal services or opinions for any state or federal securities, both **exempt** and **registered**, limited partnerships, syndications, private placements, tax shelters, prospectus, opinions of exemptions, or any other securities work, this supplement must be completed in its **ENTIRETY**.

**Section II. - Recent Experience**

- A. Provide the legal fees derived from the applicant firm's securities practice during the last fiscal year. \$ \_\_\_\_\_.
- B. Provide the experience of the applicant firm's securities lawyers.

Lawyer's Name	# of Years SEC Experience	Billable hours most recent 12 months	Billable hours prior 12 months

### Section III. - Exempt and Non-Exempt Transaction Summary

List in chronological order the securities transactions expected to be made within the next 90 days, then the most recent issues for the last 24 months. If less than 10, list all for the last 5 years. Include all that were withdrawn or were unsuccessful. Please provide the following information.

Date	If filed, the date of filing, otherwise an estimated date.				
Issuer	The name of the organization issuing the securities.				
Business	The business activity of the issuer, i.e., Electronics, Real Estate.				
Type of Offering	Form of security offered.				
Dollar Size of Offering	The maximum dollar amount sold or anticipated to be sold.				
Underwriter	The name of the organization underwriting the securities.				
Accountant	The name of the accountant involved in the issue.				

Date	Issuer	Business	Type (1) of Offering	Dollar Size of Offering	Exempt (E) or Registered (R)	Did Firm Render Tax Opinion No/Yes	Underwriter	Accountant	As (2) Counsel (Specify)	Any Applicant have equity interest or official capacity with Issuer (3)
						<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				
						<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				

(1) Type of Offering (Indicate):

- PR-** Private Placement
- PUS-** Public Secondary Placement
- SY-** Syndication
- LP-** Limited Partnership
- CP-** Corporate Bond
- PUI-** Public Initial Placement
- TS-** Tax Shelter
- O-** Other (Specify) \_\_\_\_\_

(2) As Counsel For:

- I-** Issuer
- L-** Lender
- P-** Purchaser
- U-** Underwriter
- IC-** Insurance Company
- A-** Auditor
- O-** Other (Specify) \_\_\_\_\_

(3) Capacity means Lawyer is officer, director, general counsel, or employee of issuer.  
**NOTE:** If the applicant lawyers have an equity interest or serve as an officer, director, general counsel, or an employee of the entity in any of the above securities transactions, the Outside Interests and/or Financial Institution Supplemental Application must be completed.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act. I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.

Signature of Owner, Officer or Partner \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



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

**1. Areas of Practice**

Please provide a breakdown of the firm's intellectual property practice according to the percentage listed under "Patents, Trademarks & Copyrights" in the area of practice section of the application.

- (A) Intellectual Property Litigation \_\_\_\_\_ %
- (B) Patent Infringement Counseling \_\_\_\_\_ %
- (C) Domestic Patent Prosecution \_\_\_\_\_ %
- (D) Foreign Patent Prosecution \_\_\_\_\_ %  
(Please provide a narrative)
- (E) Trademark & Copyright Registration & Licensing \_\_\_\_\_ %
- (F) Other (specify) \_\_\_\_\_ %  
\_\_\_\_\_ %  
\_\_\_\_\_ %

**2. Industry Areas**

Please provide a breakdown of the firm's intellectual property practice by indicating the percentages of gross revenues derived from intellectual property matters within the following industries.

- (A) Chemical \_\_\_\_\_ %
- (B) Biotechnical \_\_\_\_\_ %
- (C) Pharmaceutical \_\_\_\_\_ %
- (D) Industrial \_\_\_\_\_ %
- (E) Mechanical \_\_\_\_\_ %
- (F) Computer (including hardware, software, semiconductors) \_\_\_\_\_ %
- (G) Electrical (other than computer) \_\_\_\_\_ %
- (F) Other (specify) \_\_\_\_\_ %  
\_\_\_\_\_ %  
\_\_\_\_\_ %

(Percentages listed must equal the total percentage listed under "Patent, Trademarks & Copyrights.")

