

Application

LAWYERS PROFESSIONAL LIABILITY POLICY

FL- 015 LAW PI 6



NOTICE: THIS IS AN APPLICATION FOR INSURANCE WRITTEN ON A CLAIMS MADE BASIS. FURTHER NOTE THAT AMOUNTS INCURRED FOR DEFENSE COSTS WILL BE APPLIED AGAINST THE RETENTION AMOUNT. IF A POLICY IS ISSUED, THE APPLICATION WILL BECOME PART OF THE POLICY AS IF PHYSICALLY ATTACHED. THEREFORE, IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSS WILL BE REDUCED BY AMOUNTS INCURRED FOR DEFENSE COSTS SUBJECT TO ALL APPLICABLE STATE INSURANCE DEPARTMENT REGULATIONS.

INSTRUCTIONS

- A. PLEASE ANSWER ALL QUESTIONS COMPLETELY. PLEASE TYPE OR PRINT CLEARLY.
- B. WHEN REQUESTED, PLEASE ANSWER ON A SEPARATE SHEET AND INDICATE THE QUESTION NUMBER. IF ANY QUESTIONS ARE CONSIDERED "NOT APPLICABLE," PLEASE EXPLAIN WHY.
- C. PLEASE COMPLETE THE SUPPLEMENTS ONLY WHEN REQUIRED.
- D. WHEN THE APPLICATION IS COMPLETED, PLEASE HAVE ALL PARTNERS/SHAREHOLDERS/OFFICERS REVIEW THE ANSWERS.
- E. THIS APPLICATION AND ALL SUPPLEMENTS MUST BE SIGNED AND DATED BY THE MANAGING PARTNER/EXECUTIVE OF THE FIRM.

EXHIBITS

COPY OF FIRM'S LETTERHEAD AND AFFILIATES' LETTERHEADS
COPY OF FINANCIAL STATEMENTS If requested, the Company will issue a confidentiality statement to the Firm.
COPY OF ADVERTISEMENT(S), if the Firm advertises, AND FIRM RESUME
COPY OF HOME PAGE AND INTERNET ADDRESS, if the Firm has a web site
COPIES OF CERTAIN TABLE OF CONTENTS AND PROCEDURES
ADDENDA TO APPLICATION CONTAINING EXPLANATIONS TO CERTAIN QUESTIONS

I. GENERAL INFORMATION

I.A. OFFICES

1. NAME OF FIRM: _____

[] Individual [] Partnership [] P.A. [] P.C. [] L.L.C. [] L.L.P. [] Other _____

2. ADDRESS OF PRINCIPAL OFFICE:

STREET: _____ CITY: _____ STATE: _____

COUNTY: _____ ZIP CODE: _____ E-MAIL ADDRESS: _____

TELEPHONE NUMBER: [] _____ FACSIMILE NUMBER: [] _____

3. DATE FIRM WAS ESTABLISHED: _____

4. OTHER OFFICES: _____

A) NUMBER OF BRANCH OFFICES: _____

(B) IF A MEMBER OF A NETWORK OF AFFILIATES OR A CONSORTIUM, NUMBER OF FIRMS IN THE NETWORK OF AFFILIATES OR THE CONSORTIUM: _____

(If there is a branch office or affiliate, please complete the Branch Office and Affiliate Supplement.

I.B. LAWYERS AND STAFF

1. TOTAL NUMBER OF LAWYERS IN THE PRINCIPAL OFFICE AND BRANCH(ES), IF ANY, (EXCLUDING LAWYERS ENGAGED AS INDEPENDENT CONTRACTORS OR ON A PER DIEM BASIS):

THIS YEAR: _____ LAST YEAR: _____ TWO YEARS AGO: _____

2. CURRENT NUMBER OF:

PARTNERS/SHAREHOLDERS: _____ PARALEGALS: _____

EMPLOYED LAWYERS: _____ CLERICAL: _____

OF COUNSEL/COUNSEL: _____ OTHER STAFF (PLEASE DESCRIBE) _____

INDEPENDENT CONTRACTOR/PER DIEM LAWYERS: _____

3. TOTAL NUMBER OF LAWYERS ENGAGED AS "COUNSEL" OR "OF COUNSEL" WHO BILLED MORE THAN 1,200 HOURS LAST YEAR:

4. TOTAL NUMBER OF LAWYERS ENGAGED AS INDEPENDENT CONTRACTORS OR ON A PER DIEM BASIS WHO BILLED MORE THAN 1,200 HOURS LAST YEAR:

I.C. INSURANCE

1. REQUESTED POLICY INCEPTION DATE: _____

2. LIMITS OF LIABILITY REQUESTED: \$ _____ PER CLAIM / \$ _____ ANNUAL AGGREGATE

3. A) RETENTION REQUESTED: \$ _____ PER CLAIM OR \$ _____ ANNUAL AGGREGATE; OR

B) DEDUCTIBLE REQUESTED: \$ _____ PER CLAIM OR \$ _____ ANNUAL AGGREGATE

If the Firm is applying for an increase or decrease in the retention or deductible carried on the Firm's current policy, please fully explain the reason for such change on a separate sheet of paper.

