

Berkley Insurance Company

Lawyers Professional Liability Insurance Renewal Application

CLAIMS MADE NOTICE FOR APPLICATION: This Application is for a Claims Made and Reported Policy, relating to claims made against the Insureds during the Policy Period or any Extended Reporting Period that may apply.

- Include a Copy of the Applicant Firm's Letterhead
- Completed Supplemental Application(s) where applicable

Whenever printed in this Application, the terms in boldface type shall have the same meanings as indicated in the Policy. This Application is to be completed with respect to the entire Applicant Firm.

Name of Applicant Firm		Website Address (if applicable)	
Street Address	Suite	County	
City	State	Zip Code	
Name of Contact at Applicant Firm		Title	
E-mail Address	Telephone Number	Fax Number	

1. Complete the table below providing the total number of staff in the principle office and all branches.

	Current Year	Prior Year
Partners / Officers / Members		
Employed Lawyers		
Of Counsel		
Independent Contractors / Per Diem Lawyers		
Paralegals		
Clerical		
Other Staff (Describe below)		
TOTAL		

Other Staff (description, if applicable): _____

2. List all of the Applicant Firm's attorneys. List additional attorneys on a separate sheet in the same format. Differences between the date an attorney began practicing law for other than a corporate or government entity and the date the attorney was admitted to the Bar must be explained on a separate sheet of paper following the same format.

Attorney Name		Designation*	Average # Hours weekly	States Licensed to Practice Law			Number of Years			Prior Acts Date
First	Last						In Practice	With Firm	With Continuous Coverage	

*Designations: "A" Associate "IC" Independent Contractor "OC" Of-Counsel "O" Officer "M" Member "P" Partner

3. Complete the table below for any predecessor in business that has been merged into or acquired by the Applicant Firm during the past 12 months. For the purpose of this question, a predecessor in business is a firm which is engaged in the practice of law to whose financial assets and liabilities the Applicant Firm is a majority successor in interest. Not Applicable

Predecessor in Business Name	Dates of Existence	# of Lawyers Acquired	Status of Predecessor in Business (dissolved, name change or continues)	Predecessor in Business Retroactive Date

4. Does the Applicant Firm share office space, expenses, cases, staff or letterhead with any other individual, of counsel partnership, firm, or organization?
If "Yes", provide details in the Additional Information section of this application. Yes No

Area of Practice & Client Information

5. Express percentage of time (billable hours) devoted to each area of practice for the previous year. Indicate percentages in whole numbers next to the type of law practices, not the type of client. Be as accurate as possible, casual estimates may cause inappropriate evaluation of the practice. All litigation should be coded as "civil" litigation with the exception of "criminal," "personal Injury-plaintiff" and "intellectual property."

<u> </u> % Admiralty / Marine – Defense	<u> </u> % Intellectual Property* (Copyright / Trademark / Patent)
<u> </u> % Admiralty / Marine – Plaintiff	<u> </u> % International Law
<u> </u> % Anti-Trust / Trade Regulation	<u> </u> % Labor Management Representation
<u> </u> % Banking / Financial Institutions	<u> </u> % Labor Union Representation
<u> </u> % Business Transactions / Commercial Law	<u> </u> % Local Government
<u> </u> % Civil / Commercial Litigation – Defense	<u> </u> % Natural Resources / Oil & Gas
<u> </u> % Civil / Commercial Litigation – Plaintiff	<u> </u> % Personal Injury / Property Damage – Defense
<u> </u> % Civil Rights / Discrimination	<u> </u> % Personal Injury / Property Damage – Plaintiff
<u> </u> % Collection / Bankruptcy	<u> </u> % Real Estate Title* – Commercial
<u> </u> % Construction (Building Contracts)	<u> </u> % Real Estate Title* – Residential
<u> </u> % Consumer Claims	<u> </u> % Securities* (S. E. C.)
<u> </u> % Corporate Business Organization	<u> </u> % Taxation
<u> </u> % Criminal	<u> </u> % Wills, Estates, Trust & Probate
<u> </u> % Environmental	<u> </u> % Workers Compensation – Defense
<u> </u> % Family Law	<u> </u> % Workers Compensation – Plaintiff
<u> </u> % Government Contracts / Claims	<u> </u> % Other _____
<u> </u> % Immigration / Naturalization	100% Total – must equal 100%

*** If any percentage, complete the Intellectual Property Section or the Securities Section of the Supplemental Application, or the Real Estate Supplemental Application.**

6. In the past 12 months, has the Applicant Firm been involved in any mass tort / class action cases?
If "Yes", provide details in the Additional Information section of this application. Yes No
7. What percentage of accounts receivable are outstanding more than 90 days? _____ %
8. Does anyone in the Applicant Firm serve as a director, officer, employee or in any management capacity for a client? **If "Yes", provide details in the Additional Information section of this application.** Yes No
9. Does anyone in the Applicant Firm provide dual representation (both sides of the dispute)? Yes No
10. During the last 12 months, has the Applicant Firm initiated any law suits or arbitration procedures to enforce the collection of unpaid fees for the Applicant Firm?
If "Yes", provide details in the Additional Information section of this application. Yes No

