

General Applicant Information

1. Name of Firm: \_\_\_\_\_  
 \_\_\_\_\_
2. Principal Address: \_\_\_\_\_  
 \_\_\_\_\_
3. City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
5. Does the Firm practice from additional offices?  Yes  No
  - a. Please advise the address(s) of the additional locations and the names of each attorney at each location.
  - b. Does responsibility for the Firm's other offices rest with management at your principal location?  Yes  No
  - c. How are the date/docket and conflict of interest avoidance systems coordinated between the offices?  
 \_\_\_\_\_  
 \_\_\_\_\_
  - d. Does the Firm practice as:  Corporation  Partnership  Individual  LLC  Other \_\_\_\_\_

6. Date Firm was established: \_\_\_\_/\_\_\_\_/\_\_\_\_  
   MM DD YY

7. Please list the names of all predecessor firms of the applicant Firm (Name only those firms where the applicant is a successor to the former firm's assets and liabilities)

Name of Former Firm	Year Established	Number of Partners / Officers

Applicant's Practice

8. Does the Firm or any of the its attorneys share office space or staff with any other attorney(s) or with any other professional(s)?  Yes  No
9. If you are a Sole Practitioner, please advise the name, address, telephone number and professional liability carrier of your back-up attorney, who will be responsible for your affairs in the event of you are absent for an extended period of time.

10. Indicate the gross income for the applicable fiscal year. (Gross income means all sums billed to clients for legal services rendered.)

Year Amount

a. Current Projected \$ \_\_\_\_\_

b. Past Fiscal Year \$ \_\_\_\_\_

c. Second Past Fiscal Year \$ \_\_\_\_\_

11. List the areas of law practice in which the Firm practices (based upon gross revenue).

Area of Practice Group A.	PCT	Area of Practice Group B.	PCT	Area of Practice Group C.	PCT
Administrative Law		Appellate Law		Bankruptcy	
Anti-Trust /Trade Regulation		B.I./P.I. Defense		Collections / Repossessions	
Arbitration / Mediation		Civil Litigation Defense		Corporate Formation Alterations	
Criminal Law		Civil Rights Defense		Corporate General	
Immigration Law		Employment Law Defense		Divorce Law	
Juvenile Law		Family Law		Estate / Probate / Wills / Planning	
Lobbying		General Litigation Defense		1Foreclosures	
Traffic Law		Insurance Defense		Medical Malpractice Defense	
Workers Comp Defense		Labor Management		Taxation	
<b>TOTAL GROUP A</b>		<b>TOTAL GROUP B</b>		<b>TOTAL GROUP C</b>	

Area of Practice Group D.	PCT	Area of Practice Group E.	PCT	Area of Practice Group F.	PCT
1Banking/ Financial Institutions		4Admiralty		Bonds / Bond Financing	
Civil Litigation Plaintiff		4BI/PI Plaintiff		Labor Unions	
Communications / FCC		3Copyright / Trademark		Limited Partnerships	
Construction Law / Litigation		4Civil Rights Plaintiff		Money Management /Investments	
Environmental		4Employment Law Plaintiff		Oil / Gas/ Mineral	
General Litigation Plaintiff		2Entertainment Law		Patent Law	
Real Estate Residential		Real Estate Commercial		Securities (Federal & State)	
Tax Opinions		Real Estate Syndication		Sports / Entertainment Agent	
Title Law		4Workers Comp Plaintiff		Other (Please describe)	
<b>TOTAL GROUP D</b>		<b>TOTAL GROUP E</b>		<b>TOTAL GROUP F</b>	

If the Applicant Firm practices in an area the following notes, complete the appropriate supplement (1) Financial Institution (2) Risk Management (3) Patent/Trademark/Copyright (4) PI/BI/PD Plaintiff Supplement

12. If your practice includes Real Estate law, please answer the following:

(a) What percentage of the Firm's real estate revenue for the last fiscal year was derived from:

Residential \_\_\_\_\_% Commercial \_\_\_\_\_% Agricultural \_\_\_\_\_% Industrial \_\_\_\_\_%

(b) Does the Firm accept compensation for legal services on a basis of a commission or percentage of dollar value of a transaction? (If "yes", please provide full details).