4. LIST ALL PRIMARY AND EXCESS LAWYERS PROFESSIONAL LIABILITY INSURANCE POLICIES CARRIED DURING THE PAST 5 YEARS INCLUDING POLICIES CARRIED BY ANY PREDECESSOR FIRM:

INSURER	POLICY PERIOD	LIMITS OF LIABILITY	RETENTION/DEDUCTIBLE	ANNUAL PREMIUM
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. HAS THE FIRM'S PROFESSIONAL LIABILITY INSURANCE BEEN CANCELED OR NONRENEWED DURING THE LAST 5 YEARS? [] YES [] NO

If "yes", please provide details on a separate sheet of paper.

NOTE: MISSOURI APPLICANTS NEED NOT RESPOND TO THIS QUESTION

I.D. FIRM'S CULTURE

PLEASE DESCRIBE THE FIRM'S CULTURE AND ATTACH A COPY OF THE FIRM'S RESUME: _____

II. AREA OF PRACTICE AND CLIENT PROFILE

II.A. AREAS OF PRACTICE

DESCRIBE THE AREAS OF THE LAW IN WHICH THE FIRM PRACTICES (BASED ON BILLABLE AND NONBILLABLE HOURS) BY STATING THE PERCENTAGE FOR THE FOLLOWING CATEGORIES AND THE APPROXIMATE NUMBER OF PARTNERS/SHAREHOLDERS IN EACH AREA OF PRACTICE (A PARTNER/SHAREHOLDER MAY BE INCLUDED IN MORE THAN ONE AREA OF PRACTICE.):

# OF PARTNERS/SHAREHOLDERS		# OF PARTNERS/SHAREHOLDERS	
ADMIRALTY	_____ % _____	IMMIGRATION/NATURALIZATION	_____ % _____
ANTITRUST	_____ % _____	INTELLECTUAL PROPERTY:	_____ % _____
BANKRUPTCY	_____ % _____	PATENT	_____ % _____
COLLECTION/REPOSSESSION	_____ % _____	TRADEMARK	_____ % _____
COMMERCIAL TRANSACTIONS	_____ % _____	COPYRIGHT	_____ % _____
FINANCE	_____ % _____	LABOR:	_____ % _____
SECURED TRANSACTIONS	_____ % _____	UNION-MANAGEMENT	_____ % _____
OTHER (PLEASE DESCRIBE): _____		RELATIONS	_____ % _____
	_____ % _____	EMPLOYMENT LAW	_____ % _____
COMMUNICATIONS	_____ % _____	LITIGATION/ARBITRATION:	_____ % _____
CORPORATE:	_____ % _____	COMMERCIAL	_____ % _____
FORMATION/ALTERATION	_____ % _____	INSURANCE DEFENSE	_____ % _____
MERGERS/ACQUISITIONS	_____ % _____	PERSONAL INJURY:	_____ % _____
OTHER (PLEASE DESCRIBE): _____		PLAINTIFF	_____ % _____
		DEFENSE	_____ % _____
CRIMINAL	_____ % _____	PRO-BONO	_____ % _____
ENTERTAINMENT/SPORTS	_____ % _____	*REAL ESTATE:	_____ % _____
*ENVIRONMENTAL	_____ % _____	COMMERCIAL	_____ % _____
ERISA	_____ % _____	RESIDENTIAL	_____ % _____
ESTATE/TRUST/PROBATE	_____ % _____	LAND USE/ZONING	_____ % _____
		TITLE EXAMINATIONS	_____ % _____

FAMILY LAW/DOMESTIC
RELATIONS

_____ % _____

*SECURITIES%
TAX_____ % _____
_____ % _____*FINANCIAL INSTITUTIONS/
BANKING

_____ % _____

WORKERS' COMPENSATION:

PLAINTIFF

_____ % _____

GOVERNMENT/MUNICIPAL-
OTHER THAN BOND WORK

_____ % _____

DEFENDANT

_____ % _____

OTHER (PLEASE DESCRIBE):

_____ %

_____ %

TOTAL:

100%

*Please complete the appropriate supplement if the percentage in this area of practice is more than 5%.

II. B. CLIENT PROFILE

1. ACCORDING TO THE SUMS BILLED AS FEES IN THE MOST RECENT FISCAL YEAR, PLEASE PROVIDE A MAKE-UP OF THE FIRM'S CLIENT BASE. USING YOUR JUDGMENT, ORGANIZE THE CLIENT BASE INTO CATEGORIES WHICH BEST DESCRIBE THE CLIENTS. EACH OF THE CATEGORIES IS MUTUALLY EXCLUSIVE.

