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NOTICE: THIS IS A CLAIMS MADE POLICY. THIS POLICY COVERS ONLY CLAIMS FIRST MADE DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE, AND OTHERWISE COVERED BY THIS INSURANCE. THIS POLICY CONTAINS A PROVISION PLACING CLAIM EXPENSES OUTSIDE THE LIMITS OF LIABILITY. THIS POLICY CAN BE ENDORSED TO PLACE CLAIM EXPENSES WITHIN THE LIMIT OF LIABILITY WHEN THE LIMIT OF LIABILITY PURCHASED IS \$500,000 OR MORE.

LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION – New York

1. Applicant Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_
Address: \_\_\_\_\_ Fax: \_\_\_\_\_
City State Zip Website: \_\_\_\_\_
E-mail: \_\_\_\_\_
Applicant is: [ ] Proprietorship [ ] Partnership [ ] Corporation [ ] Association [ ] LLP [ ] LLC
Year Firm Established: \_\_\_\_\_
Has the applicant merged with or acquired any firms in the last 3 years? \_\_\_\_\_

2. Limits Requested – Per Claim/ Aggregate (Check all that apply)

[ ] \$100,000/ \$300,000 [ ] \$250,000/ \$750,000 [ ] \$750,000/ \$1,500,000 [ ] \$1 million/ \$2 million [ ] \$2 million/ \$2 million
[ ] \$200,000/ \$600,000 [ ] \$500,000/ \$1,000,000 [ ] \$1 million/ \$1 million [ ] \$1 million/ \$3 million [ ] \_\_\_\_\_ Other

3. Deductible Requested: \_\_\_\_\_

4. Personnel – List all Lawyers to be covered: ( Do NOT list “of counsel”, independent contractor lawyer or per diem lawyer)

Table with 5 columns: NAME, STATUS DESIGNATION CODES \*, STATE(S) ADMITTED TO PRACTICE, YEAR FIRST ADMITTED TO BAR, YR. LAWYER JOINED APPLICANT FIRM. Rows 1-6.

\* S – Sole proprietor P – Partner/ Member E – Employed lawyer
Hours of service provided to the applicant per year by “of counsel”, independent contractor lawyers and per diem lawyers.
Total number of lawyers who left firm in past year.
Current total number of non-lawyer employees.
Attach separate sheet if necessary.

**5. Area of Practice**

A. Indicate the percentage of gross billable dollars by area of practice for the last fiscal year

Admiralty/ Marine _____%	Environmental _____%	Real Estate – Condo Offering _____%
Anti-Trust Trade Regulation _____%	ERISA _____%	Securities – Federal * _____%
Arbitration/ Mediation _____%	Est.Plan/Probate/Trusts/Wills _____%	Securities – State * _____%
Banking _____%	Immigration _____%	Securities– Private Placement _____%
Bankruptcy _____%	International Law _____%	Securities – Bond _____%
Bodily Injury/ Defense _____%	Investment Counseling _____%	Social Security Disability _____%
Bodily Injury/ Plaintiffs _____%	Labor Relations _____%	Tax Preparation _____%
Collection Repossession _____%	Public Utilities _____%	Tax Opinions _____%
Copyright/Patent/TM _____%	Real Estate – Residential _____%	Workers Comp/Defense _____%
Corporate _____%	Real Estate – Commercial _____%	Workers Comp/Plaintiff _____%
Criminal _____%	Real Estate – Synd. Devel. _____%	OTHER(describe if over 5% _____%
Domestic Relations _____%	Real Estate – Title Work _____%	TOTAL (Must equal 100%) <u>100</u> %
Entertainment _____%		

• \* Please complete **Securities Supplemental Application.**

B. Does the Applicant have any high-profile clients who are entertainers, sports figures or public officials? If “Yes”, please explain by attachment.  Yes  No

C. Does the Applicant have discretionary investment authority for any clients?  Yes  No  
 If “Yes”, please list total number of clients.  
 Number of Clients: \_\_\_\_\_  
 Is any one client account for more than \$500,000?  Yes  No  
 Is the authority limited and in writing?  Yes  No

D. In the last five (5) years, has any attorney with the Applicant firm, represented any financial institution? Financial institution means any savings and loan association, bank, credit union, savings bank, banking and loan association, commercial banking institution or any subsidiary or lending affiliate thereof.  Yes  No  
 If “Yes”, complete the **Financial Institutions Supplemental Application.**

E. Does any firm attorney serve as a director, officer, trustee (other than estate trusts), partner or employee of any client?  Yes  No  
 If “Yes”, please complete the **Outside Interests Supplemental Application**