**3. Patent Searches**

- (A) When undertaking a patent search, is it the policy and practice of the firm to set forth in an engagement letter the nature, scope and limitations of a proposed patent search?  Yes  No  
If No, please explain. \_\_\_\_\_
- (B) Does the firm engage the services of third parties to carry out patent searches?  Yes  No  
If yes, please explain. \_\_\_\_\_
- (C) Is it the policy and practice of the firm to memorialize the results of a patent search in a written opinion letter?  Yes  No  
If No, please explain. \_\_\_\_\_
- (D) When rendering an opinion letter as to the results of a patent search, is it the policy and practice of the firm to qualify the opinion by reference to the nature, scope and limitations of the search conducted?  Yes  No  
If No, please explain. \_\_\_\_\_

#### 4. Filings

(A) (i) Is the firm's responsibility for payment of maintenance fees, taxes or annuities clearly stated in the engagement letters?  Yes  No  
If No, please explain. \_\_\_\_\_  
\_\_\_\_\_

(ii) If the client is responsible, or authorization is necessary, are notices of required payments sent well in advance of the due dates?  Yes  No  
If No, please explain. \_\_\_\_\_  
\_\_\_\_\_

(iii) Is the system for sending such notices computerized?  Yes  No

(B) What calendar or docketing system is employed by the firm to record, monitor and comply with filing deadlines and other time limitations in connection with securing Domestic and Foreign patents?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(C) What policy and practice does the firm follow to ensure that the client is notified of all such deadlines and other time limitations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 5. Foreign Patent

(A) To what extent is foreign patent work performed by:  
(i) The firm? \_\_\_\_\_  
(ii) Associate counsel? \_\_\_\_\_

(B) For foreign patent filings, is client made aware of the limited time frame for these filings and the additional requirements necessary to complete the filings?  Yes  No  
If No, please explain. \_\_\_\_\_  
\_\_\_\_\_

Is the client requested to sign a statement when declining to file a patent both domestically and internationally?  Yes  No  
If No, please explain. \_\_\_\_\_  
\_\_\_\_\_

(C) Are foreign patents handled by a separate unit?  Yes  No

I/We understand the information herein becomes a part of the Professional Liability Application and is subject to the same representations and conditions.

x \_\_\_\_\_ x \_\_\_\_\_  
Signature of Applicant (Must be signed by Partner, Owner or Officer) Date

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## FINANCIAL INSTITUTION SUPPLEMENT

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NAME OF FIRM \_\_\_\_\_

Financial Institution means any savings and loan association, bank, credit union, savings bank, building and loan association, commercial banking institution or any subsidiary or affiliate thereof.

Please complete for any Financial Institution for which the applicant firm has provided any professional services, or any member of the applicant firm served as a director or officer or been a committee member within the last 5 years.

1. Does the applicant firm have a policy prohibiting any member from holding stock or other financial interest in a financial institution which is also a client of the firm?  
If "Yes", is it in writing?  Yes  No  
 Yes  No
2. Does the firm have a policy prohibiting any member from acting as a director or officer of a financial institution which is also a client of the firm?  
If "Yes", is it in writing?  Yes  No  
 Yes  No
3. Does the firm have a policy prohibiting the introduction of the member firm's other clients to any other client financial institution as prospective borrowers and/or the subsequent representation of both borrower and lender?  
If "Yes", is it in writing?  Yes  No  
 Yes  No
4. Within the past 5 years, has your firm or any attorney with your firm provided professional services for a financial institution in the following area(s) of practice?
  - a. Bankruptcy  Yes  No
  - b. Collection  Yes  No
  - c. Environmental  Yes  No
  - d. ERISA/Employee Benefits  Yes  No
  - e. Estate Planning/Probate/Trusts/Wills  Yes  No
  - f. Litigation  Yes  No
  - g. Residential Real Estate  Yes  No
  - h. Foreclosures  Yes  No
5. Within the past 5 years, has your firm or any attorney with your firm provided professional services for a financial institution in the following area(s) of practice?
  - a. Corporation Formation/Alteration  Yes  No
  - b. Securities  Yes  No
  - c. Investment Counseling/Money Management  Yes  No
  - Bank Regulatory  Yes  No
  - d. Commercial Real Estate  Yes  No
  - e. Loan Procedures  Yes  No
  - f. Other \_\_\_\_\_  Yes  No
6. Within the past 5 years, has your firm or any attorney with your firm served as or held any of the following positions with any financial institution that is a client?
  - a. General Counsel  Yes  No
  - b. CEO, Chairman, President, Officer, Director  Yes  No
  - c. Equity Interest  Yes  No

Please complete the following for each financial institution referred to by a YES response to any category in question 5 or 6. Please submit a response to each question. If a question does not apply, please put N/A in lieu of leaving a question blank.