INDIVIDUAL _____ %

START-UP BUSINESS (LESS THAN 3 YEARS) _____ %

PRIVATELY HELD COMPANY _____ %

PUBLICLY HELD COMPANY _____ %

FINANCIAL INSTITUTION _____ %

GOVERNMENT ENTITY _____ %

OTHER (PLEASE DESCRIBE) _____

_____ %

_____ %

TOTAL: 100%

2. ACCORDING TO SUMS BILLED AS FEES IN THE MOST RECENT FISCAL YEAR, PLEASE LIST THE 5 LARGEST CLIENTS OF THE FIRM. USE THE CATEGORIES IN QUESTION II. A. TO DESCRIBE THE AREA(S) OF PRACTICE. YOU MAY CLAIM CONFIDENTIALITY AS TO THE IDENTIFICATION OF THE CLIENTS WHICH ARE NOT A MATTER OF PUBLIC RECORD. IF CONFIDENTIALITY IS CLAIMED, THEN PLEASE DESCRIBE ONLY THE NATURE OF BUSINESS AND AREA OF PRACTICE.

NAME OF CLIENT YEARS AS CLIENT

NATURE OF CLIENT'S BUSINESS

AREA(S) OF PRACTICE

III. FIRM STRUCTURE

1. PLEASE LIST ALL PREDECESSOR FIRM(S) THAT HAVE BEEN MERGED INTO OR ACQUIRED BY THE FIRM DURING THE PAST 5 YEARS. INDICATE THE DATE OF THE MERGER OR ACQUISITION AND THE NUMBER OF ATTORNEYS ACQUIRED BY THE MERGER OR ACQUISITION. A PREDECESSOR FIRM IS A FIRM, WHICH WAS ENGAGED IN THE PRACTICE OF LAW TO WHOSE FINANCIAL ASSETS AND LIABILITIES THE FIRM IS THE MAJORITY SUCCESSOR IN INTEREST.

[] N/A

NAME OF PREDECESSOR FIRM

DATE OF EXISTENCE

NUMBER OF LAWYERS

FROM: _____ TO: _____

FROM: _____ TO: _____

FROM: _____ TO: _____

FROM: _____ TO: _____

FROM: _____ TO: _____

2. IS THE FIRM PLANNING ANY OF THE FOLLOWING CHANGES WITHIN THE NEXT 12 MONTHS:

- A) MERGING WITH OR ACQUIRING ANOTHER FIRM? ☐ YES ☐ NO
- B) HIRING LATERALS? ☐ YES ☐ NO
- C) DOWNSIZING OTHER THAN THROUGH RETIREMENT AND NORMAL ATTRITION? ☐ YES ☐ NO
- D) NAME CHANGE? ☐ YES ☐ NO
- E) FORMING AN L.L.P.? ☐ YES ☐ NO
- F) REDRAFTING THE PARTNERSHIP AGREEMENT/OPERATING AGREEMENT OR CHANGING THE PARTNER/
SHAREHOLDER COMPENSATION? ☐ YES ☐ NO
- G) OTHERWISE CHANGING THE FIRM'S STRUCTURE? ☐ YES ☐ NO
- If "YES" to question 2.G., please describe on a separate sheet of paper.

3. DOES THE FIRM SHARE OFFICE SPACE, EXPENSES, OR STAFF WITH ANY OTHER LAWYERS OR LAW FIRMS? ☐ YES ☐ NO
- If "YES", please describe the arrangement, including signage and letterheads, on a separate sheet of paper.

IV. MANAGEMENT STRUCTURE AND TRAINING OF PRINCIPAL OFFICE

IV. A. MANAGEMENT STRUCTURE AND LEADERSHIP

1. WHAT IS THE MANAGEMENT STRUCTURE OF THE PRINCIPAL OFFICE OF THE FIRM?

- ☐ SOLE PRACTITIONER ☐ MANAGEMENT COMMITTEE # IN COMMITTEE _____
- ☐ MANAGING PARTNER ☐ EXECUTIVE COMMITTEE
- ☐ MANAGING EXECUTIVE ☐ OTHER (PLEASE DESCRIBE): _____

2. COMMITTEE MEETINGS:

- A) IF THE FIRM IS MANAGED BY A COMMITTEE, DOES THIS COMMITTEE MEET ON A REGULARLY SCHEDULED BASIS? ☐ YES ☐ NO
- B) OR DOES THE COMMITTEE MEET AS NEEDED? ☐ YES ☐ NO

3. DOES THE FIRM EMPLOY A FULL TIME NON-LAWYER FIRM ADMINISTRATOR? ☐ YES ☐ NO

4. DOES THE FIRM DESIGNATE OR EMPLOY AN OMBUDSPERSON, I.E., SOMEONE WITH MANAGEMENT RESPONSIBILITY FOR EVALUATING
OR DEALING WITH ACTUAL OR POTENTIAL CLAIMS WHETHER MALPRACTICE OR EMPLOYMENT RELATED? ☐ YES ☐ NO