F. Does the firm member exercise fiduciary control or possess any ownership interest in any client or any business venture with a client?  Yes  No  
 If “Yes”, please complete the **Outside Interests Supplemental Application.**

**6. Firm Policies and Procedures**

Use engagement letters on all new matters?  Yes  No

Require clients to sign engagement letters/ agreements?  Yes  No

Use nonengagement and disengagement letters?  Yes  No

Use any of the following conflict avoidance methods:

Oral/ Memory?  Yes  No

Computer?  Yes  No

Conflict Committee?  Yes  No

Index File?  Yes  No

Update its conflict avoidance system at least weekly?  Yes  No

Cross-check conflicts by predecessor, merged or acquired firms?  Yes  No

Insist on obtaining a written waiver from its clients in order to perform on-going services when an actual/potential conflict exists?  Yes  No

Allow attorneys to enter into business with firm clients?  Yes  No

Require disclosure if such relationships are permitted?  Yes  No

Maintain a calendar system using these methods:

- Single Calendar
- Dual Calendar
- Tickler Cards
- Computer
- Master Listing

- Yes  No
- Yes  No
- Yes  No
- Yes  No
- Yes  No
- Yes  No
- Yes  No
- Yes  No

Use two individuals to maintain its calendar system?

Update its calendar system at least weekly?

Place ultimate responsibility for calendar system with a firm lawyer?

B. If you are a sole practitioner, have you designated a lawyer(s) who will be responsible for your affairs if you are absent for an extended period of time (i.e. vacation, etc)

- Yes  No

C. What is the total number of hours of continuing legal education within the last year for all lawyers?

\_\_\_\_\_

D. How many times has the Applicant sued a client for unpaid fees in the last 3 years?

\_\_\_\_\_

E. Does any single client account for more than twenty-five percent (25%) of the Applicant's gross annual billings?

\_\_\_\_\_

**7. Claims, Incidents & Disciplinary Actions**

After inquiry, has any lawyer to be insured under this policy:

A. Ever has professional liability insurance cancelled or nonrenewed?  
If "Yes", please explain by attachment.

- Yes  No

B. Ever been disbarred or been the subject of reprimand, censure, sanction or other disciplinary action, or been refused admission to the Bar?

- Yes  No

C. Been the subject of a professional liability claim or suit in the last five (5) years?

- Yes  No

D. Knowledge of any circumstance, act error, or omission that could result in a professional liability claim?

- Yes  No

If "Yes", to C. or D. above, please complete a **Claims Supplemental Application** for each instance.

**8. Prior Insurance**

Current Prior Acts Exclusion date/ or retroactive date:\_\_\_\_\_

Please list professional liability insurance carried by the Applicant and predecessor firms over the past three (3) years:

<b>Inception From (Mo-Day-Yr)</b>	<b>Expiration To (Mo-Day-Yr)</b>	<b>Insurance Company</b>	<b>Policy Number</b>	<b>Limits of Liability</b>	<b>Deductible (if any)</b>

Is the applicant being covered by an Extended Reporting Period Endorsement?

- Yes  No

If "Yes", please attach details.

**9. Signature**

Please Read carefully and Sign Below where indicated.

The undersigned proprietor, partner, member or officer, acting on behalf of the applicant and all others to be insured, hereby,

- (A) Declares after diligent inquiry that the above statements and particulars are true and that no material facts have been suppressed or misstated:
- (B) Acknowledges that it is understood and agreed that (1) the completion of this application does not bind Liberty Insurance Underwriters, Inc. to issue nor the Applicant to purchase the insurance; (2) however, this application will be the basis of the contract if a policy is issued; and (3) all written statements and material furnished to Liberty Insurance Underwriters, Inc. in conjunction with this application are hereby incorporated by reference into this application and made part hereof; and
- (C) Acknowledges that, in the event Liberty Insurance Underwriters, Inc. issues a policy, (1) Liberty Insurance Underwriters, Inc. in providing coverage will have relied upon, as representations, the declarations and statements which are contained in or attached to or incorporated into the policy; and (2) in the event of a claim for which coverage would be otherwise be available under this policy, the Applicant will be required to be defended by lawyers appointed by Liberty Insurance Underwriters, Inc. and if the Insured elects to handle any claim without such lawyers or otherwise without Liberty Insurance Underwriters, Inc.'s involvement, then no coverage for such claim will be afforded the Applicant under the policy.

