APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
CNA RENEWAL SUBMISSION: CLAIM AND POTENTIAL CLAIM SUPPLEMENT

NOTE: Complete this supplement for the Underwriting File if a claim/potential claim was either reported to CNA during the most current policy term or is being reported during the renewal process.

The word "matter" is used herein to indicate claim, potential claim/incident, or lawsuit.

Named Insured Firm_____ Policy Number_____

1. Involved Parties
   a. Name all Firm lawyers involved in the matter_____
   b. Name claimants/potential claimants_____
2. Date the matter was or is being reported to CNA _____
3. a. Was this matter asserted in a cross-claim or counterclaim in an action to collect fees? Yes ❑ No ❑
   b. If yes, what was the amount of fees owed the Insured Firm? $_____
4. a. Was an engagement letter used detailing scope of representation and identifying the client? Yes ❑ No ❑
   b. If yes, provide a copy for the underwriting file. If no, explain why.

   _____
5. Provide a brief narrative of the matter, including a description of the underlying representation and the legal services rendered. **DO NOT SUBMIT A SUMMONS, COMPLAINT, PLEADING OR MOTIONS**

   _____
6. As a result of this matter, describe the procedural or firm policy changes implemented by the Firm to reduce the likelihood of a similar occurrence.

   _____

Signature of Firm Principal_____

Print Name of Firm Principal_____ Date_____

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
CNA RENEWAL SUBMISSION: CLAIM AND POTENTIAL CLAIM SUPPLEMENT

NOTE: Complete this supplement for the Underwriting File if a claim/potential claim was either reported to CNA during the most current policy term or is being reported during the renewal process.

The word "matter" is used herein to indicate claim, potential claim/incident, or lawsuit.

Named Insured Firm_____ Policy Number_____

1. Involved Parties
   a. Name all Firm lawyers involved in the matter_____
   b. Name claimants/potential claimants_____
2. Date the matter was or is being reported to CNA _____
3. a. Was this matter asserted in a cross-claim or counterclaim in an action to collect fees? Yes ❑ No ❑
   b. If yes, what was the amount of fees owed the Insured Firm? $_____
4. a. Was an engagement letter used detailing scope of representation and identifying the client? Yes ❑ No ❑
   b. If yes, provide a copy for the underwriting file. If no, explain why.

   _____
5. Provide a brief narrative of the matter, including a description of the underlying representation and the legal services rendered. **DO NOT SUBMIT A SUMMONS, COMPLAINT, PLEADING OR MOTIONS**

   _____
6. As a result of this matter, describe the procedural or firm policy changes implemented by the Firm to reduce the likelihood of a similar occurrence.

   _____

Signature of Firm Principal_____

Print Name of Firm Principal_____ Date_____

CNA

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
CLIENT INFORMATION SUPPLEMENT

Firm Name:

Policy Number: **Effective Date (m/d/yyyy):**

Name of Client	Nature of Client's Business	Specific Legal Services Rendered for Client *** See NOTE below	Is this a Current Client? Date of First Affiliation	% of Ownership Interest	Name of Attorney(s) rendering legal services, having ownership interest or holding an officer position	Officer Position Held	% of Firm's Total Gross Billings from Client – If over 25%, answer Question 1 below	Is this client Publicly Traded? If Yes, answer Question 2 below
			Yes☐ No☐					Yes☐ No☐
			Yes☐ No☐					Yes☐ No☐
			Yes☐ No☐					Yes☐ No☐
			Yes☐ No☐					Yes☐ No☐
			Yes☐ No☐					Yes☐ No☐

***** NOTE**: When documenting legal services rendered, refer to the practice areas on the application as a guide. Noting "legal" as the services rendered is unacceptable.

1. Provide full details of the firm's conflict of interest system. Outline the impact the loss of this client would have on the firm. Explain if the gross billings were the result of one large case handled. Detail if the firm anticipates additional new clients over the next year or two thereby reducing the gross billings generated from any one client.

2. Do any services rendered by the Firm for publicly traded clients involve Sarbanes–Oxley Act (SOX) compliance requirements including but not limited to Securities, Accounting, Financial/Investment Services or Tax Work? Yes☐ No☐ If yes, explain steps taken to insure compliance via attachment.

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
DISCIPLINARY SUPPLEMENT

This supplement is to be completed by

- *CNA renewal firms if a disciplinary matter was reported to CNA during the most current policy term or is being reporting during the current renewal process*
- *New Business applicants who have had a disciplinary matter during their career.*

Complete one supplement for each disciplinary matter. Throughout the supplement the words "complaint", "grievance" and "matter" are used to indicate any disciplinary inquiry, complaint or proceeding for any reason including non-payment of dues. If more space is needed to fully answer any question please provide via attachment.

Firm Name:

1. Name lawyer(s) involved in the complaint:

2. Name of complainant:

	Client ☐ 3rd Party ☐
	Client ☐ 3rd Party ☐

3. a. When was notification received from the Disciplinary Commission or governing body of your state?

   b. When did you respond to the governing body?

4. a. Did you report this to your insurance carrier? Yes ☐ No ☐

   b. If reported, please provide the name of the insurance carrier.

   c. Date reported:

   d. Is the carrier involved in representation of you in this matter? Yes ☐ No ☐

   e. If the matter was not reported to your carrier please explain why.