I.V. B. MANAGEMENT TRAINING AND REVIEW

1. A) DOES THE FIRM HAVE WRITTEN RISK MANAGEMENT PROCEDURES? ☐ YES ☐ NO
- If "YES", please attach the table of contents.
- B) IF "YES", ARE THE PROCEDURES CIRCULATED OR DISCUSSED WITH THE LAWYERS AND STAFF AT REGULAR INTERVALS? ☐ YES ☐ NO
2. HAS THE FIRM HAD A RISK MANAGEMENT SEMINAR OR AUDIT CONDUCTED WITHIN THE PAST 2 YEARS BY A RISK MANAGEMENT SPECIALIST
FROM OUTSIDE THE FIRM? ☐ YES ☐ NO
3. LAWYERS' TRAINING:
- A) DOES EACH PRACTICE GROUP (OR THE FIRM, IF THERE ARE NO DESIGNATED PRACTICE GROUPS) OFFER A TRAINING PROGRAM
FOR ITS LAWYERS? ☐ YES ☐ NO
- If "YES", please explain scope of training on separate sheet of paper.
- B) WHO IS RESPONSIBLE FOR THE OVERALL SUPERVISION AND CONTROL OF THE LAWYERS' TRAINING PROGRAM?
4. DOES THE FIRM USE A FORMAL SYSTEM TO EVALUATE, AT LEAST ANNUALLY, THE PERFORMANCE OF ALL PRACTICING LAWYERS
(INCLUDING PARTNERS/SHAREHOLDERS) WITHIN THE FIRM? ☐ YES ☐ NO
5. STAFF TRAINING:
- A) DOES THE FIRM OFFER A TRAINING PROGRAM FOR THE STAFF? ☐ YES ☐ NO
- B) WHO IS RESPONSIBLE FOR THE OVERALL SUPERVISION OF THE SUPPORT STAFF?

6. DOES THE FIRM USE A FORMAL SYSTEM TO EVALUATE, AT LEAST ANNUALLY, THE PERFORMANCE OF THE STAFF WITHIN THE FIRM? ☐ YES ☐ NO

7. DOES THE FIRM HAVE AWARENESS TRAINING FOR LAWYERS AND STAFF REGARDING CHEMICAL DEPENDENCY OR OTHER ADDICTIONS? ☐ YES ☐ NO

IV. C. REVIEW AND TRAINING OF LATERAL HIRES

1. PLEASE CHECK THE MEASURES TAKEN BY THE FIRM – BEFORE EXTENDING AN OFFER TO A LATERAL HIRE – TO PROTECT ITSELF FROM CLAIMS ARISING FROM ACTS, ERRORS, OR OMISSIONS COMMITTED BY THE LATERAL HIRE WHILE AT ANOTHER FIRM:
- ☐ A) VERIFICATION OF BAR ADMISSION(S)
- ☐ B) INVESTIGATION OF OUTSIDE INTERESTS, E.G., DIRECTOR AND OFFICER POSITIONS AND CONTROLLING INTERESTS IN ENTITIES OTHER THAN THE FIRM.
- ☐ C) INVESTIGATION OF POSSIBLE AN ACTUAL CONFLICTS OF INTEREST, E.G., CLIENTS OF PRIOR FIRM(S) AND EQUITY INTERESTS IN CLIENTS
- ☐ D) REQUIRE THE PURCHASE OF AN EXTENDED REPORTING PERIOD ENDORSEMENT, IF AVAILABLE
- ☐ E) DISCLOSURE OF PAST CLAIMS AND POTENTIAL CLAIMS
- ☐ F) WARRANTY LETTER REGARDING NO KNOWN CLAIMS OR POTENTIAL CLAIMS
- ☐ G) OTHER (PLEASE DESCRIBE): _____
2. PLEASE CHECK THE MEASURES TAKEN BY THE FIRM TO PROTECT ITSELF FROM POSSIBLE CLAIMS MADE AGAINST THE LATERAL HIRE AND THE FIRM AFTER THE LATERAL HIRE IS EMPLOYED BY OR JOINS THE FIRM:
- ☐ A) TRAINING IN OFFICE PROCEDURES, E.G., DOCKET AND CONFLICT OF INTEREST SYSTEMS, MAIL, AND CONFIRMATION LETTERS
- ☐ B) INTEGRATION INTO THE FIRM CULTURE
- ☐ C) PERIODIC REVIEW OF CLIENTS, MATTERS, AND PERFORMANCE
- ☐ D) OTHER (PLEASE DESCRIBE): _____