**NOTICE:** 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

**Sign & Date in ink.**

Signed by: \_\_\_\_\_ Title: \_\_\_\_\_

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

THIS APPLICATION MUST BE SUBMITTED TO:

**N. I. F. PRO**

*A DIVISION OF NORTH ISLAND GROUP*

30 PARK AVENUE  
MANHASSET, NY 11030-2444  
TEL. 516-365-7440 800-664-3776 FAX 516-365-9566

**FINANCIAL INSTITUTION SUPPLEMENTAL APPLICATION**

Only applicants answering "Yes" to **Question 5.** of the Lawyers Professional Liability Insurance Application must complete this supplemental application.

**Financial institution means any savings and loan association, bank, credit union, savings bank, banking and loan association, commercial banking institution or any lending affiliate thereof.** Please attach a separate sheet for additional financial institutions to explain your activities fully.

- (1) In the last five (5) years, has any member of your firm represented any financial institution which has been declared insolvent or operated under regulatory direction or regulatory agreement?  
 No     Yes    If "Yes", in the table below, provide the name and location of the financial institution, the dates and nature of the services provided and estimated billings received.
  
- (2) In the last five (5) years, has any member of your firm served as general counsel, CEO, chairman, president or any other officer, director, member of any committee of any financial institution?  
 No     Yes    If "Yes", in the table below, provide the name of the attorney(s), dates and description of the services provided, estimated billings, official capacity, including committee assignment, and equity value of ownership.
  
- (3) In the last five (5) years, has any member of your firm has any equity interest in any financial institution?  
 No     Yes    If "Yes", in the table below, provide the name of the attorney(s), the dates and description of the services provided, estimated billings, official capacity, including committee assignments, and equity value of ownership.

**\*If 1,2, and 3 are all marked "No" further information is not required. Please sign and date below.**

*Complete the following only if required in items 1-3 above. Attach additional sheets if necessary.*

<b>FINANCIAL INSTITUTION AND LOCATION</b>	<b>GENERAL DESCRIPTION OF SERVICES PROVIDED</b>	<b>DATE(S) OF SERVICES</b>	<b>ATTORNEY(S) OFFICIAL CAPACITIES EQUITY VALUE OF OWNERSHIP</b>
NAME		FROM	ATTORNEY(S)
CITY, STATE		TO	OFFICIAL CAPACITY
INSOLVENCY DATES		\$ BILLING \$	% OF OWNERSHIP
NAME		FROM	ATTORNEY(S)
CITY, STATE		TO	OFFICIAL CAPACITY
INSOLVENCY DATES		\$ BILLING \$	% OF OWNERSHIP
NAME		FROM	ATTORNEY(S)
CITY, STATE		TO	OFFICIAL CAPACITY
INSOLVENCY DATES		\$ BILLING \$	% OF OWNERSHIP

APPLICANT UNDERSTANDS THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

**Sign and date in ink.**

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

Signed by: \_\_\_\_\_

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

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

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

**OUTSIDE INTERESTS SUPPLEMENTAL APPLICATION**

**Instructions:** Only applicants answering “Yes” to **Question 5.E or 5.F** of the lawyers Professional Liability Insurance Application must complete this form. If your firm has already completed the Financial Supplemental Application, please do not repeat that information below. Attach additional sheets if necessary.

Name of Lawyer	Position Held (including committee)	Legal Service Performed	Name of Outside Business	Nature of Business	Equity Interest (% of interest)	% of Firm's Gross Billings	D&O Insurance	
							Yes	No
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT UNDERSTANDS THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF THE APPLICANT’S LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

**Sign and date in ink.**

**Name of firm:** \_\_\_\_\_

**Signed by:** \_\_\_\_\_

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

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

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

**SECURITIES SUPPLEMENTAL APPLICATION**

**SECTION I – Risk Management**

- 1) 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 business, and history of changing Securities, attorneys and accountants?  
 Yes  No **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 **IN WRITING?**  
 Yes  No
- 2) 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 to be furnished in the transaction?  
 Yes  No **IN WRITING?**  
 Yes  No
- 3) Does the applicant have a procedure requiring at least one Securities lawyer who is not working in the transaction in question review and approve all written legal opinions to be furnished in the transaction?  
 Yes  No **IN WRITING?**  
 Yes  No
- 4) Does the applicant have a procedure requiring an experienced Securities lawyer to interview the client’s directors, executive officers, and principals in connection with document preparation and review?  
 Yes  No **IN WRITING?**  
 Yes  No
- 5) Does the applicant have 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 **IN WRITING?**  
 Yes  No
- 6) 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 applicant’s lawyer?  
 Yes  No **IN WRITING?**  
 Yes  No
- 7) Does the applicant have a procedure precluding the use of pre-signed signature pages for registration statements (other than for immaterial amendments) ?  
 Yes  No **IN WRITING?**  
 Yes  No
- 8) Does the applicant have a procedure precluding the use of applicant’s name in disclosure documents other than as having passed on specified legal matters?  
 Yes  No **IN WRITING?**  
 Yes  No
- 9) 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 **IN WRITING?**  
 Yes  No
- 10) 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 **IN WRITING?**  
 Yes  No
- 11) Does the applicant have a policy prohibiting any arrangement where a Securities client pays for the applicant services with client securities?  
 Yes  No **IN WRITING?**  
 Yes  No