5. a. Was this complaint made after a suit for fees was initiated? Yes ☐ No ☐

   b. Was an engagement letter used for the firm's representation in the matter leading to the alleged act or omission? Yes ☐ No ☐

   c. As a result of this matter, what changes have been made that will reduce the likelihood of similar complaints?

6. a. What were the allegations in the complaint? Include a description of the legal services rendered in the underlying matter.

b. What is the current status of the complaint? Open/Pending ☐ Dismissed with finding ☐ Dismissed without finding ☐

c. If dismissed, what if any, discipline or sanction was administered?

7. a. Attach copies of the complaint and all correspondence between the governing body, the lawyer and the complainant, including the final disposition papers. Check here to verify attachment ☐

b. For New Business applicants, if reported to your insurance carrier within the past five years attach a loss run from the carrier handling this matter. Check here to verify attachment ☐

Signature of Firm Principal:

Print Name of Firm Principal: Date

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
ENTERTAINMENT SUPPLEMENT

Complete this supplement if the Firm currently has any clients who are or were in the entertainment field, including but not limited to show business, literary arts, sports, fine arts, fashion, journalism or any public figure.

Firm Name:

Policy Number: **Effective Date (m/d/yyyy):**

1. What percentage of the firm's time (billable hours) is devoted to entertainment clients?

2. Does the Firm or any attorney for whom coverage is sought,

   a. negotiate personal appearances or product endorsements for the applicant's clients? Yes ☐ No ☐

   b. negotiate the financing or distribution of products? Yes ☐ No ☐

   c. Serve or has ever served as the trustee of an entertainment client's trust? Yes ☐ No ☐

   d. have a business relationship with any of the Firm's entertainment clients, other than the providing of legal services? Yes ☐ No ☐

   e. make investments, provide investment advice, or control any assets for any of the entertainment clients? Yes ☐ No ☐

   f. serve as talent agent or manager? Yes No

   g. have the authority to write checks for any of the Firm's entertainment clients? Yes No

   h. ever accept percentages of deals as compensation for legal services? Yes ☐ No ☐

   i. ever accept compensation in kind (e.g., copyrights) in return for legal services? Yes ☐ No ☐

If YES to any of the above please provide details:

3. Does the Firm, or any related or controlled entity, or any attorney for whom coverage is sought, currently or in the past 5 years serve as talent agent or personal manager for anyone in the entertainment field? Yes ☐ No ☐

4. Does the Firm have a written procedure for the handling of conflicts of interests specific to the entertainment field? Yes ☐ No ☐
   Please describe:

5. Provide the following information for all of the Firm's entertainment clients (e.g., performers, publishers, authors, athletes, artists, designers, etc., and public figures)

Name of Client	Client's Profession / Industry	% of Firm's Total Gross Billings from this client	Is this a Current Client of the Firm? Date of First Affiliation	Specific Legal Services Rendered for this Client *** See **NOTE** below	Name of Attorney(s) Rendering Legal Services for this Client
			Yes No		
			Yes ☐ No ☐		
			Yes ☐ No ☐		
			Yes ☐ No ☐		

*** **NOTE**: When documenting legal services rendered, refer to the practice areas on the application as a guide. Noting "legal" as the services rendered is unacceptable.

6. For all attorneys listed in Question 5 above, provide the following information:

Name of Attorney	# of Years of Experience Providing Legal Services to Clients in the Entertainment Field	% of Attorney's Billable Hours Spent on Clients in the Entertainment Field	
		Most Recent 12 Mos	Prior 12 Mos

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
FEE SUITS SUPPLEMENT

Firm Name:_____

Policy Number:_____ Policy Effective Date:_____

1. How many clients has the firm handled in the past two years? _____

2. How many fee suits have you filed in the past five years? _____

   a. How many of the clients that the firm has sued paid the balances due after the suit? _____

   b. How many suits are still open? _____

3. Does the firm's engagement and retainer letters clearly show payment schedules? Yes ☐ No ☐

4. Does the firm handle the collection of unpaid fees? Yes ☐ No ☐

   a. *If no, does the firm refer the collection of unpaid fees to a collection attorney?* Yes ☐ No ☐

5. Please indicate low, high, and average dollar values of unpaid fees?
   Low _____
   Average _____
   High _____

6. Have steps been taken to avoid a possible counter suit? Yes ☐ No ☐

   a. Please provide details: _____

_____

7. Have steps been taken to prevent fee suits in the future? Yes ☐ No ☐

   a. Please provide details: _____

_____

8. For which of the following areas of practice has the firm filed fee suits?

_____Admiralty / Marine-Defense
_____Admiralty / Marine-Plaintiff
_____Anti-Trust Trade Regulation
_____Banking / Financial Institutions
_____Business Transaction / Commercial Law
_____Civil/Commercial Litigation-Defense
_____Civil/Commercial Litigation-Plaintiff
_____Civil Rights / Discrimination
_____Collection and Bankruptcy
_____Construction (Building Contracts)
_____Consumer Claims
_____Corporate Business Organization
_____Criminal
_____Environmental Law
_____Family Law
_____Government Contracts / Claims
_____Immigration/Naturalization
_____Intellectual Property (Copyright/Trademark/Patents)
_____International Law
_____Labor Management Representation
_____Labor Union Representation
_____Local Government
_____Natural Resources / Oil and Gas
_____Personal Injury Property Damage / Defense
_____Personal Injury Property Damage / Plaintiff
_____Real Estate/Title Commercial
_____Real Estate / Title Residential
_____Securities (SEC)
_____Taxation
_____Wills, Estates, Trust & Probate
_____Workers' Compensation-Defense
_____Workers' Compensation-Plaintiff
_____Other - Describe _____

CNA PRO

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

Intellectual Property Supplement

Areas of Practice

1. Please provide a breakdown of the firm's intellectual property practice by showing the percentages that make up the entire percentage listed for "Intellectual Property" in the Area of Practice question.