1. a. Name of financial institution: \_\_\_\_\_  
b. Location (city and state): \_\_\_\_\_  
c. From \_\_\_\_\_ to \_\_\_\_\_  
d. Services provided: \_\_\_\_\_  
e. Internal committee name(s): \_\_\_\_\_  
f. Official capacity: \_\_\_\_\_  
g. Equity interest: Value of shares: \$ \_\_\_\_\_  
h. Director, Officer or other ownership interests: \_\_\_\_\_  
i. Loan or other credit extensions: \_\_\_\_\_  
j. Prepared responses to regulatory examinations or provided advice on regulatory issues?  Yes  No  
If "Yes", please explain: \_\_\_\_\_  
\_\_\_\_\_  
k. Has the Financial Institution been sold to any other financial institution?  Yes  No  
Was the sale federally assisted?  Yes  No  
If "Yes", indicate to whom the financial institution was sold, when and the location of the new financial institution: \_\_\_\_\_  
\_\_\_\_\_  
1. Has it been declared insolvent or operated under any regulatory direction or regulatory agreement?  Yes  No

2. a. Name of financial institution: \_\_\_\_\_  
b. Location (city and state): \_\_\_\_\_  
c. From \_\_\_\_\_ to \_\_\_\_\_  
d. Services provided: \_\_\_\_\_  
e. Internal committee name(s): \_\_\_\_\_  
f. Official capacity: \_\_\_\_\_  
g. Equity interest: Value of shares: \$ \_\_\_\_\_  
h. Director, Officer or other ownership interests: \_\_\_\_\_  
i. Loan or other credit extensions: \_\_\_\_\_  
j. Prepared responses to regulatory examinations or provided advice on regulatory issues?  Yes  No  
If "Yes", please explain: \_\_\_\_\_  
\_\_\_\_\_  
k. Has the Financial Institution been sold to any other financial institution?  Yes  No  
Was the sale federally assisted?  Yes  No  
If "Yes", indicate to whom the financial institution was sold, when and the location of the new financial institution: \_\_\_\_\_  
\_\_\_\_\_  
1. Has it been declared insolvent or operated under any regulatory direction or regulatory agreement?  Yes  No

PROVIDE ABOVE INFORMATION ON SEPARATE LETTERHEAD OR PHOTOCOPY IF ADDITIONAL SPACE IS NEEDED.

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

Signature of Partner, Officer or Sole Proprietor \_\_\_\_\_ Date \_\_\_\_\_

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ENTERTAINMENT AND INVESTMENT COUNSELING / MONEY MANAGEMENT  
SUPPLEMENTAL APPLICATION

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NAME OF FIRM \_\_\_\_\_

1. Provide a brief description of the nature and scope of your representation.

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2. List all entertainment and sports clients who are public figures  
(Attach a supplemental sheet if necessary).

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3. Does your firm have the authority to write or sign checks for any of your  
entertainment, sports or investment clients?

Yes  No

If "YES", explain.

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4. Does any member of your firm:

a) Receive commissions, fees, reciprocity, or revenue for sale, promotion  
or recommendation of investments or tax shelters?

Yes  No

b) Organize, arrange or procure investments, real estate or tax shelters?

Yes  No

c) Participate in the management of any investment partnership, limited  
partnership or other investment venture?

Yes  No

d) Make recommendations as to the sale or purchase of specific stocks,  
bonds or other securities?

Yes  No

If "Yes" to any of the above, please provide details below (nature of services, number of clients, types of investments, etc.)

5. Does your firm receive any compensation from lenders for arranging financing?  Yes  No  
If "Yes", explain. \_\_\_\_\_

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

6. Does your firm negotiate or arrange financing other than normal contract?  Yes  No  
If "Yes", explain. \_\_\_\_\_

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

7. Does your firm or any related or controlled entity represent both a performer and any company with which the performer has an agreement, relationship or contract?  Yes  No

If "Yes", identify the performer and the nature and scope of the contract or relationship between the performer and the company by attachment. \_\_\_\_\_

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

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and subject to the same warranty and conditions.