**SECTION II – Certain Exempted Transactions**

- A. Has the applicant provided legal services in connection with the offer and sales 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 Section 3 or 4 of the 1933 Act or any Regulation thereto:
- 1) Section 3(a)(11) and/or Rule 1477?  
 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 Law?  
 Yes  No  
If “Yes”, were disclosure documents used in connections with all Section 3(a)(11) offerings?  
 Yes  No

- 2) Does the applicant have basis for reasonable belief that any of the offerings listed in Section IV, Offerings Schedule would be deemed to be integrated offerings pursuant to Rule 502(a)?  
 Yes  No
- B. Tender Offers and Exchange Offer
- (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 contests 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 III – Supplement Regarding Securities Offerings in which any Proposed Insured is Involved**

List first the 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 the list filings which were withdrawn after having been filed, unsuccessful offerings, and filings made pursuant to an exemption from registration under the 1933 Act. Provide the information regarding the issuance or sale of securities for which a filing was made with the Federal Securities and Exchange Commission (The "SEC"), or with any state agency that regulates the issuance or sale of securities.

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

\* Type of Offering (indicate):  
 PR – Private Placement  
 PUS – Public Secondary Placement  
 SY – Syndication  
 PUI – Public Initial Placement  
 B – Bond (Private)  
 M – Municipal Financing

\*\* As Counsel for:  
 I – Issuer  
 L – Lender  
 P – Purchaser  
 T – Trustee  
 O – Other Specify  
 U – Underwriter  
 IC – Insurance Co  
 A – Auditor

### **SECTION IV – Bond Supplement**

1. During the last five (5) 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 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 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 Saving and Loan institution?  Yes  No



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

<b>Name of Institution</b>	<b>Location</b>	<b>Nature of Legal Service Provided</b>	<b>Dates of Service</b>

2. During the last five (5) years, 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. In the last five (5) years, what is the approximate number of bond issues for which the applicant firm has provided legal services?  
 (a) # \_\_\_\_\_  
 (b) Indicate the type of bonds issues (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 a 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 issues:  
 1) Are currently in default? \_\_\_\_\_ 2) 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:

<b>Lawyer Name</b>	<b>Bond Practice – Billable Hours Most Recent 12 Months</b>	<b>Billable Hours Prior 12 Months</b>

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

<b>Lawyer Name</b>	<b>Tax Practice – Billable Hours Most Recent 12 Months</b>	<b>Billable Hours Prior 12 Months</b>	<b>Member of Applicant Firm? Yes/No</b>	<b>E&amp;O Coverage Yes/ No</b>

**SECTION V – 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 a lawyer has billed on Securities Law matters during the past twenty-four months. Round to the nearest fifty hours.

<b>Lawyer</b>	<b># of Years Securities Law Experience_</b>	<b>Securities Practice Billable Hours Most Recent 12 Months</b>	<b>Securities Practice Billable Hours Prior 12 Months</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION VI – Other Securities Legal Service**

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

<b>Client</b>	<b>Date(s) of Service</b>	<b>Legal Services Provided</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**Sign and date in ink.**

**Name of Firm:** \_\_\_\_\_

**Signed by:** \_\_\_\_\_

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

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

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

**INTELLECTUAL PROPERTY/ PATENT, COPYRIGHT OR TRADEMARK  
SUPPLEMENTAL APPLICATION**

1. Number of Attorney’s admitted to Patent Bar: \_\_\_\_\_

2. Number of Patent Agents in Firm: \_\_\_\_\_

3. Describe your deadline control systems for PCT filing:  
\_\_\_\_\_  
\_\_\_\_\_

4. Indicate your five largest clients and all projects performed for them during the last 3 years:

<b>Client</b>	<b>Project (Patent) Description</b>

5. Describe patent and trademark work performed in the past fiscal year:

a. Prosecution of patent – domestic	_____ %	_____ # of cases
b. Prosecution of patent – international	_____ %	_____ # of cases
c. Litigation representing Plaintiff	_____ %	_____ # of cases
d. Litigation representing Defendant	_____ %	_____ # of cases
e. Rendering of Infringement Options	_____ %	_____ # of cases
f. Copyright and Trademark work	_____ %	_____ # of cases
g. Other (describe)	_____ %	_____ # of cases

