

J. P. Anthony Agency, LLC
Washington Professional Campus II
901 Route 168/Suite 110
Turnersville, NJ 08012

1. Full Legal Name of Employer: _____

2. Principal Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

3. Date Employer was established: ____/____/____
MM DD YY

4. Indicate: Publicly Traded Company Privately Held Company Partnership Other _____

5. Indicate the gross income for the applicable fiscal year.

Year	Amount
Current Projected	\$ _____
b. _____	\$ _____
c. _____	\$ _____

6. Please submit most recent financial statement and brochure of services provided.

7. Please advise the following regarding the Applicant Firm's staff:

*Total Number of Employed Lawyers	Number of Lawyers added within the past 12 months	Number of Lawyers terminated or resigned past 12 months	Number of Investigators, Paralegals, Abstractors supervised by attorneys	Number of Law Clerks and Clerical staff supervised by attorneys

8. Please describe the nature of business of the Employer: _____

9. Briefly describe responsibilities handled by Employed Lawyers: _____

10. Does the applicant allow it's Employed Lawyers to perform personal legal services for any officer, director, employee, shareholder

of the Applicant or other persons?

Yes No

(If so, please advise the general policy of the Employed Lawyers legal department concerning such "moonlighting activities" and whether coverage is required for such activities).

11. Name of principal outside legal counsel of Applicant and nature of work referred. _____

12. Does the Applicant permit or require Employed Lawyers to represent in court the Employer or other parties in the course of the Employed Lawyer's Employment? (If "yes", please state the circumstances) Yes No

13. Is any Employed Lawyer applying for this coverage employed by any other entity other than the Employer listed under question # 1? (If "yes", please provide full details) Yes No

14. Please complete the following for each Employed Lawyer:

Name of Employed Lawyer	Year Admitted to the State Bar Association	Percentage of Time practicing outside scope of employment	Primary Area of Practice Specialty

15. Please describe internal controls and operating procedures for Employed Lawyers, including procedures governing the issue of legal opinions, advices or recommendations.

16. After inquiry of each Employed Lawyer, has any professional liability claim or suit ever been made against any Employed Lawyer? Yes No
If "yes", how many? _____. **Please complete the Claim Supplement** and provide currently valued company loss runs for the past 5 years.

17. After inquiry of each Employed Lawyer, does any Employed Lawyer know of any incident, act, error or omission hat could result in a claim or suit against any Employed Lawyer? Yes No
If "yes", how many? _____. **Please complete the Claim Supplement** and provide currently valued company loss runs for the past 5 years.

18. Have all matters in Questions 16 and 17 been reported to your former or current insurer(s) or to the former insurer of any predecessor firm or former insurer of a current member of the Firm? Yes No

19. Has any Employed Lawyer for whom coverage is sought been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, or held in contempt by any court, administrative agency or regulatory body? (If "yes", please provide full details) Yes No

20. Please list any the Employed Lawyers Professional Liability Insurance Coverage carried during the past five (5) years.

Name of Insurer	Policy Period From: MM/DD/YY To: MM/DD/YY	Limits of Liability	Deductible/ Retention	Premium	Number of Lawyers

21. Has the Applicant Firm or any attorney for whom coverage is sought ever purchase an extended reporting endorsement?
(If "yes", please provide date purchased and term of endorsement) Yes No
22. In the past five (5) years, has the Firm or any Firm member ever had professional liability insurance or similar insurance declined, cancelled or non-renewed? (If "yes", please provide full details) Yes No
23. Does the applicant carry Directors and Officers Liability Insurance? If "yes", provide details. If "no", please explain. Yes No
24. Desired Limits: _____ 25. Desired Deductible: _____
26. Desired Effective Date: ____/____/____ 27. Desired Retroactive Date ____/____/____
MM DD YY MM DD YY

Representations

The Applicant declares that the above statement and representations are true and correct, and that no facts have been suppressed or misstated. All written statements and materials furnished to the Company, in conjunction with this application will be incorporated by reference into this application and made part hereof.

This application does not bind the Applicant to buy, or the Company to issue the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy. The undersigned Applicant declares that if the information supplied on this application changes between the date of this application and the time when the policy is issued, the Applicant will immediately notify the company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Signature of the Insured, Owner, Partner or Principal Title Date

Producer _____