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 false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

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

Title \_\_\_\_\_ Date \_\_\_\_\_

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ENVIRONMENTAL SUPPLEMENT

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- I. In the past 5 years, has any current or past lawyer of the firm rendered written opinions to clients on the following:
- A. Land use, zoning and real property regulatory matters?  Yes  No
  - B. Compliance with environmental laws?  Yes  No
  - C. Environmental matters?  Yes  No
- II. In the past 5 years, has any current or past lawyer of the applicant firm provided any professional services related to the following:
- A. Potential Superfund liability and liens under Federal law  
Resulting from Superfund liability  Yes  No
  - B. Waste management projects  Yes  No
  - C. Written opinions connected with environmental matters in transactions  Yes  No
  - D. SEC reporting requirements connected with environmental matters  Yes  No
  - E. Potential liability under applicable state environmental law  
(e.g., State Superfund and Super lien Statutes)  Yes  No
  - F. Applicability of relevant state law restricting transfer of property  
based upon environmental matters (e.g., ECRA)  Yes  No
  - G. Environmental compliance audits  Yes  No
  - H. Environmental due diligence audits  Yes  No

If the answer to any of the above is YES, please explain on your letterhead.

- III. A. Does the applicant's legal services in connection with a property transfer or leasing transaction include a procedure to evaluate such things as:
- I. a. whether the type of business in question creates, or may in the past have created environmental problems?  Yes  No
  - b. If "Yes", in writing?  Yes  No
  - 2. a. whether any real or personal property owned or leased now or in the past, or property to be acquired is likely to be contaminated by hazardous substances (e.g., asbestos, lead or PCBs)?  Yes  No
  - b. If "Yes", in writing?  Yes  No
  - 3. a. whether any specific site locations owned or leased now or in the past, or Properties to be acquired are located in, or adjacent to, ecologically sensitive areas (such as wetlands, floodplains, aquifers or conservation areas, etc.)?  Yes  No
  - b. If "Yes", in writing?

4. a. whether any corporate entity connected to the client including all past and present parent subsidiaries, divisions and spin-offs has ever been fined, penalized, cited or sued for violating any federal, state or local environmental law or regulation?  Yes  No
- b. If "Yes", in writing?  Yes  No
- B. Does the applicant have a procedure which requires the investigation of potential, material environmental risks before resolution of price and other central terms and conditions?  Yes  No
- If "Yes", in writing?  Yes  No
- C. Does the applicant have a procedure which requires its attorneys to perform a thorough review with the client of the economic impact of known environmental considerations and potential benefits of further identification or quantification of environmental risks in property transfer or leasing transactions with potential, material environmental exposure?  Yes  No
- If "Yes", in writing?  Yes  No
- D. Does the applicant have procedures which address the conduct of employees relative to the handling of material confidential information concerning environmental audits or investigation of transaction related parties?  Yes  No
- If "Yes", in writing?  Yes  No
- E. Does the applicant have a procedure requiring the preservation of the written records of the firm in connection with documentation concerning disclosure of site contamination of potential buyers or lessees?  Yes  No
- If "Yes", in writing?  Yes  No
- F. Does the applicant have a procedure requiring the preservation of the written records of the firm in connection with any documentation of investigation of sites, for buyers or lessees, to discover environmental damages?  Yes  No
- If "Yes", in writing?  Yes  No
- G. Does the applicant have a procedure requiring its real estate lawyers to participate in in-house seminars on current environmental topics and developments and/or to attend continuing legal education seminars on current environmental developments?  Yes  No

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

Title \_\_\_\_\_ Date \_\_\_\_\_

**BOND SUPPLEMENTAL APPLICATION - Federal, State or Municipal**

NAME OF FIRM \_\_\_\_\_

1. In the past five years, 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 bond/security issued or guaranteed by a bank?  Yes  No
  - (b) Section 3 (a) (2) as it relates to any bond/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 bond/security issued by a Savings and Loan institution?  Yes  No
2. (a) Has the applicant provided legal services in connection with the offer and sale of private placement bonds?  Yes  No
  - (b) If "Yes" to 2 (a) above, were disclosure documents used in connection with all private placement bonds with an aggregate of \$100,000 or more?  Yes  No
  - (c) If "No" to 2 (a) above, were investors required to execute a certificate to the issuer that they received access to all information they requested and that they desired no further information?  Yes  No

Name of Institution	Location	Nature of Legal Service Provided	Date(s) of Service

**Please complete the schedule above for bonds/securities addressed in 2(a) or 2(c)**

3. In the past 5 years, what is the approximate number of bond issues for which the applicant firm has provided legal services? # \_\_\_\_\_  
 Approximate number in last 48 months # \_\_\_\_\_
4. For the past 12 months, what was the applicant's gross billable dollars for its bond-related area of practice? \$ \_\_\_\_\_
5. By percent, indicate the type of bonds issued in the past 5 years:
 