Yes  No

(c) For each of the following that describes the Applicant Firm's real estate practice, please give an approximate percentages on a gross billings basis of the real estate income for the past 12 months:

Service:	Percentage
1. Acquisition, sale, conveyance of title:	_____%
2. Land use regulation, subdivision (zoning, not environmental)	_____%
3. Construction Documentation	_____%
4. Representation of secured lenders/borrowers	_____%
5. Partnerships and joint ventures	_____%
6. Eminent domain	_____%
7. Other (describe)	_____%
<b>TOTAL</b>	<b>100 %</b>

(d) On a gross billing basis for the past 12 months, what percentage of the Applicant Firm's real estate revenue was derived from:  
 Speculative Real Estate \_\_\_\_%                      Non-Speculative Real Estate \_\_\_\_%

13. If the Applicant firm does any Plaintiff Litigation Representation. Please answer the following:  
 (a) What is the average number of years experience in this area of law for attorneys in the Firm? \_\_\_\_\_  
 (b) What is the average case load per attorney on an annual basis? \_\_\_\_\_  
 (c) What is the estimated average dollar amount of judgements, awards and settlements? \$\_\_\_\_\_
14. Does any member of the Firm provide professional services as a practicing real estate agent or broker, insurance agent, title insurance agent, investment advisor, mediator, arbitrator, accountant, trustee or securities broker/dealer?  Yes  No  
*(If "yes", please provide full details).*
15. Has any member or former member of the Firm, at any time since January 1, 1981, provided any legal services or served as a fiduciary, committee member, director, officer, partner, or employee of any Financial Institution?  Yes  No  
*(If "yes", please complete the Financial Institution Supplement)*
16. Does the Applicant Firm advertise?  Yes  No  
*(If "yes", please include in what type of media and include a copy of the ad and/or transcript)*
17. Has the Firm or any of its members or former members (while associated with the Firm), in the past five years provided services in any way related to a security or to activities or transactions (whether or not consummated) which are or maybe subject to the Securities Acts of 1933 and 1934, any state blue sky or securities law, and other law related to any purchase, sale or offer to purchase or sell a security or any rules or regulations issued pursuant to any of the foregoing?  Yes  No  
*(If "yes", please complete the Securities Supplement)*

**Staff Information**

18 Please list professional legal personnel by category, using the following \*designations. (Please attach a separate sheet if additional space is required).

O = Owner/Officer/Shareholder                      S = Sole Practitioner  
 A = Associate Attorney                              OC = Of Counsel Attorney  
 P = Partner    RP = Retired Partner  
 EA = Employed Attorney                              PT = Part Time Attorney (less than 20 hours a month)

Name of each Attorney	Firm Designation*	Year Admitted to the State Bar Association	Year Joined Firm	Primary Area of Practice Specialty	C.E. Yes or No.

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

*Total Number of Attorneys	# of Clerical Support Staff	# of Lawyers added within the past 12 months	# of Lawyers terminated or resigned past 12 months

\*If over 3 attorneys, please complete the **Risk Management Supplement**

**Risk Management**

20. Is the office computerized or automated?  Yes  No

a. If "yes", what parts or areas of the operation and practice are computerized or automated?

b. Web site address (if any) \_\_\_\_\_

c. Does the firm or any of it's members render legal services over the Internet?  Yes  No  
*(If "yes", please complete provide full details)*

