



ACE USA

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| Please return application to: |
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Renewal Application For Lawyers Professional Liability Insurance

THIS IS AN APPLICATION FOR A CLAIMS MADE INSURANCE POLICY

CURRENT POLICY INFORMATION: Policy No.: _____ Expiration Date: _____

Named Insured and Address:

Policy No.:

Producers Name and Address:

PLEASE ATTACH COPY OF FIRM LETTERHEAD

1. Any change in lawyers, of counsel or independent contractors since the completion of your last application?
Yes _____ No _____ *(If yes, please complete the attached Supplemental Lawyers Information Form.)*
2. Current number of paralegals: _____ clerical staff: _____ other (please describe): _____
3. During the past 12 months has the firm:
 - a. Amended the firm name or had any other firm or organization merge with the applicant? Yes No
 - b. Made any changes to the Time/Docket Control System? Yes No
 - c. Established any new firm management procedures? Yes No
 - d. Made any changes or begun any office, case or letterhead sharing arrangement? Yes No
 - e. Made any changes to the conflicts of interest procedures? Yes No
 - f. Made any changes to the client communication procedures? Yes No

(If yes to any of the above, please provide details on a separate addendum.)
4. How many suits against your clients for recovery of attorney's fees have you filed since the completion of your last application?

5. Has any lawyer in the past 12 months represented issuers, underwriters, or affiliates thereof with respect to the issuance, offering or sales of securities or bonds? Yes _____ No _____ *(If yes, please request and complete the Securities Supplement.)*
6. Has any lawyer in the past 12 months provided legal services for any Financial Institution that has not been previously reported? Yes _____ No _____ *(If yes, please request and complete the Financial Institution Supplement.)*
7. Has any attorney of the firm become a Director, Officer, Shareholder or increased their equity interest of any client since the completion of your last application? Yes _____ No _____ *(If yes, please request and complete the Outside Interest Supplement.)*
8. Has any lawyer been the subject of a grievance, reprimand or disciplinary action since the completion of your last application? Yes _____ No _____ *(If yes, please request and complete a Claim Supplement.)*
9. Does any lawyer in your firm know of any incident, circumstance, acts, errors, omissions or personal injuries that could result in a professional liability claim against any attorney of the firm or its predecessors *that has not been previously reported?* Yes _____ No _____ *(If yes, please request and complete a Claim Supplement.)*

PRACTICE PROFILE

10. If your practice categories have changed since your last application, please complete the table below. If there has been no changes, please indicate so in the box provided.

No Change

Indicate the percentage of gross income for the past fiscal year derived from the following areas of practice:

| Area of Practice | Percent | Area of Practice | Percent |
|---|---------|-------------------------------|---------|
| Admiralty/Maritime | % | Litigation | % |
| Antitrust/Trade Regulation | % | Commercial | % |
| Arbitration/Mediation | % | Insurance Defense | % |
| **Banking/Financial Institutions | % | *Personal Injury Plaintiff | % |
| Bankruptcy | % | Personal Injury Defense | % |
| Collections/Repossessions | % | *Oil & Gas | % |
| Commercial Transactions | % | Pension and Employee Benefits | % |
| *Copyright/Patent/Trademark | % | *Real Estate: | |
| Corporate Law: | | Commercial | % |
| Formation/Alteration | % | Residential | % |
| Mergers/Acquisitions | % | Land Use/Zoning | % |
| *Entertainment/Sports | % | Title Examinations | % |
| *Environmental Law | % | *Securities | % |
| Estate/Trust/Probate | % | Tax: | |
| Government/Municipal (other than bond work) | % | Opinions | % |
| **International Law | % | Preparation of Tax Returns | % |
| Labor Relations: | | Workers' Compensation: | |
| Labor Representation | % | Plaintiff | % |
| Management Representation | % | Defense | % |
| | | Other: (describe) | % |

*Supplement must be completed. Please contact your Agent/Broker.

**Supplement required if financial institution not previously reported to Company.

***Provide a brief description of this area of practice.

11. Approximately what percentage of total practice consists of defense work? _____%

Notice to Arizona Applicants: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Notice to Arkansas, Kentucky, Michigan and 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 California 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 policy holder 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 Agencies.

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 and Idaho 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 (third degree felony in Florida).

Notice to Indiana Applicants: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

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 and New Mexico 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 Minnesota Applicants: Any 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 Nebraska Applicants: No misrepresentation or warranty made by the "Insured" or on the "Insured's" behalf in the negotiation or application of this policy or contract of insurance shall defeat or void the policy or contract or affect the Company's obligation under the policy or contract, unless such misrepresentation or warranty; was material, was made knowingly with the intent to deceive, was relied and acted upon by the Company, and deceived the Company to its injury. The breach of a warranty or condition in any contract or policy of insurance shall not void the policy or allow the Company to avoid liability unless such breach exists at the time of the loss and contributes to the loss.

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 is subject to a civil penalty not to exceed \$5,000.00 and the stated value of the claim for each such violation.

Notice to Nevada Applicants: Pursuant to NRS686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Notice to Ohio Applicants: Any person who, with intent to defraud or knowing that he or 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 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 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.

In granting coverage to any of the Insureds, **ACE USA** has relied upon the declarations and statements in this application for coverage. All such declarations and statements are the basis of coverage and will be considered incorporated in and constituting part of the policy should one be issued.

The undersigned authorized representative of the firm hereby declares that the statements set forth herein are true. The undersigned agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, the undersigned will, in order for the information to be accurate on the effective date of the insurance, immediately notify **ACE USA** of such change(s) and **ACE USA** may withdraw or modify any outstanding quotations and authorization or agreement to bind the insurance.

Signing of this application does not bind the firm or the company to complete the insurance, but it is agreed that this application will be the basis of the contract should a policy be issued, and it will become part of the policy as if physically attached.

All supplements, written statements and other materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof. Nothing contained herein or incorporated herein by reference will constitute notice of a claim or potential claim so as to trigger coverage under any contract of insurance.

Authorized Representative of the Firm
(must be signed by managing partner or managing executive of Firm)

Date

Print Name

Title