General obligation _____%	Refunding _____%
Revenue _____%	Other _____%

 (Please provide details on separate sheet)
6. By percent, indicate the capacity in which the applicant has acted in the bond issues in the past 5 years:
 

Bond Counsel _____%	Special Counsel _____%
Issuer Counsel _____%	Other _____%

 (Please provide details on separate sheet)
 

Underwriter Counsel \_\_\_\_\_%
7. On how many bond issues in the past 5 years did the applicant serve as co-counsel? # \_\_\_\_\_
8. (a) In the past 5 years, how many of the bond issues has the applicant firm acted in more than one capacity in the same transaction? # \_\_\_\_\_ (Please provide details on separate sheet)
- (b) How many times has the applicant been selected by the issuer to serve as underwriter's counsel? # \_\_\_\_\_

9. In the past 5 years, how many of the bond issues:

- (a) Are currently in default? # \_\_\_\_\_
- (b) Have experienced a default proceeding? # \_\_\_\_\_

10. List in chronological order:

- (a) The issues expected to be made within the next 90 days; then
- (b) The most recent issues for the last 24 months. If less than 10 issues are listed, list all issues for the last 48 months.

Include all issues which were withdrawn or were **unsuccessful**.

**Attach a separate sheet if necessary.**

Date Issue Began	Name of Issuer	Type of Business	Did Firm Render Tax Opinion? Yes/No	Date of Issuer Incorporation or Formation	Dollar Size of Bond	As Counsel* (Specify)	Months as a Client	Affiliated with Issuer? Yes/No Yes/No	Applicant Lawyers Invest?
			<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					<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	<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
			<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

\* As Counsel for: **I**-Issuer **U**-Underwriter **IC**-Insurance Company **P**-Purchaser **A**-Auditor **O**-Other (specify)

11. Personnel/Experience:

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

Lawyer Name	# of Years Bond Experience	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	Billable Hours Most Recent 12 Months	Billable Hours Prior 12 Months	Member of Applicant Firm? Yes/No	E&O Coverage? Yes/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

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

I understand the information submitted herein becomes a part of my Professional Liability Application and is subject to the same warranty and conditions.

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

Title \_\_\_\_\_ Date \_\_\_\_\_

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ATTORNEY'S ERRORS & OMISSIONS SUPPLEMENTAL QUESTIONNAIRE  
FOR "OF COUNSEL/INDEPENDENT CONTRACTOR" COVERAGE

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Name of Firm \_\_\_\_\_

Name of "Of Counsel/Independent Contractor" Attorney \_\_\_\_\_

1. What percentage of time does the "Of Counsel/Independent Contractor" spend working on behalf of the fit-in? \_\_\_\_\_%

2. Explain the relationship between the firm and the "Of Counsel/Independent Contractor" attorney.

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

3. How much coverage does the firm intend to provide for the "Of Counsel/Independent Contractor"?

- a. Only acts performed on behalf of the firm?  Yes  No
- b. Work outside of the firm?  Yes  No
- c. Prior Acts?  Yes  No

4. Does the "Of Counsel/Independent Contractor":

- a. Maintain a dual calendar docket system?  Yes  No
- b. Use engagement, declination and disengagement letters for all matters accepted, declined or withdrawn from?  Yes  No
- c. Check both internally and with the firm for potential conflict of interests and disclose all conflicts in writing to the parties involved?  Yes  No

5. Is the of counsel's practice percentage and areas of practice reflected in the application?  Yes  No  
If not, please provide the areas of practice and percentages.

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

6. Has the "Of Counsel/Independent Contractor" been questioned regarding his/her claim/incident history?  Yes  No  
If there is a claim/incident, please complete the **Supplemental Claim Form**.

7. Does the "Of Counsel/Independent Contractor" have coverage now and is there any retroactive date and/or other restrictive endorsement on the policy? (If yes, please attach a copy).  Yes  No

8. Will the "Of Counsel/Independent Contractor" be listed on the firm's letterhead?  Yes  No

9. How is the "Of Counsel/Independent Contractor" paid?

- a. Are payroll taxes withheld?  Yes  No
- b. Are employee benefits provided?  Yes  No

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

Title \_\_\_\_\_ Date \_\_\_\_\_

OUTSIDE INTEREST SUPPLEMENTAL APPLICATION

Name of Firm \_\_\_\_\_

**Instructions:** Complete only if, in the past 5 years, any member of the firm served as a director, officer, partner, or employee of any Client or if any firm member exercised fiduciary control or possessed any ownership interest in any Client or in any joint venture with any Client. If your firm has already completed the financial institution questions on the Financial Institutions Supplemental Application, the information provided on that form need not be duplicated below. If any item is not applicable, type or print N/A.