Intellectual Property Litigation %	Trademark Copyright Registration & Licensing %	Foreign Patent Prosecution %
Domestic Patent Prosecution %	Patent Infringement Counseling %	Patent Searches & Filing %
% Other, describe below		

Industry Areas

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

Chemical	%	Biotechnical	%
Pharmaceutical	%	Foreign Patent Prosecution	%
Industrial	%	Mechanical	%
Computer (incl hardware,software,semiconductors	%	Electric (other than computer)	%
% Other, describe below			

Please answer the questions below only if the question reflects any percentage in Domestic or Foreign Patent Prosecution or Patent Searches & Filings.

Patent Searches

3. 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 limitation of a proposed patent search? ❑ Yes ❑ No

4. Does the firm engage the services of third parties to carry out patent searches? ❑ Yes ❑ No

5. 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

Foreign Patents

6. For foreign patent filings, is the client made aware of the limited timeframe for these filings and the additional requirements necessary to complete the filing? ❑ Yes ❑ No
7. Are foreign patents handled by a separate unit? ❑ Yes ❑ No
8. Does the firm engage associate counsel in their foreign patent work? ❑ Yes ❑ No
9. If yes, what percentage of the firm's patents practice? ❑ Yes ❑ No
10. If greater than 10% please explain steps taken to monitor work of the associate counsel:

Payment Procedures

11. Is the firm's responsibility for payment of maintenance fees, taxes or annuities clearly stated in the engagement letter? ❑ Yes ❑ No
12. If the client is responsible, or authorization is necessary, are notices of required payments sent well in advance of the due dates? ❑ Yes ❑ No
13. Is the system for sending such notices computerized? ❑ Yes ❑ No
14. 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 patents?

15. What policy and practice does the firm follow to ensure that clients are notified of all such deadlines and other time limitations?

Attorney Experience

Attorney Name	Member of the Patent Bar?	# of Years with Experience in "Intellectual Property"	% of time spent in "Intellectual Property" in billable hours	
			Most recent 12 mos	Prior 12 mos
	❑ Yes ❑ No			
	❑ Yes ❑ No			
	❑ Yes ❑ No			
	❑ Yes ❑ No			

MASS TORT / CLASS ACTION SUPPLEMENT APPLICATION

Firm Name:_____ Policy Number: _____

PLEASE ANSWER ALL QUESTIONS OR INDICATE "NOT APPLICABLE"
If additional space is required for any answer, please use the supplemental form or a separate sheet.
At your option, you may attach a description of your office's mass tort/class action practice.

1. a. What types of mass tort or class action cases do you handle (details regarding issues, types of products, etc)?

_____

_____

_____

b. The firm's organizational approach to handling mass tort cases.

_____

_____

2. a. Number of years handling mass tort cases. _____

b. Number of lawyers handling mass tort cases. _____

c. Number of paralegals and other support staff assisting in mass tort cases. _____

d. Number of non-legal professionals (other than paralegals) such as doctors, nurses, engineers, etc. employed by the firm. _____

e. Specify profession. _____

3. a. How many mass tort or class action cases have you handled in the past 5 years? _____

b. For these cases are you ☐ the "lead" attorney? ☐ the "local" attorney? ☐ the "referring" attorney?

c. Do you represent clients in other jurisdictions? ☐ Yes ☐ No If so, where? _____

d. What types of mass tort or class action cases are handled in other jurisdictions?

_____

e. If cases are only referred to other firms, are these other firms in other jurisdiction? ☐Yes ☐No If so, where? _____

4. a. Of the number of mass tort cases the firm handles, what are the number of cases in which the firm involves outside, local or co-counsel? _____ If outside counsel is involved, provide the firm's procedure to monitor or control such cases.

_____

b. Does the firm assure that any firm they co-counsel, refer or accept as referrals carries Lawyers Professional Liability Insurance with coverage of at least $500,000 limits? ☐Yes ☐No

c. Do you continue to work on the case after referral? ☐Yes ☐No

d. If you are not the sole attorney, do you send your clients a letter outlining the specific scope of your representation? (i.e., advising them which tasks you are or are NOT performing, etc.) ☐Yes ☐No

5. a. How many clients do you typically represent for each case? _____

b. Advise the ways or process of communicating with the firm's mass tort clients.