Litigation and Claim Information

11. Does the Applicant firm have a written policy requiring that a notice of claim or potential claim be reported to an identified individual or committee as soon as a lawyer or employee of the Firm becomes aware of the claim or potential claim? Yes No
12. Has any lawyer in the Applicant Firm ever been refused admission to practice, disbarred, or suspended from practice, reprimanded, sanctioned, or disciplined by any court or administrative agency?
If "Yes", provide details in the Additional Information section of this application. Yes No

13. During the last 12 months, has any professional liability claim or suit been made against the Applicant Firm, or any predecessor in business, or any past or present lawyers in the Applicant Firm?
If "Yes", complete the Claim / Incident Section of the Supplemental Application. Yes No
14. Is the Applicant Firm or any lawyer in the Applicant Firm aware of any fact, circumstance or situation that might reasonably be expected to result in any professional liability claim or suit against the Applicant Firm, or any predecessor in business, or any past or present lawyers in the Applicant Firm?
If "Yes", complete the Claim / Incident Section of the Supplemental Application. Yes No

IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR DAMAGES OR CLAIMS EXPENSE IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY PROFESSIONAL LIABILITY CLAIM OR SUIT, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN RESPONSE TO QUESTIONS 13 OR 14.

Financial Information

➤ Provide copy of latest audited financial statement and fiscal year-end management reporting package for the Applicant Firm

Provide the following financial information for the Applicant Firm last completed fiscal year and the prior fiscal year:	Latest Fiscal Year / /	Prior Fiscal Year / /
Current Assets: (All cash and other assets likely to be converted into cash within 1 year)	\$	\$
Current Liabilities: (Liabilities that will be paid in 1 year)	\$	\$
Total Assets: (All assets of the Applicant Firm)	\$	\$
Total Liabilities: (All liabilities of the firm including current liabilities and long-term debt)	\$	\$
Capital: (All partners' / shareholders' investment in the Applicant Firm including cash and assets contributed in addition to undistributed profits)	\$	\$
Total Revenues: (All amounts received [cash based accounts] or earned [accrual based accounts])	\$	\$
Total Expenses: (All costs paid [cash based accounts] or incurred [accrual based accounts])	\$	\$
Total Average Receivables: (As of the end of the year, compute by adding the beginning of the year total receivable balance and the end of the year total receivable balance, then dividing the sum by 2)	\$	\$

Provide the 3 largest expenses (expense / \$) incurred by the Applicant Firm for the last completed fiscal year:

Latest Fiscal Year	/	/

Additional Information

➤ If space provided is insufficient, include additional details on a separate attachment.

#4: Provide the names of the entity(ies) and a copy of each letterhead: _____

#6: Describe the mass tort / class action cases: _____

#8: Provide the names of the lawyers, partners or members, names of clients and percentage of ownership: _____

#10: Describe the law suits initiated and/or arbitration procedures to enforce collection of unpaid fees, status of the suit for fees and dollar value of unpaid fees : _____

#12: Provide the names of the attorneys and reason for: refused admission to practice, disbarment, or suspension from practice, reprimand, sanction, or discipline: _____

Please Read Carefully

The undersigned, acting on behalf of all proposed **Insureds**, declare that the statements set forth herein are true and correct and that thorough efforts have been made to obtain sufficient information from each **Insured** proposed for this insurance to facilitate the proper and accurate completion of this Application.

The undersigned agree that the particulars and statements contained in the Application and any material submitted herewith are their representations and are the basis of the insurance contract. The undersigned further agree that the Application and any material submitted herewith shall be considered attached to and a part of the Policy. Any material submitted with the Application shall be maintained on file (either electronically or paper) with the **Insurer** and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

- if any significant change in the condition of the applicant is discovered between the date of this Application and the Policy inception date, which would render this Application inaccurate or incomplete, notice of such change will be reported in writing to the **Insurer** immediately;
- any Policy, if issued, will be in reliance upon the truth of such representations and any material misrepresentation or fraud made by the **Insured** or with the **Insured's** knowledge in applying for this Policy or in pursuing a **Claim** under this Policy shall be deemed grounds for denial of coverage or cancellation of this Policy;
- this Application has been completed as respects the entire Applicant Firm;
- the signing of this Application does not bind the undersigned to purchase the insurance.

I understand that the information submitted herein becomes a part of the Applicant Firm's Lawyers Professional Liability Insurance Application and is subject to the same representations and conditions.

Dated

Signature of Owner, Partner, Officer or Principal

Title

Owner, Partner, Officer or Principal (Print Name)

This Berkley Insurance Company Application, including any material submitted herewith, shall be held in strictest confidence.

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.

Please submit this Application including appropriate documentation to:

Monitor Liability Managers, 233 South Wacker Drive, Suite 3900, Chicago, IL 60606

Producer Information

Submitted by (Agency Name)

Agent's Name (Individual's Name)

Agent's License Number

Dated

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 NEW MEXICO, 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 APPLICANTS OF 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.

NOTICE TO APPLICANTS OF OKLAHOMA: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE, MASSACHUSETTS, 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 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 APPLICANTS OF 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.

NOTICE TO ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, AND RHODE ISLAND 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 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 ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY 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 OREGON 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 MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES.

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.