21. Does the Firm maintain a docket/date control system and procedures with an independent date control(s) for all litigated and non-litigated items?  Yes  No

a. Does the procedure provide for the immediate entry of dates, including statutory dates, procedural dates and deadlines that are applicable to the Firm's area(s) of practice?  Yes  No

b. How many independent date controls are kept? \_\_\_\_\_

c. How often are they cross-checked?  Daily  Weekly  Biweekly  Monthly

d. Does the system have a procedure for daily verification of the completion or appropriate rescheduling of events?  Yes  No

e. Does the ultimate responsibility for docket/date control of litigation rest with the attorney handling the case?  Yes  No

f. **On the firm's letterhead, please describe how the applicant's docket/date control system operates.**

22. Does the Firm have a procedure for maintaining clients lists and identifying any actual or potential conflicts of interest?  Yes  No

*(Please attach a description how your system works)*

a. Does any Firm member have check signing authority for any client?  Yes  No

b. If "yes", are dual signatures required?  Yes  No

c. How many suits for fees have been filed in the last 2 years? \_\_\_\_\_

d. How many have been successfully resolved? \_\_\_\_\_

e. What steps have been taken to reduce the number of suits for fees in the future?

f. Are client communication letters utilized for all new representation or declinations to represent?  Yes  No

**(Please attach sample forms).**

23. Does any current member of the Firm provide any professional services to any clients in which any Firm member or SPOUSE serves as a director, officer, partner, trustee or own any equity or financial interest?  Yes  No  
*(If "yes", please complete the **Outside Interest Supplement** or **Trustee Supplement**).*

**Claim History**

24. In the past (5) five years, has any professional liability claim or suit ever been made against the Firm, any predecessor firm, any current member of the Applicant Firm or predecessor firm or any former member of the Firm or predecessor firm?  Yes  No  
*If "yes", How many? \_\_\_\_\_*  
*Please complete the **Claim Supplement** and provide currently valued company loss runs*

25. Does any attorney for whom coverage is sought know of any incident, act, error or omission that could result in a claim or suit against the Firm or any predecessor firm or any of the current or former members of the firm?  Yes  No  
*If "yes", How many? \_\_\_\_\_ Please complete the **Claim Supplement** and provide currently valued company loss runs)*

26. Have all matters in Questions 24 and 25 been reported to the Firm's 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
27. Has any attorney 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?  Yes  No  
(If "yes", please provide full details)

### Insurance History

28. Please list the Firm's Professional Liability Insurance Coverage carried during the past five (5) years, including any periods without coverage.

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

29. Does the current policy have a prior acts limitation or retroactive date? (This date should be the date which the firm first purchased claims made coverage that has been continuously renewed). If "Yes," please indicate date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Please forward a copy of the expiring declarations page and all endorsements)  
MM DD YY
30. Has the Applicant Firm or any attorney for whom coverage is sought ever purchase an extended reporting endorsement?  Yes  No  
(If "yes", please provide date purchased and term of endorsement)
31. 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
32. Desired Limits: \_\_\_\_\_
33. Desired Deductible: \_\_\_\_\_
34. Desired Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY
35. **Please attach:**  
a. A sample of the Firm's **Letterhead**.  
b. The Firm's Martindale Hubbell listing.  
c. A copy of your expiring policy declarations page and all endorsements.

### 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

# CLAIM SUPPLEMENT FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

## Application Instructions:

1. This form is to be completed by the Applicant Firm who has been involved in any claim or suit within the past five (5) years, or when the Applicant Firm is aware of any circumstance that may lead to a professional liability claim.
2. If additional space is needed, please use your letterhead.
3. Please type or complete this supplement in ink.
4. Please answer all questions completely.
5. PLEASE DO NOT ATTACH SUIT PAPERS!
6. PLEASE PROVIDE CURRENTLY VALUED COMPANY LOSS RUNS for the past 7 years!