_____

6. What is the dollar value of each case (potential damages)? _____

_____

7. Provide a detailed description of advertising and submit samples.

_____

_____

MASS TORT / CLASS ACTION SUPPLEMENT APPLICATION

8. Are there any affiliations with particular organizations to provide legal services? ☐ Yes ☐ No If so, please specify:

_____

_____

9. The firm's claim history for the past ten (10) years (attach details on a separate page).

_____

_____

_____

_____

10. **Notice to Applicants and Declaration**
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 and denial of insurance benefits. I/We hereby declare that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the contract with the Company. It is understood and agreed that the completion of this application does not bind the Company to issue, nor the applicant to purchase, this insurance. I/We acknowledge that any material misrepresentation or omission shall void the contract.

Signature of Partner/Officer_____ Print Name_____ Date:_____

CNA

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
OUT OF STATE AND / OR ADDITIONAL PRACTICE LOCATION SUPPLEMENT

Firm Name: _____ Policy Number: _____

1. List the firm's additional practice locations:

	State	City	Zip Code	County	Are the attorneys licensed in state?	Area(s) of Practice	(T)emporary or a (P)ermanent part of the law firm's practice?	Percent of the law firm's total billable hours	Number of Attorneys	Number of Support Staff at this location
1					Yes ❑ No* ❑ Pro Hoc Vice ❑ Federal Only ❑		☐ T ☐ P	_____ %		
2					Yes ❑ No* ❑ Pro Hoc Vice ❑ Federal Only ❑		☐ T ☐ P	_____%		
3					Yes ❑ No* ❑ Pro Hoc Vice ❑ Federal Only ❑		☐ T ☐ P	_____%		
4					Yes ❑ No* ❑ Pro Hoc Vice ❑ Federal Only ❑		☐ T ☐ P	_____%		
5					Yes ❑ No* ❑ Pro Hoc Vice ❑ Federal Only ❑		☐ T ☐ P	_____%		
6					Yes ❑ No* ❑ Pro Hoc Vice ❑ Federal Only ❑		☐ T ☐ P	_____%		

2. Do all practice locations abide by the same internal controls and procedures, including but not limited to conflict of interest clearance and calendaring? ☐ Yes ☐ No

*If "No", please describe how the additional practice locations operate and are managed.

_____

_____

Signature of Partner/Officer_____ Print Name_____ Date:_____

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
PLAINTIFF SUPPLEMENT

Firm Name: _____ **Policy Number:** _____

1. Please provide:
   a. the percentage of inquiries / calls / potential Plaintiff Litigation matters that were declined for representation by the Firm in the last 12 months: _____%

   b. for inquiries / calls / potential Plaintiff Litigation matters that were declined for representation was a Declination of Representation Letter issued?: ☐ Yes ☐ No ☐ Sometimes

   If "Sometimes" please describe how the firm decides whether to send a Declination of Representation Letter: _____

   _____

   *For your reference and consideration please see "**ProCounsel - Are You Ready to Commit – Client Intake and Selection" and "ProCounsel – Until We Meet Again Declining Representation"** risk control articles pertaining to the use of Declination of Representation Letters.*

2. Please provide the average dollar size of judgments, awards and settlements for the Firm's Plaintiff Litigation cases in the last 5 years. $_____

3. What is the largest judgment, award or settlement achieved by the Firm in a Plaintiff Litigation case in the past 5 years? $_____

4. Does the Firm accept cases in the Plaintiff Litigation area of practice with potential venue outside the state(s) in which the Firm has offices? ☐ Yes ☐ No

   If "Yes" in what additional states does the Firm accept Plaintiff Litigation matters? _____

5. Does an attorney of the Firm meet with every Plaintiff Litigation client prior to accepting the representation of that client? ☐ Yes ☐ No

Signature of Partner/Officer_____ Print Name_____ Date:_____

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
PREDECESSOR FIRM SUPPLEMENT

Predecessor Firm means any sole proprietorship, partnership, professional corporation, professional association, limited liability corporation or limited liability partnership engaged in legal services and to whose financial assets and liabilities the Applicant Firm/Named Insured is the majority successor in interest, retained 50% or more of the lawyers, or was previously deemed to be a predecessor firm under a policy issued by CNA.

Complete the requested information only if a firm or firms for which the Applicant/Named Insured firm is applying for coverage qualifies as a predecessor firm. Submit completed supplement for underwriting consideration. There is no need to complete this supplement if CNA already has the Predecessor Firm on record. Check with your State Administrator or agent/broker.

Firm Name:

Policy Number: **Effective Date (m/d/yyyy):**

Predecessor Firm 1 – answer all questions with respect to the Predecessor Firm only

1. Predecessor Firm Name:

2. Type of Entity: Sole Proprietorship, Partnership, PC, PA, LLC, LLP, Other (specify other):

3. Date of initial formation: **3a.** Number of attorneys at initial formation:

4. Date of dissolution or separation: **4a.** Number of attorneys at dissolution or separation:

5. Describe the circumstances under which this firm changed, including a name change.

6. Provide the number of years this firm was continuously insured for malpractice claims:

7. Name the professional liability carrier at the time of this change:

8. Predecessor Firm Prior Acts Date: Full Prior Acts ☐ NA ☐

9. Was an ERP purchased? Yes ☐ No ☐

9a. If Yes, provide dates of coverage: to or Unlimited ☐

Predecessor Firm 2

1. Predecessor Firm Name:

2. Type of Entity: Sole Proprietorship, Partnership, PC, PA, LLC, LLP, Other (specify other):

3. Date of initial formation: **3a.** Number of attorneys at initial formation:

4. Date of dissolution or separation: **4a.** Number of attorneys at dissolution or separation:

5. Describe the circumstances under which this firm changed, including a name change.

6. Provide the number of years this firm was continuously insured for malpractice claims:

7. Name the professional liability carrier at the time of this change:

8. Predecessor Firm Prior Acts Date: Full Prior Acts ☐ NA ☐

9. Was an ERP purchased? Yes ☐ No ☐

9a. If Yes, provide dates of coverage: to or Unlimited ☐

CNA PRO

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

Security Supplement

1. List the top five clients in terms of gross revenue for whom the firm has performed securities work:

1.
2.
3.
4.
5.