6. Does the Firm sub-contract work to others? (independent patent agents/ other firms) If so, describe:  
\_\_\_\_\_  
\_\_\_\_\_

7. Please attach copies of engagement letters, disengagement letters and fee agreements utilized when accepting clients. Are “contingent fee” relationships accepted? If so, describe terms:  
\_\_\_\_\_  
\_\_\_\_\_

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**Sign & date in ink.**

Signed by: \_\_\_\_\_ Title: \_\_\_\_\_

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

**CLAIMS SUPPLEMENTAL APPLICATION**

**Claims or Incidents**

Complete **one** for each claim or incident.

- A. Full name of individual(s) or firm involved: \_\_\_\_\_
- B. Full name(s) of Claimant(s) or potential Claimant(s): \_\_\_\_\_
- C. This is a:  Claim             Suit             Incident
- D. Date and location of act, error or omission alleged or which may be alleged: \_\_\_\_\_
- E. Date of Claim or suite: \_\_\_\_\_
- F. Additional defendant(s) or potential defendant(s): \_\_\_\_\_
- G. If this is a CLOSED MATTER:  
Total loss paid including deductible(s): \_\_\_\_\_
- H. If this is a PENDING matter please indicate:  
Claimant's settlement demand: \_\_\_\_\_  
Defendant's offer or settlement: \_\_\_\_\_  
Insurer's reserves: \_\_\_\_\_
- I. Name(s) of Insurer(s) responding to this claim or incident: \_\_\_\_\_
- J. Description of alleged act, error or omission upon which claim is or may be based: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- K. Description of the type and extent of injury or damage which is or may be alleged to have been sustained: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- L. Explain what action(s) have been taken to prevent recurrence of same or similar claims: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**NOTICE:** 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

**Sign & Date in ink.**

Signed By: \_\_\_\_\_ Title: \_\_\_\_\_

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

**NEW LAWYER FORM**

**Instructions:**

1. This form must be completed by the New Lawyer, and must be signed by the New Lawyer and an Owner, Officer, or Partner of the Firm.
2. Answer all questions completely. If space is insufficient, attach a separate sheet.

Please type or print.

1. Firm Name: \_\_\_\_\_  
Date New Attorney Joined/ Will Join Firm: \_\_\_\_\_

2. COMPLETE THE FOLLOWING FOR THE NEW LAWYER WHO JOINED/ WILL JOIN THE FIRM
- | NEW LAWYER'S NAME | DESIGNATION<br>CODE * | YEARS IN<br>PRACTICE | STATE(S) ADMITTED TO<br>PRACTICE |
|-------------------|-----------------------|----------------------|----------------------------------|
|                   |                       |                      |                                  |
|                   |                       |                      |                                  |
|                   |                       |                      |                                  |

\* Designation Codes      P – Partner/ Member      E – Employed Lawyer

PAST YRS	PROFESSIONAL LIABILITY INSURANCE COMPANY	POLICY NUMBER	LIMIT OF LIABILITY PER CLAIM/ AGGREGATE	POLICY PERIOD (MONTH/DATE/YEAR)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\*(Provide any information pertaining to the purchase of an Extended Reporting Period Endorsement or “Tail Option)

3. Is the lawyer identified in question #2 above aware of any professional liability claims or suits made against him or her in the past five (5) years, or any circumstances, acts, errors or omissions that could result in a professional liability claim or suit?

No     Yes (If “Yes”, a **Claims Supplemental Application** must be completed for each claim or incident)

4. During the past five (5) years has any insurance carrier or Lloyd’s cancelled or refused to renew any lawyers professional liability policy covering the new lawyer?

No     Yes (If “Yes”, please provide a copy of such action)

5. Has the new lawyer identified in question #2 above ever been refused admission to practice, disbarred, suspended from practice, formally Reprimanded, or been the subject of disciplinary action?

No     Yes (If “Yes”, please provide a copy of any such action)

6. Please list law firms and/or employers and dates of employment for the past five (5) years:

POSITION	EMPLOYER – CITY/ STATE	DATES – FROM/ TO (MM/DD/YY)

APPLICANT UNDERSTANDS THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF THE APPLICANT’S LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

**NOTICE:** 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

**Sign & Date in ink.**

New Lawyer

Signed By: \_\_\_\_\_ Title: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Partner

Signed By: \_\_\_\_\_ Title: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