1. Name of Applicant Firm: \_\_\_\_\_

2. Full name of individual(s) of firm involved in the claim: \_\_\_\_\_

3. Full name of Claimant: \_\_\_\_\_

4. Indicate whether: \_\_\_\_\_ Claim/Suit, or \_\_\_\_\_ Incident

5. Date of alleged error: \_\_\_\_/\_\_\_\_/\_\_\_\_ 6. Date of Claim: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YR MM DD YR

7. Additional Defendants: \_\_\_\_\_

8. IF CLOSED:

Total Loss Paid including Deductible: \$ \_\_\_\_\_

Indicate whether Court Judgement \_\_\_\_ or Out of Court settlement \_\_\_\_\_

9. IF PENDING:

Claimant's settlement demand? \$ \_\_\_\_\_  
Defendant's offer for settlement? \$ \_\_\_\_\_  
Insurer's loss reserve? \$ \_\_\_\_\_  
Deductible? \$ \_\_\_\_\_

Is claim in Suit?  Yes  No If "Yes", Amount asked in summons? \$ \_\_\_\_\_

10. NAME OF INSURER: \_\_\_\_\_

11. Description of claim:

a. Alleged act, error or omission upon which Claimant bases claim:

b. Description of case and events:

c. Description of the type and extent of injury or damage sustained:

d. What measures have you or will you take to prevent similar claims from arising.

---

## NOTICE

I understand that the information submitted herein becomes a part of my professional liability application and is subject to the same warranty and conditions. Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

---

Signature of Owner, Partner or Principal \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**OUTSIDE INTEREST SUPPLEMENT FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE**

1. Name of Applicant Firm: \_\_\_\_\_
2. Name of client: \_\_\_\_\_
3. Date of affiliation with client:    /   /     
MM DD YY
4. Nature of client's or entity's business: \_\_\_\_\_
5. Services provided to the client: \_\_\_\_\_
6. Name of individual with relationship to client: \_\_\_\_\_
7. Position held in relationship to Question 2 above: \_\_\_\_\_
8. Percent of Equity held: \_\_\_\_\_% Dollar value \$ \_\_\_\_\_
9. Annual percentage of Applicant Firm's gross billings derived from this client: \_\_\_\_\_%
10. Name of individual who performed services for client in Question 2 above: \_\_\_\_\_
11. Current client listed under Question 2? .....  Yes  No

**NOTICE**

I understand that the information submitted herein becomes a part of my professional liability application and is subject to the same warranty and conditions. Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

\_\_\_\_\_  
Signature of Owner, Partner or Principal

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**PERSONAL INJURY / BODILY INJURY / PROPERTY DAMAGE / CIVIL RIGHTS / DISCRIMINATION PLAINTIFF LITIGATION SUPPLEMENT FOR LAWYERS PROFESSIONAL LIABILITY**

- Name of Applicant:
- Please advise the names of attorneys and years of experience in the personal injury/bodily injury/property damage/civil rights/discrimination plaintiff areas of law below:

Name of Attorney	Years Experience

Use additional sheets if necessary

- Average caseload per attorney on an annual basis: \_\_\_\_\_.
- Type of plaintiff cases handled: \_\_\_\_\_
- Percentage of cases: Settled before trial \_\_\_\_\_% Case tried to conclusion: \_\_\_\_\_% Other \_\_\_\_\_%
- What is the estimated average dollar size of judgments, awards and settlements in BI/PI or Civil Rights/Discrimination Plaintiff cases?  
\$ \_\_\_\_\_
- Has the Applicant Firm ever handled, currently handle or intend to handle or be involved with any class action/mass tort litigation matters? *If Yes, please complete our Class Action/Mass Tort Supplement.*  Yes  No
- Has the applicant had referral or split fee arrangements within the last 2 years?  Yes  No  
*If Yes, please provide full details (including number of matters annually, types of litigation referred and does the applicant require other Lawyers or Law Firms to maintain their own lawyers professional liability coverage)*
- Please describe three (3) largest settlements/awards within the past 12 months and type of cases involved.