IV. MANAGEMENT STRUCTURE AND TRAINING OF PRINCIPAL OFFICE**V. A. NEW CLIENT AND NEW MATTER INTAKE**

1. ARE NEW CLIENTS AND NEW MATTERS APPROVED BY A COMMITTEE OR AT LEAST ONE INDEPENDENT PARTNER/SHAREHOLDER OR OFFICER OTHER THAN THE LAWYER WHO PROPOSES TO HANDLE THE CLIENT/MATTER? ☐ YES ☐ NO
2. DOES THE APPROVAL PROCESS FOR NEW CLIENTS INCLUDE INDEPENDENT INQUIRIES AS TO A CLIENT'S:
- A) CREDITWORTHINESS AND REPUTATION FOR PAYMENT OF LEGAL OR OTHER BILLS? ☐ YES ☐ NO
- B) REPUTATION FOR CHANGING LAW FIRMS? ☐ YES ☐ NO
- C) REPUTATION FOR SUING LAWYERS? ☐ YES ☐ NO
3. DOES THE FIRM HAVE A WRITTEN POLICY WITH REGARD TO ACCEPTING OR NOT ACCEPTING A CLIENT, CASE, OR TRANSACTION FOR WHICH THE CLIENT HAS ALREADY BEEN REPRESENTED BY ONE OR MORE LAWYERS ON THE MATTER PRESENTED TO THE FIRM? ☐ YES ☐ NO
4. IS THE LAWYER WHO IS GENERATING NEW BUSINESS REQUIRED TO ASSOCIATE WITH A PARTNER/SHAREHOLDER OR OFFICER WITH SPECIFIC EXPERTISE IN THE LEGAL MATTER? ☐ YES ☐ NO
5. WHAT ARE THE FIRM'S PROCEDURES IN SCREENING PRO-BONO COMMITMENTS? _____
6. DOES THE FIRM ACCEPT PRO-BONO CLIENTS IN AREAS OF PRACTICE IN WHICH THE FIRM DOES NOT SPECIALIZE? ☐ YES ☐ NO
If "YES", please explain on a separate sheet of paper.
7. WHO SUPERVISES THE PRO-BONO MATTERS? _____
8. CONFIRMATION LETTERS:
- A) ARE ENGAGEMENT AGREEMENTS REQUIRED TO BE SIGNED BY ALL NEW CLIENTS PRIOR TO STARTING ANYTHING MORE THAN EMERGENCY WORK? ☐ YES ☐ NO
- (I) ARE BILLING ARRANGEMENTS, IF ANY, SET FORTH IN THE ENGAGEMENT LETTERS? ☐ YES ☐ NO
- (II) ARE CONTINGENT FEE ARRANGEMENTS, IF ANY, SET FORTH IN THE ENGAGEMENT LETTERS? ☐ YES ☐ NO
- B) ARE NON-ENGAGEMENT LETTERS REQUIRED TO BE USED WHEN DECLINING REPRESENTATIONS? ☐ YES ☐ NO
- C) ARE SCOPE OF SERVICE LETTERS ON ALL NEW MATTERS REQUIRED TO BE SENT TO EXISTING CLIENTS? ☐ YES ☐ NO
- D) ARE LETTERS REQUIRED CONFIRMING STRATEGIES, DECISIONS OF CLIENTS, AND STATUS REPORTS? ☐ YES ☐ NO
- E) ARE DISENGAGEMENT LETTERS REQUIRED TO BE USED UPON TERMINATING OR COMPLETING LEGAL PROFESSIONAL SERVICES? ☐ YES ☐ NO
- If the Firm answered "NO" to any of the questions 8.A.–E., please explain on a separate sheet of paper the method(s) of communicating such matter(s) to the client.
- F) ARE STANDARD FORM CONFIRMATION LETTERS, SUCH AS LISTED ABOVE IN 8.A.–E., USED IN THE FIRM? ☐ YES ☐ NO
If "YES", please attach copies of the form letters.

V. B. CONFLICTS OF INTEREST

1. HOW DOES THE FIRM MAINTAIN ITS CONFLICT OF INTEREST SYSTEM?

- ☐ A) ORAL/MEMORY ☐ INDEX FILE ☐ COMPUTER ☐ OTHER: _____
- B) IF BY COMPUTER, IS THE FIRM ON A FIRM-WIDE NETWORK? ☐ YES ☐ NO
- C) IF BY COMPUTER, WHAT CASE MANAGEMENT SOFTWARE PACKAGE IS THE FIRM USING?

2. DOES THE SYSTEM CONTAIN THE FOLLOWING INFORMATION? (PLEASE CHECK AS APPROPRIATE.)

- | | |
|--|---|
| ☐ CLIENT NAME | ☐ PREVIOUS FIRMS OF LATERAL HIRES |
| ☐ OPPOSING PARTY | ☐ PREVIOUS CLIENTS (INCLUDING ADVERSE AND RELATED PARTIES) |
| ☐ CLIENT SUBSIDIARIES | ☐ OF LATERAL HIRES |
| ☐ CLIENT PRINCIPALS | ☐ NAMES OF PARTIES WHOSE REPRESENTATION WAS DECLINED |
| ☐ OPPOSING COUNSEL | ☐ NAMES OF ANY ENTITY IN WHICH THE FIRM OR ANY LAWYER (INCLUDING FAMILY MEMBERS) PRACTICING WITH THE FIRM HOLDS AN OUTSIDE INTEREST (INCLUDING BUT NOT LIMITED TO AN EQUITY INTEREST OR OPTION TO PURCHASE EQUITY OR A POSITION AS DIRECTOR/OFFICER OR PARTNER/EMPLOYEE) |
| | ☐ OTHER (PLEASE LIST) _____ |