Name of Lawyer	Name of Client	Nature of Business (Indicate if Non-Profit)	Legal Services Performed	Position Held Including Committee	Equity Interest		Highest Annual % of Applicant's Gross Billing	Does the Client have D&O Insurance?	
					Highest Annual Amount (\$)	Highest Annual % of Interest		Yes	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
					\$	%	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
					\$	%	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
					\$	%	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.  
 Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Signature of Owner, Officer or Partner \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



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## RISK MANAGEMENT QUESTIONNAIRE

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Please provide additional details in support of a response to any question on a separate attachment.

### 1. TRAINING AND SUPERVISION

- a) Does the Firm maintain a training program for new associates?  Yes  No
- b) Are all associates of the Firm under the direct supervision of a partner or officer?  Yes  No
- c) Are all associates of the Firm subject to periodic, formalized review?  Yes  No

### 2. MANAGEMENT

- a) Is the Firm managed by a management/executive committee?  Yes  No
- b) Does the Firm employ an administrator?  Yes  No
- c) Does the Firm (or departments within the Firm) conduct periodic meetings involving all lawyers of the Firm (or department)?  Yes  No
- d) Is a designated partner or officer of the Firm responsible for every matter in the office?  Yes  No
- e) Does the Firm use a peer review system to evaluate the performance of its partners or officers?  Yes  No
- f) Are departing lawyers' files reviewed by a partner or officer of the Firm?  Yes  No

### 3. INTERNAL CONTROLS

- a) Does the Firm have written partner/shareholder compensation guidelines?  Yes  No
- b) Does the Firm have a written partner/shareholder agreement?  Yes  No
- c) Do suits for collection of fees have to be approved by a committee or at least two partners or officers?  Yes  No
- d) Does the Firm have a system requiring complaints by either a client or other counsel to be reviewed by a partner or officer other than the lawyer about whom the complaint is made?  Yes  No

### 4. OUTSIDE INTERESTS (Check N/A where appropriate if the Firm does not permit such outside interest)

- a) Does the Firm have a policy governing the trading and/or investing by its lawyers in securities of clients and the disclosure of such trading and/or investing to the Firm?  N/A  Yes  No
- b) Does the Firm have a policy governing transactions for clients when its lawyers own or serve as fiduciaries, directors, officers, trustees, consultants, employees or partners of, or exercise any fiduciary management control over, such clients?  N/A  Yes  No
- c) Does the service on a client's Board of Directors have to be approved by a committee or at least two partners or officers of the Firm?  N/A  Yes  No

5. NEW BUSINESS

- a) Does the Firm outline and reduce to writing its billing policy and procedures when agreeing to represent a new client?  Yes  No
- b) Are new clients subject to the approval of a committee or designated partner or officer other than the lawyer generating the business?  Yes  No
- c) Does the firm have a procedure for evaluating prospective client's financial strength, management expertise, reputation, and history of changing lawyers?  Yes  No
- d) Is information as to all new clients made available on at least a weekly basis to all lawyers of the Firm?  Yes  No
- e) Does the Firm use scope of service letters when taking on new matters for existing clients?  Yes  No

6. MISCELLANEOUS

- a) Does the Firm require independent review of high exposure work product, such as third-party opinion letters, securities issuances and settlement advice?  Yes  No
- b) Does the Firm have formal, written procedures regarding the maintenance of custodial accounts?  Yes  No
- c) Does the firm have formal, written procedures regarding the maintenance of and use of escrow funds?  Yes  No
- d) Does the Firm have a computer back-up system or some other form of emergency back-up system in the event of a disruption or interruption of business?  Yes  No
- e) Does the Firm engage independent contractors and/or per diem lawyers to render service on behalf of the Firm? If yes please provide details of such engagements on a separate attachment.  Yes  No

Signature of Owner, Officer or Partner of Firm \_\_\_\_\_

Name of Firm \_\_\_\_\_ Date \_\_\_\_\_