DOLLAR AMOUNT

TYPE OF CASE

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

**NOTICE** \_\_\_\_\_  
I understand that the information submitted herein becomes a part of my professional liability application and is subject to the same warranty and conditions. Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

\_\_\_\_\_  
Signature of Owner, Partner or Principal

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



**FINANCIAL INSTITUTION SUPPLEMENT FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE**

**NOTE:** Financial Institution means any savings and loan association, bank, credit union, savings bank, banking and loan association, commercial banking institution or any similar subsidiary or affiliate thereof. Please attach a separate sheet should you need more space in order to explain your activities more fully.

1. Name of Applicant: \_\_\_\_\_

2. Since January 1, 1981, has any member of the Applicant Firm or any of its predecessors represented any financial institution In which has been declared insolvent or operated under regulatory direction or a regulatory agreement? .....  Yes  No

*(If "yes", please provide the name and location of the financial institution, dates and nature of services provided)*

3. Since January 1, 1981, has any member of the Applicant Firm or any of its predecessors served as general counsel, CEO, chairman President or any other officer, director or member of any committee of any financial institution? .....  Yes  No

*(If "yes", please provide the of the attorney(s), dates and description of services provided, official capacity and the name and location of the financial institution represented)*

4. Since January 1, 1981, has any member of the Applicant Firm or any of its predecessors had any equity interest in any financial institution? .....  Yes  No

*(If "yes", please provide the of the attorney(s), dates and description of services provided, official capacity, dollar and percentage value of equity and the name and location of the financial institution represented)*

**NOTICE**

I understand that the information submitted herein becomes a part of my professional liability application and is subject to the same warranty and conditions. Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

\_\_\_\_\_  
Signature of Owner, Partner or Principal

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**RISK MANAGEMENT SUPPLEMENT FOR LAWYERS PROFESSIONAL LIABILITY**

- 1. Name of Applicant: \_\_\_\_\_
  
- 2. Does the Applicant Firm practice Entertainment Law, Investment Counseling or Money Management services?  Yes  No  
  
If "Yes", please answer the following:
  - a. Name(s) of Client(s): \_\_\_\_\_
  
  - b. Does the Applicant Firm have authority to write or sign checks for any of your entertainment or investment clients?  Yes  No
  
  - c. Does the Applicant Firm counsel these clients regarding their assets, or make investments for them?  Yes  No
  
  - d. Does the Applicant Firm, or any related or controlled entity, negotiate personal appearances by your Clients or serve as an artist's manager or talent agency?  Yes  No
  
  - e. Does the Applicant Firm negotiate or arrange financing other than normal contract negotiations?  Yes  No
  
  - f. Does the Applicant Firm receive any compensation from lenders for arranging financing?  Yes  No
  
- 3. Has the Applicant Firm or any of its members accept a royalty interest from any oil or gas / natural resources client?  Yes  No
  
- 4. Does, or has the Applicant Firm ever accept(ed) any arrangements in which a client pays for the Applicant's Services with securities or other non-cash payments, offsets etc. of the client?  Yes  No
  
- 5. Does the Applicant Firm evaluate prospective clients to determine the client's financial strength, management Expertise, reputation, nature of business and any history of changing attorneys?  Yes  No
  
- 6. Does the Applicant Firm have a plan to relocate to an "off site" facility in the event of an unexpected emergency?  Yes  No
  
- 7. Does the Applicant Firm have a Peer Review program?  Yes  No
  
- 8. Is a procedure in place through which partner/shareholder files are periodically and randomly reviewed by other Partners/shareholders?  Yes  No
  
- 9. Does a Firm committee review all new cases prior to their acceptance?  Yes  No
  
- 10. For those Applicant Firms who have additional locations, is a centralized computer system (between the main office and the branches utilized for date and docket control as well as for conflict of interest avoidance?  Yes  No
  
- 11. Please describe the Firm's fundamental position regarding risk management (please comment on any risk management systems, who in the Firm oversees such systems, is there a centralized system that includes any branch offices, is there a program in place that oversees the practice of each firm member, etc...)