3. WHO SUPERVISES AND CONTROLS THE SYSTEM? _____

4. WHO HAS THE RESPONSIBILITY OF BACKING UP THE PERSON NAMED IN QUESTION B.3. ABOVE? _____

5. ARE ALL LAWYERS IN THE FIRM, REGARDLESS OF PRACTICE AREA OR GEOGRAPHICAL LOCATION, REQUIRED TO ACCESS ALL CONFLICT DATA HELD BY THE FIRM IN THEIR CONFLICT SEARCHES? ☐ YES ☐ NO

6. AVAILABILITY OF NEW CLIENT INFORMATION TO LAWYERS:

- A) IS INFORMATION ON ALL NEW CLIENTS MADE AVAILABLE ON A WEEKLY BASIS AT LEAST TO ALL LAWYERS OF THE FIRM? ☐ YES ☐ NO
- B) IF "NO", HOW OFTEN IS THIS INFORMATION DISSEMINATED? _____ ☐ YES ☐ NO

7. RECOGNITION OF A POTENTIAL OR ACTUAL CONFLICT:

- A) ARE POTENTIAL CONFLICTS ALWAYS REFERRED TO AN INDEPENDENT CONFLICT PARTNER/SHAREHOLDER OR COMMITTEE? ☐ YES ☐ NO
- B) DESCRIBE HOW THE FIRM RESOLVES POTENTIAL AND ACTUAL CONFLICTS: _____ ☐ YES ☐ NO

8. WHO HAS FINAL AUTHORITY IN A CONFLICT SITUATION? _____

9. AFTER MATTERS HAVE BEEN OPENED, WHAT STEPS DOES THE FIRM TAKE TO SUPPLEMENT CONFLICT OF INTEREST SEARCHES REGARDING NEW PARTIES? _____

V. C. DOCKET SYSTEM

1. TYPE OF DOCKET SYSTEM:

- A) DOES THE FIRM HAVE A
- ☐ CALENDAR ☐ POCKET DIARY ☐ TICKLER FILE ☐ COMPUTERIZED SYSTEM
- OR OTHER (PLEASE DESCRIBE): _____
- B) WHAT IS THE BACKUP SYSTEM FOR THE ITEM(S) CHECKED? _____

2. DOES THE CONTROL SYSTEM INCLUDE:

- ☐ LITIGATED ITEMS ☐ NON-LITIGATED ITEMS ☐ STATUTE OF LIMITATIONS
- ☐ DATES OF LONG-TERM MATTERS OTHER (PLEASE DESCRIBE): _____

3. DOES THE SYSTEM HAVE A PROCEDURE FOR VERIFICATION OF THE COMPLETION OF DAILY EVENTS AND FOR THE RESCHEDULING OF EVENTS THAT WERE NOT COMPLETED? ☐ YES ☐ NO

4. RESPONSIBILITY OF SYSTEM:

- A) WHO HAS DAY-TO-DAY RESPONSIBILITY FOR DOCKET CONTROL? _____
- B) WHO HAS THE ULTIMATE RESPONSIBILITY FOR DOCKET CONTROL? _____

5. IF THE FIRM'S CURRENT DOCKET SYSTEM HAS BEEN IN EFFECT LESS THAN 3 YEARS, BRIEFLY DESCRIBE THE PREVIOUS SYSTEM: ☐ N/A

V. D. CONTROLLING INTERESTS IN ENTITIES OTHER THAN THE FIRM

1. ARE ANY OF THE FIRM'S LAWYERS A DIRECTOR OR OFFICER OF, A PARTNER IN, HOLDING EQUITY INTERESTS IN, OR AN EMPLOYEE OF (UNLESS AN EMPLOYEE SOLELY FOR THE PURPOSE OF RENDERING PROFESSIONAL LEGAL SERVICES) A BUSINESS ENTITY OTHER THAN THE FIRM? ☐ YES ☐ NO

If "YES", please complete the Controlling Interest Supplement.

2. DOES THE FIRM HAVE WRITTEN PROCEDURES REGARDING A LAWYER SERVING AS A DIRECTOR OR OFFICER OF A CLIENT? ☐ YES ☐ NO

If "YES", please complete the Controlling Interest Supplement.

3. DOES THE FIRM HAVE A POLICY CONCERNING THE PERSONAL INVOLVEMENT OF LAWYERS AND EMPLOYEES IN ANY BUSINESS VENTURES OR CONCERNS OF THE FIRM'S CLIENTS? ☐ YES ☐ NO

If "YES", please attach a copy of the policy or describe on a separate sheet of paper.