2. Does the firm have a procedure manual, memorandum or other written document with respect to the following:

a. The procedures to be followed by its attorneys in performing "due diligence" in connection with securities offerings. ❑ Yes ❑ No

b. The review of disclosure documents and legal opinions by a qualified, experienced securities attorney who is not working on the transaction. ❑ Yes ❑ No

c. The preclusion of the use of the applicant's name in disclosure documents other than as having passed on specified legal matters. ❑ Yes ❑ No

d. Prohibiting its attorneys and other employees from participating in securities selling process (e.g. marketing,meeting and communications with prospective investors). ❑ Yes ❑ No

e. During the past five years, has the firm, or any attorney in the firm, while such attorney was affiliated with the firm, been named or included in any investigative or administrative action by the SEC or by any state or other governmental agency regulating securities? ❑ Yes ❑ No

f. Does the firm or any attorney in the firm currently have knowledge of any facts which would indicate that the firm or any attorney in the firm may be named or included in any investigative or administrative action by the SEC or by any state or other governmental agency regulating securities? ❑ Yes ❑ No

g. Within the last five years, has any former or current attorney in the firm participated in the formation of (other than solely the rendering of legal services to) any limited partnership, or acted in the capacity of syndicator, promoter, general partner, or managing general partner of any limited partnership? ❑ Yes ❑ No

If "YES" please provide a complete, detailed description including capacities acted in, dates, name of the partnership, when the partnership was formed, description of operation or activity of partnership, and description and approximate value of the partnership assets.

3. Please provide a breakdown of experience for those attorneys practicing law within the "Securities" area of practice

Name of Attorney	# of Yrs with Experience in "Securities"	Percent of Time Spent in "Securities" Area of Practice in Billable Hours Most Recent 12 Mos	Prior 12 Mos
1.			
2.			
3.			
4.			
5.			

4. The sections below must be completed in full for each public or private offering for sale of securities for which any legal work was performed (including work performed prior to joining the firm) by any current or former firm attorney. Include all offerings on sales, any equity or ownership interest considered to be a "security" in its broadest meaning, including stocks, bond, limited partnership units, debentures, interest in oil or other leases, etc.

Date of Offering	Name of Issuer	Type of offering	Type of Business
1.			
2.			
3.			
4.			
5.			

Did Firm Render Tax Opinion?	Date of Issuer Incorporation or Formation	# of Months as Client	Dollar Size of Offering	As Counsel For
1. ❑ Yes ❑ No				
2. ❑ Yes ❑ No				
3. ❑ Yes ❑ No				
4. ❑ Yes ❑ No				
5. ❑ Yes ❑ No				

Description of Security
1.
2.
3.
4.
5.

TRANSACTIONAL LAW SUPPLEMENT

Named Insured/ Applicant Firm: _____ **Policy Number:** _____

For purposes of this supplement, Transactional Law includes both Business Transaction/Commercial Law and Corporate Business Organization. The types of legal services requiring completion of this supplement include Sales Agreements and/or contracts, Agency Agreements, Entertainment contracts; Commercial transactions including the sale and/or financing of commercial real estate; the formation, operation, sale and dissolution of corporations, partnerships (general and limited), real estate limited liability partnerships (LLP) and/or real estate investment trusts (REITs), agencies and other forms of business organizations including franchises; Mergers and Acquisitions; and matters related to Sarbanes-Oxley and other corporate governance obligations.

1. Indicate below whether the Firm's transactional representations **in the past 12 months** include the following types of transactions. Check all that apply:
   - A. Commercial Real Estate Financing including negotiation of financing and commercial loans and/or creation/dissolution of LLPs or REITs ❑
   - B. Entity Structuring including formation, alteration, dissolution and excluding Real Estate LLPs and REITs ❑
   - C. Mergers/Acquisition including buying and selling of an existing business and excluding Real Estate LLPs and REITs ❑
   - D. Business Expansion/Franchising including creation/negotiation of franchise disclosure agreements on behalf of the franchisor ❑
   - E. None of the above (detail) _____ ❑

2. Check the range of number of transactions handled and provide the approximate revenue derived from these transactions:
   - A. in the most current 12 months: ☐ 1-5 ☐ 6-10 ☐ 11-20 ☐ 21+ $ _____
   - B. in the prior 12 months: ❑ 0 ❑ 1-5 ❑ 6-10 ❑ 11-20 ❑ 21+ $ _____
   - C. in the coming 12 months, does the Firm anticipate that its transactional work will grow, sustain or decline? _____