**NOTICE** \_\_\_\_\_  
I understand that the information submitted herein becomes a part of my professional liability application and is subject to the same warranty and conditions. Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

\_\_\_\_\_  
Signature of Owner, Partner or Principal Title Date

**TRUSTEE SUPPLEMENT**

1. Name of Applicant: \_\_\_\_\_
  
2. Name of trust: \_\_\_\_\_
  
3. Date trust was established: \_\_\_\_/\_\_\_\_/\_\_\_\_ Value of the trust: \$ \_\_\_\_\_  
MM DD YY
  
4. Services provided to the trust: \_\_\_\_\_
  
5. Is a written agreement of duties as trustee in place? .....  Yes  No
  - a. Please attach the Trust Document.
  - b. Are dual signatures required on all Trust documents? .....  Yes  No
  
6. Do the activities as trustee include investment decisions resulting in the purchase or sale of:
  - a. Securities? .....  Yes  No
  - b. Real Estate? .....  Yes  No
  - c. Other Investments? .....  Yes  No
  
7. Does the Trustee receive compensation from the purchase or sale in the form of a commission or fee? .....  Yes  No
  
8. Is an independent audit of the trust conducted? .....  Yes  No
  
9. Is a report to a court or outside authority required? .....  Yes  No
  
10. Please provide a narrative describing the purpose of the trust:
  
11. Please describe any controls in place to monitor trust activity by a third party:
  
12. Do any of the Trustees have a current loan, or have they ever had a loan, from the trust? .....  Yes  No
  
13. If applicable, in what year is the trust to be dissolved?

**NOTICE**

I understand that the information submitted herein becomes a part of my professional liability application and is subject to the same warranty and conditions. Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

\_\_\_\_\_  
Signature of Owner, Partner or Principal

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

SECURITIES PRACTICE SUPPLEMENT FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

1. Name of Applicant: \_\_\_\_\_
  
2. List on a separate sheet the securities transacted the Applicant Firm has been involved with during the past three years. This information should be categorized and reported in the format shown below:
  - a. Securities registered under the Securities Act of 1933.
    - (1) Date of Offering
    - (2) Name and Address of Issuer
    - (3) Underwriter
    - (4) Dollar Size of Offering
    - (5) Description of Security
    - (6) Rating of Issue
    - (7) Accountant
    - (8) Type of Business
    - (9) Number of States in which offered
    - (10) Client Represented (issuer, selling shareholders or underwriters)
  
  - b. Municipal Bonds.
    - (1) Date of Offering
    - (2) Name and Address of Issuer
    - (3) Underwriter
    - (4) Dollar Size of Offering
    - (5) Description of Security (general obligation bond, revenue bond or industrial development bond)
    - (6) Bond Rating Service (ie. Standard & Poors or Moodys)
    - (7) Bond Rating Assigned to Offering
    - (8) Client Represented (issuer, borrower or underwriters)
  
  - c. Private Placements and State Securities law filings not encompassed under a or b above.
    - (1) Date of Offering
    - (2) Name and Address of Issuer
    - (3) Underwriter
    - (4) Dollar Size of Offering
    - (5) Description of Security
    - (6) Rating of Issue
    - (7) Accountant
    - (8) Type of Business
    - (9) Number of States in which offered
    - (10) Client Represented (issuer, selling shareholders or underwriters)
  
3. During the past three years, has the Applicant Firm represented any client who has attempted or completed hostile or Contested takeovers or mergers?  Yes  No
  
4. What steps does the Applicant Firm take to satisfy "due diligence" requirements under Federal, State Securities Acts?
  
5. Please attach a listing for each Applicant Firm member involved in securities law (also provide years of experience in the securities field):

**NOTICE**

I understand that the information submitted herein becomes a part of my professional liability application and is subject to the same warranty and conditions. Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

\_\_\_\_\_  
Signature of Owner, Partner or Principal

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**PATENT / TRADEMARK / COPYRIGHT SUPPLEMENT FOR LAWYERS PROFESSIONAL LIABILITY**