4. DOES THE FIRM HAVE WRITTEN PROCEDURES REGARDING ACCEPTING STOCK, DEEDS, OR OTHER PROPERTY IN LIEU OF FEES FOR SERVICES RENDERED? ☐ YES ☐ NO

If "YES", please attach a copy of these procedures or describe on a separate sheet of paper.

5. ARE RELATIONSHIPS AS DESCRIBED QUESTION D.1. AND FEE ARRANGEMENTS AS DESCRIBED IN QUESTION D.4. ENCOURAGED? ☐ YES ☐ NO

V. E. OPINION / AUDIT LETTERS

1. IS THERE A COMMITTEE OR DESIGNATED LAWYER(S) WHO MUST APPROVE ALL OPINION LETTERS WHICH ARE LIKELY TO BE RELIED UPON BY THIRD PARTIES? ☐ YES ☐ NO

2. HOW MANY LAWYERS MUST APPROVE THE SUBSTANCE OF THE OPINION LETTER? _____

V. F. COLLECTION OF FEES

1. HOW IS THE CLIENT INFORMED OF BILLING PROCEDURES? _____

2. PREPARATION OF THE BILL:

A) WHO IS RESPONSIBLE FOR SECURING AND INPUTTING BILLING INFORMATION? _____

B) WHO HAS FINAL REVIEW OF THE BILLS? _____

3. OVERDUE BILLS:

A) WHAT PERCENTAGE OF THE FIRM'S BILLINGS ARE OVERDUE BY 90 DAYS OR MORE? _____ %

B) WHAT IS THE TOTAL AMOUNT OF BILLINGS WHICH ARE OVERDUE BY 90 DAYS OR MORE? \$ _____

4. SUITS FOR FEES:

A) HOW MANY SUITS FOR THE COLLECTION OF FEES HAS THE FIRM FILED DURING EACH OF THE LAST THREE YEARS?

THIS YEAR TO DATE _____ LAST YEAR _____ TWO YEARS AGO _____

B) IF THE FIRM HAS SUED FOR ITS FEES, HOW MANY COUNTERSUITS HAS THE FIRM RECEIVED DURING THE LAST THREE YEARS?

V. G. CLIENT RELATIONSHIPS

DOES THE FIRM HAVE WRITTEN PROCEDURES TO FOLLOW IF THE FIRM RECEIVES A COMPLAINT FROM A CLIENT OR A CLIENT'S LAWYER REGARDING PROFESSIONAL LEGAL SERVICES OR FEES CHARGED? ☐ YES ☐ NO

If "YES", please attach these procedures or describe on a separate sheet of paper.

1. HAS ANY LAWYER AT THE FIRM BEEN DISCIPLINED, CENSORED, REPRIMANDED, SUSPENDED, OR PLACED ON PROBATION BY ANY STATE BAR, JUDICIAL BODY, OR REGULATORY AGENCY OTHER THAN FOR TRAFFIC VIOLATIONS WITHIN THE LAST 10 YEARS? ☐ YES ☐ NO

If "YES", please attach a full explanation.

2. HAS THE FIRM, ITS PREDECESSOR(S), OR ANY PAST OR PRESENT LAWYER OR EMPLOYEE OF THE FIRM BEEN THE SUBJECT OF AN INCIDENT OR CLAIM RELATED TO THE PRACTICE OF LAW WITHIN THE PAST 5 YEARS? ☐ YES ☐ NO

If "YES", please complete an Incidents and Claims Supplement for each incident or claim.

3. CLAIMS AND INCIDENTS WHICH COULD RESULT IN A CLAIM:

A) AFTER INQUIRY OF ALL LAWYERS AND EMPLOYEES OF THE FIRM, DOES ANY PERSON KNOW OF ANY CLAIM OR ACT, ERROR, OR OMISSION WHICH COULD RESULT IN A CLAIM AGAINST THE FIRM, ANY PREDECESSOR FIRM, OR ANY PAST OR PRESENT LAWYER OR EMPLOYEE OF THE FIRM? ☐ YES ☐ NO

If "YES", please complete an Incidents and Claims Supplement for each incident or claim.

B) HAVE ALL OF THE MATTERS INDICATED ABOVE BEEN REPORTED TO THE FIRM'S APPROPRIATE PROFESSIONAL LIABILITY CARRIER(S)? ☐ YES ☐ NO

If "NO", please explain on a separate sheet of paper.

4. REPORTING A CLAIMS AND POTENTIAL CLAIMS:

A) DOES THE 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

If "yes", please answer the following questions:

B) IS SUCH WRITTEN POLICY DISTRIBUTED TO AND REVIEWED WITH ALL LAWYERS AND EMPLOYEES OF THE FIRM?

[] YES [] NO

C) IS SUCH WRITTEN POLICY REVIEWED WITH ALL NEW LAWYERS, LATERAL HIRES, AND EMPLOYEES OF THE FIRM?