3. Check the dollar value **(size)** of the Firm's transactional matters handled:
   - A. in the most current 12 months:
     - Average: ☐ <250,000 ☐ 250,000 – 1,000,000 ☐ 1,000,000 – 2,500,000 ☐ >2,500,000
     - Maximum: ☐ <1,000,000 ☐ 1,000,000 – 2,500,000 ☐ 2,500,000 – 5,000,000 ☐ >5,000,000
   - B. in the prior 12 months:
     - Average: ❑ $0 ❑ <250,000 ❑ 250,000 – 1,000,000 ❑ 1,000,000 – 2,500,000 ❑ >2,500,000
     - Maximum: ☐ <1,000,000 ☐ 1,000,000 – 2,500,000 ☐ 2,500,000 – 5,000,000 ☐ >5,000,000 ☐ NA

4. Answer these questions specifically in reference to the lawyers and their time and experience handling transactional matters:
   - A. How many lawyers handle transactional matters? If there is only 1 lawyer handling these transactions, do not answer 4B2 or 4C. _____
   - B. How many years of Transactional Law experience:
     - 1. does the most senior attorney or solo practitioner possess? ☐ 0-2 ☐ 3-5 ☐ 6-9 ☐ 10+
     - 2. does the most junior attorney possess? ☐ 0-2 ☐ 3-5 ☐ 6-9 ☐ 10+ ☐ NA
   - C. Are junior attorneys supervised by senior attorneys throughout the handling of a transaction? ☐ Yes ☐ No ☐ NA

5. With respect to client's funding of transactional matters handled, check all that applied:
   - ❑ Self-funding ❑ Private equity ❑ Venture Capital ❑ Partnerships
   - ❑ Commercial lender ❑ Governmental (e.g. grants, SBA) ❑ Other (detail) _____

6. For each of the below, provide details of any Yes response via attachment. In the last three years, has the Firm represented:
   - A. more than one party in any transactional matter? ☐ Yes ☐ No
   - B. an established Firm client in a transaction while other parties were unrepresented? ☐ Yes ☐ No
   - C. a new Firm client in a transaction while other parties were unrepresented? ☐ Yes ☐ No
   - D. any entity that is or was financially distressed (insolvent/in bankruptcy proceedings) prior to or during the Firm's representations ☐ Yes ☐ No
   - E. or agreed to scrivener representations, i.e., matters in which the lawyer is hired/engaged to draft contracts or agreements previously negotiated and agreed upon between the involved parties? ☐ Yes ☐ No

Signature of Partner/Officer _____Date _____Print Name _____

SUPPLEMENTAL APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE FOR LAWYERS NEW TO THE NAMED INSURED FIRM

Directions: All lawyers new to the Named Insured Firm must complete this supplement. It must be currently signed and dated by both the lawyer new to the Firm and a principal of the Named Insured Firm
Section I is to be completed by the lawyer new to the Named Insured Firm.
Section II is to be completed by a principal of the Named Insured Firm.
Section III (page 3) need only be completed if Extension of Prior Acts Coverage is requested for acts prior to the date of hire.

Named Insured Firm (also referred to as Firm):

Policy Number: Policy Effective Date:

Name of Lawyer new to the Firm:

Section I. To be completed by the lawyer new to the Named Insured Firm

1. Date you joined/were hired/rejoined the Firm:

2. Your Designation at this Firm: Associate/Employee ☐ Independent Contractor ☐ Member/Manager/Stockholder ☐
Of Counsel ☐ Partner/Officer/Director ☐

3. Were you previously affiliated with this Firm? Yes ☐ No ☐ If yes, provide dates of prior affiliation:
Dates of prior affiliation from to

4. What are your anticipated weekly hours to be working at this Firm 1-10 11–25 26+

5. List all states in which you are licensed, active and in good standing to practice law and corresponding date of admittance (mm/yy)
State
Admitted:

6. Are you licensed to practice law in federal court? Yes ☐ No ☐ If so, what type of law do you practice?

7. If you are not currently licensed in this Firm's state of domicile or in a state the Firm has an active branch office, explain your plans and timeframe for admittance. If you are seeking admittance by reciprocity, provide reciprocity rules in the Firm's state, expected timeframe for approval and current status.

8. Provide the date you entered Private Practice:

9. List Bar Association Affiliations and Bar Member Numbers:

10. Will you be bringing to the Firm any clients and/or pending matters from your current practice? Yes ☐ No ☐ NA ☐ (newly admitted)
Provide an overview of your areas of practice:

11. Are you aware of any professional liability claim made against you or naming you in the past five years, or any incident, act, or omission which might reasonably be expected to be the basis of a claim or suit, arising out of the performance of professional services for others? Yes ☐ No ☐ *If yes, a Claim Supplement must be completed for each claim/incident.*

12. Have you ever been disbarred, suspended, formally reprimanded or subject to any disciplinary inquiry, complaint or proceeding for any reason? Yes ☐ No ☐ *If yes, or if such is currently pending/in process, complete a Disciplinary Supplement.*

13. Are you employed in any capacity or otherwise affiliated with another entity, including a solo practice, other than this Firm? Yes ☐ No ☐
If "Yes", answer the following:
Entity: Role: Weekly Hours Worked:

SUPPLEMENTAL APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE FOR LAWYERS NEW TO THE NAMED INSURED FIRM

SECTION II. To be completed by Firm Principal of the Named Insured Firm

A. Coverage: Carefully review the three coverage options below and check the option the Firm desires to extend to this new lawyer: Note that extension of prior acts is subject to Company Underwriting approval, *completion of Section III* and proof of continuous professional liability insurance.