7. Name of Applicant: \_\_\_\_\_

8. Please advise the names of attorneys and years of experience in the intellectual property area of law below:

Name of Attorney	Years Experience

9. Please describe in detail the procedures in place for the docketing of patent / trademark/ copyright deadlines:

4. Does the Applicant Firm assume responsibility for the payment of maintenance fees for any of your clients?  Yes  No  
*(If "yes", please provide full details and procedures)*

5. Does the Applicant Firm employ the services of other companies to perform searches relating to the Applicant's Clients?  Yes  No  
*(If "yes", please provide the steps taken to ensure an accurate search)*

6. Does the Applicant firm expressly prohibit the acceptance of equity or other financial interest in a client's product or invention in exchange for legal services?  Yes  No

7. Please provide a breakdown by gross income the types of services rendered in the past 12 months:

Domestic and Foreign Searches ..... %  
 Domestic Patent Litigation ..... %  
 Foreign Patent Litigation ..... %  
 Domestic Patent Prosecution/Registration ..... %  
 Foreign Patent Prosecution/Registration ..... %  
 Domestic Intellectual Property Licensing/Contracts ..... %  
 Foreign Intellectual Property Licensing/Contracts ..... %  
 Trademark/Copyright ..... %  
 Other (please describe) ..... %  
**Total ..... 100%**

8. When performing services for a client in a foreign country, does the Applicant Firm associate itself with a local firm to represent The client's foreign interest?  Yes  No

9. Does the Applicant Firm require the client written acknowledgement the specific territories and countries in which the PTC filing Is to be made?  Yes  No

**NOTICE** \_\_\_\_\_  
 I understand that the information submitted herein becomes a part of my professional liability application and is subject to the same warranty and conditions. Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

\_\_\_\_\_  
 Signature of Owner, Partner or Principal Title Date



**MASS TORT / CLASS ACTION SUPPLEMENT APPLICATION**

---

1. Name of Applicant:
  
2. What types of mass tort or class action case do you handle (details regarding issues, types of products) ?  
\_\_\_\_\_  
\_\_\_\_\_
  
3. The firm's organizational approach to handling mass tort cases (Please describe): \_\_\_\_\_  
\_\_\_\_\_.
  
4. Number of years applicant firm has been handling mass tort cases. \_\_\_\_\_
  
5. How many mass tort or class action cases have you handled in the past 5 years? \_\_\_\_\_
  - a. For these cases are you: \_\_\_\_\_ the "lead" attorney? \_\_\_\_\_ the "local" attorney? \_\_\_\_\_ the "referring" attorney?
  - b. Do you represent clients in other jurisdictions?  Yes  No  
If Yes, where? \_\_\_\_\_
  
6. What types of mass tort or class action cases are handled in other jurisdictions? \_\_\_\_\_
  - a. If cases are only referred to other firms, are these other firms in other jurisdiction?  Yes  No,  
If Yes, where? \_\_\_\_\_
  - b. If cases are only referred to other firms, how is your firm compensated for these referrals? \_\_\_\_\_
  - c. Of the number of mass tort cases the firm handles, what percentage cases in which the firm involves outside, local or co-counsel? \_\_\_\_\_
  - d. If outside counsel is involved, provide the firm's procedure to monitor or control such cases. \_\_\_\_\_.
  - e. Does the applicant firm require that any firm they co-counsel, refer or accept as referrals carries their own Lawyer Professional liability Insurance Coverage?  Yes  No
  
7. What percentage of your firm's billings is derived from mass tort or class action work? \_\_\_\_\_
  
8. What is the average dollar value of each case (potential damages)? \$ \_\_\_\_\_
  
9. Provide a detailed description of advertising and submit samples.
  
  
10. Please list all class action or mass tort cases currently pending.

**NOTICE** \_\_\_\_\_  
I understand that the information submitted herein becomes a part of my professional liability application and is subject to the same warranty and conditions. Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

\_\_\_\_\_  
Signature of Owner, Partner or Principal

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date