[] YES [] NO

VII. MISCELLANEOUS

1. HAS THE FIRM BEEN ENGAGED IN ANY NATIONAL LITIGATION MATTERS WITHIN THE LAST 5 YEARS?

[] YES [] NO

If "yes", please answer the following questions:

2. DOES THE FIRM ROUTINELY REFER CLIENTS TO CERTAIN OTHER FIRMS?

[] YES [] NO

If "YES", please describe on a separate sheet of paper the agreement between the Firm and the other firm(s).

Please state whether there is a fee arrangement between the Firm and the other firm(s).

3. CLIENTS' ASSETS:

A) DOES THE FIRM OR ANY LAWYER IN THE FIRM PROVIDE INVESTMENT ADVISORY SERVICES TO OR HAVE THE AUTHORITY TO INVEST OR DIVEST ASSETS BELONGING TO A CLIENT?

[] YES [] NO

If "YES", please provide the details on a separate sheet of paper (e.g., name of the lawyer(s), area(s) of practice, amount of funds for each client, and the kinds and value of assets).

B) IS A CO-SIGNATURE REQUIRED IF CHECKS ARE WRITTEN?

[] YES [] NO

4. DISASTER RESPONSE:

A) DO ALL PARTNERS/SHAREHOLDERS HAVE WRITTEN PROCEDURES TO FOLLOW IN CASE THE OFFICE(S) IS (ARE) INACCESSIBLE DUE TO FLOOD, FIRE, BOMB DAMAGE, COMPUTER FAILURE, ETC.?

[] YES [] NO

B) ARE THESE PROCEDURES KEPT AT A LOCATION OTHER THAN THE OFFICE(S)?

[] YES [] NO

5. COMMUNICATION THROUGH THE INTERNET:

A) DOES THE FIRM COMMUNICATE WITH ITS CLIENTS THROUGH THE INTERNET?

[] YES [] NO

If "YES", please describe on a separate sheet of paper the general encryption measures taken to protect confidential information transfers.

B) IS THE FIRM PLANNING TO USE THE INTERNET TO COMMUNICATE WITH ITS CLIENTS WITHIN THE NEXT YEAR?

[] YES [] NO

6. COMMUNICATION THROUGH THE INTERNET:

IF THE FIRM IS A SOLE PRACTITIONER, IS A BACK-UP LAWYER OR LAWYERS AVAILABLE WHO WILL RESPOND ON YOUR BEHALF IN YOUR ABSENCE?

[] YES [] NO

If "YES", please complete the following information:

NAME: _____

ADDRESS: _____

TELEPHONE:[] _____ FACSIMILE:[] _____

E-MAIL ADDRESS: _____

NAME: _____

ADDRESS: _____

TELEPHONE:[] _____ FACSIMILE:[] _____

E-MAIL ADDRESS: _____

IN GRANTING COVERAGE TO ANY OF THE INSURED, THE COMPANY 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 THE COMPANY OF SUCH CHANGE(S) AND THE COMPANY 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.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, THIS STATEMENT IS INCORPORATED IN AND BECOMES A PART OF SUCH POLICY.

NOTICE: ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD PROVIDES FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, ASSISTS, OR MAKES A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME INCIDENT OF DAMAGE OR LOSS, WILL COMMIT A FELONY AND IF CONVICTED WILL BE SENTENCED FOR EACH VIOLATION WITH A FINE OF NO LESS THAN FIVE THOUSAND (\$5,000) DOLLARS AND NOT EXCEEDING TEN THOUSAND (\$10,000) DOLLARS, OR BE SENTENCED TO IMPRISONMENT FOR A THREE (3) YEAR TERM, OR BOTH PENALTIES. IN THE EVENT OF AGGRAVATING CIRCUMSTANCES, THE TERM COULD BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IN THE EVENT OF INTERVENING EXTENUATING CIRCUMSTANCES IT COULD BE REDUCED UP TO A MINIMUM OF TWO (2) YEARS.

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE FIRM HEREBY ACKNOWLEDGES THAT THE LIMITS OF LIABILITY CONTAINED IN THIS POLICY WILL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY DEFENSE COSTS AND, IN SUCH EVENT, THE COMPANY WILL NOT BE LIABLE FOR DEFENSE COSTS OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT SUCH COSTS OR AMOUNT EXCEEDS THE APPLICABLE LIMIT OF LIABILITY OF THIS POLICY.

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE FIRM HEREBY FURTHER ACKNOWLEDGES THAT DEFENSE COSTS THAT ARE INCURRED WILL BE APPLIED AGAINST THE RETENTION AMOUNT.

Authorized Representative of the Firm

Title (Must be signed by the managing partner or managing executive of the Firm)

DATE: _____ PRINT NAME: _____ ATTEST: _____

SUBMITTED BY (INSURANCE AGENT/BROKER): _____ INSURANCE AGENCY/BROKERAGE: _____

INSURANCE AGENCY/BROKERAGE TAXPAYER I.D. OR SOCIAL

SECURITY NUMBER: _____ ADDRESS: _____

E-MAIL: _____ TELEPHONE: _____

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