☐ **Named Insured Coverage–Limited to Services Rendered on behalf of the Named Insured Firm**: The Named Insured Firm desires to limit coverage to services rendered on behalf of the Named Insured Firm and understands that services performed prior to the date of hire with the Firm are not eligible for coverage under the policy. A Specific Lateral Hire Exclusion will attach to the policy for this new lawyer that will limit coverage to services rendered on behalf of the Named Insured Firm with an effective date equal to the date of hire with the Named Insured Firm.

☐ **Exclusion of Prior Acts–Inclusion of Moonlighting Coverage**: The Named Insured Firm desires to exclude from coverage all services performed by this new lawyer prior to the date of hire with the Named Insured Firm and understands that coverage may extend to this lawyer for services rendered outside of the Named Insured Firm and for which the Firm may not receive remuneration. The date of hire will be the Named Individual Retroactive Date for this lawyer.

☐ **Extension of Prior Acts:** The Named Insured Firm desires to extend coverage for all services rendered by this new lawyer back to the date of first continuous insurance coverage. The Named Insured Firm understands that such coverage exposes the Firm to claims for which the Named Insured Firm received no remuneration. The Named Insured Firm accepts that such claims could result in deductible obligations and may impact future underwriting and insurability of the Named Insured Firm. Additional premium may be required to extend this coverage if approved by the Company.

B. Firm Practice and Procedures

1. With the addition of this lawyer, will the Firm's practice areas change by any significant percentage or will the Firm take on an area of practice not previously represented to the Company? Yes ☐ No ☐ *If yes, please explain the anticipated changes.*

2. If this lawyer is bringing any clients to the Firm, detail the conflicts checks the Firm will perform and actions to be taken if a conflict is identified:

3. If this lawyer is not yet licensed in the Firm's state of domicile or in a state a Firm branch office is located, what functions will this lawyer be performing and do you have expectations on state licensure? Provide an explanation and timeframe of licensure.

4. Check all measures taken by the firm **before** extending an offer to this new lawyer:

☐ disclosure of past and potential claims ☐ require the purchase of an extended reporting period endorsement
☐ investigation of possible/actual conflicts ☐ warranty regarding no known claims/potential claims ☐ verification of bar admission(s)
☐ disclosure of any disciplinary complaints ☐ investigation of outside interests ☐ other (describe separately)

5. Check measures the Firm will take **after** an offer is accepted by this lawyer and he/she joins the Firm:

☐ training in office procedures ☐ integration into the firm culture ☐ periodic review of clients, matters and performance ☐ other: detail

6. Will this lawyer be listed on Firm's letterhead? Yes No N/A (no lawyers are listed on Firm's letterhead)

7. Will this lawyer be listed on Firm's website? Yes No N/A (Firm has no website or does not list lawyers)

8. Will this lawyer expand the Firm's territory or create an additional office location for the Firm? Yes ☐ No ☐ If yes, describe.

Warranty and Signature–to be read, signed and currently dated by the lawyer new to the Firm and a principal of the Named Insured Firm.

We agree to the following: i) the Company will use the information contained in this supplemental application in underwriting; ii) the Company will rely upon the truth and accuracy of the representations contained herein; iii) the statements and information contained herein are true and accurate to the best of your present knowledge; and iv) said supplemental application will be deemed attached to and incorporated into any policy or endorsement the Company may issue pursuant to it.

Signature of Lawyer New to the Firm **Date**

Signature of Named Insured Principal **Date**

SUPPLEMENTAL APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE FOR LAWYERS NEW TO THE NAMED INSURED FIRM

Section III. To be completed by the lawyer new to the Named Insured Firm ONLY IF the coverage desired is the Extension of Prior Acts Coverage as noted in Section II.A.3 on page 2 of this supplement. Note, this coverage is subject to Company Underwriting review and, if approved, additional premium may be required.

1. How long have you continuously carried lawyer's professional liability coverage? ☐ years

2. Have you been continuously insured with no gaps in coverage? Yes ☐ No ☐

3. Does your current policy contain a prior acts exclusion date? Yes ☐ No ☐

   Provide specific date & a copy of the endorsement if available

4. Provide the following details relative to your insurance history by completing the chart and attach a copy of your current Declarations and any endorsements.

Prior Insurance History	Insurance Company	Limits of Liability Per Claim/Aggregate	Policy Term From/To mm/dd/yy	Firm Name Policy was issued to	Your Position in the Firm	Date you left this Firm
Current Year						
Previous Year 1						
Previous Year 2						
Previous Year 3						
Previous Year 4						

5. During the past five years, has any insurance company cancelled or refused to renew your professional liability policy or any policy for a firm you were previously affiliated with? Yes ☐ No ☐ NA ☐ *If yes, please provide details on a separate sheet.*

6a. Are you a director, officer or employee of, or do you hold an equity interest in a business, firm or entity which is or was a client of yours? Yes ☐ No ☐

6b. Are you a director, officer or employee of, or do you hold an equity interest in a business, firm or entity including another law firm? Yes ☐ No ☐ *If yes to either question, complete the Client Information Supplement*.

7. Over the past five years, what areas of practice have you been involved in?

Warranty and Signature–to be read, signed and currently dated by the lawyer new to the Firm and a principal of the Named Insured Firm.

We agree to the following: i) the Company will use the information contained in this supplemental application in underwriting; ii) the Company will rely upon the truth and accuracy of the representations contained herein; iii) the statements and information contained herein are true and accurate to the best of your present knowledge; and iv) said supplemental application will be deemed attached to and incorporated into any policy or endorsement the Company may issue pursuant to it.

Signature of Lawyer New to the Firm **Date**

Signature of Named Insured Principal **Date**

WILLS, ESTATE, PROBATE, AND TRUST SUPPLEMENT ("WEPT")

Firm Name:_____Policy Number_____

Please complete the following for work performed within the last twelve (12) months

1. What percentage of the firm's WEPT practice is devoted to **Estate Planning**?
   Please check 'Yes' or 'No' for type of work performed by firm under **Estate Planning**:

Estate Planning: Includes all financial planning and opinions relating to estate creation and financial planning, including drafting opinion letters, the drafting of wills, trusts, powers of attorney, advance directives and other related documents.	%
Will Drafting	☐ Yes ☐ No
Trust Drafting and Advice (Living, Gift, Life Insurance, Charitable, Special Needs)	☐ Yes ☐ No
Private Business Succession and Tax Planning	☐ Yes ☐ No
Medical Directives	☐ Yes ☐ No
Power Of Attorney	☐ Yes ☐ No
Other (please describe)	☐ Yes ☐ No

2. What percentage of the firm's WEPT practice is devoted to **Estate Administration/Probate**?
   Please check 'Yes' or 'No' for type of work performed by firm under **Estate Administration/Probate**:

Estate Administration/Probate: Includes executing duties as an administrator, executor, or personal representative, or representation of a third-party in one of these roles.	%
Probate/Estate Administration: Validity of will in probate court, preparing probate documents, gathering the assets of the estate, paying the decedent's debts, and distributing remaining assets, appointing conservator or guardian's for incompetent person, making insurance claims, monitoring investments.	☐ Yes ☐ No
Inheritance Tax Compliance: Preparation of final income tax returns and the estate's income and federal and state estate tax returns.	☐ Yes ☐ No
Trust Administration: Advise and consult concerning the discharge of the trust's terms, consult with beneficiaries concerning trust administration matters acting as a named trustee or acting as counsel advising a named trustee, this category does not include drafting documents creating a trust but does include drafting documents in the active administration of an existing trust or the representation of a trustee.	☐ Yes ☐ No

3. What percentage of the firm's WEPT practice is devoted to **Estate Litigation**?
   Please check 'Yes' or 'No' for type of work performed by firm under **Estate Litigation**:

Estate Litigation: Representation of any party to a will contests, guardianship proceeding, contests and modifications to trusts, or any other representation in an adversarial proceeding	%
Will Contests	☐ Yes ☐ No
Probate Litigation	☐ Yes ☐ No
Trustee Liability	☐ Yes ☐ No
Executor Liability	☐ Yes ☐ No
Trust Litigation (construing or reforming terms)	☐ Yes ☐ No
Other (please describe)	☐ Yes ☐ No

4. Does the firm provide tax and investment advice in connection with estate planning (as defined above)? ☐ Yes ☐ No

   a. If yes, does the firm have in-house accountants or consultants to assist with the preparation of tax returns? ☐ Yes ☐ No

   b. If yes, does the firm retain outside accountants or advisers concerning tax or investment advice? ☐ Yes ☐ No

   c. Does the firm's engagement letter make clear whether or not tax and investment advice is being provided? ☐ Yes ☐ No

5. Does the firm prepare final income tax returns or estate income tax returns (federal and state)? ☐ Yes ☐ No

   a. If yes, does the firm have in-house accountants or consultants to assist with the preparation of tax returns? ☐ Yes ☐ No

   b. If yes, does the firm retain outside accountant or consultants to assist with the preparation of tax returns? ☐ Yes ☐ No

6. Does the firm:

   a. Represent both the Testator/Decedent and Beneficiaries of an estate? ☐ Yes ☐ No

   b. Serve as Executors or Personal Representatives of a client's estate? ☐ Yes ☐ No

   c. Serve as Trustee of client trust? ☐ Yes ☐ No

   d. Have procedures in place to audit or reconcile trust accounts that the firm serves as Trustee? ☐ Yes ☐ No

   e. Have procedures in place to monitor trust activity? ☐ Yes ☐ No

   f. Have authority to write checks in connection with any services as an Executor or Trustee? ☐ Yes ☐ No

      i. If yes, are dual or countersignatures required? ☐ Yes ☐ No

7. With regard to firm's handling of **Estate Planning** and **Estate Administration,** please breakdown values of estates by percentage:

Value of Estate	% of Estate Planning and Administration
< 1M	%
1M – 5M	%
> 5M	%

Signature of Partner/Officer: _____Date: _____Print Name: _____