

B. AREAS OF PRACTICE

Please identify your areas of practice based on your firm's gross billings.

Area of Practice	Last year	This year	Current breakdown within particular area of law: (should equal 100%)					
Admiralty/Maritime	%	%	%	Plaintiff	%	Defense	%	Other
Alternative Dispute Resolution	%	%						
Antitrust	%	%	%	Plaintiff	%	Defense	%	Other
Appellate	%	%						
Business Formation & Alteration	%	%	%	Formation/ Dissolution	%	Mergers & Acquisitions	%	Other
Business Transactions- Corporate & Commercial	%	%	%	Public Corporation	%	Private Corporations/ Individuals	%	Other
Civil Rights & Discrimination	%	%	%	Plaintiff	%	Defense	%	Other
Bankruptcy/Collection/Foreclosure	%	%	%	Creditor	%	Debtor	%	Court Appointed Trustee
Business & Commercial Litigation	%	%	%	Plaintiff	%	Defense		
Construction Law/ Building Contracts	%	%	%	Plaintiff	%	Defense	%	Transactional
Consumer Claims/ Administrative Law	%	%						
Criminal Law	%	%						
Employee Benefits	%	%						
Entertainment Law	%	%	%	Incl. Money Mgmt.	%	Excl. Money Mgmt.		
Environmental Law	%	%	%	Plaintiff	%	Defense	%	Other
Estate, Probate & Trust	%	%	%	Estate Planning	%	Trust Administration	%	Other
Family Law	%	%	%	Divorce	%	Adoption	%	Other
Federal, State & Local Government	%	%	%	General or Financial Advice	%	Defense	%	Other
Financial Institutions	%	%	%	General Counsel	%	Regulatory Counsel	%	Other
General Civil Litigation	%	%	%	Plaintiff	%	Defense		
Health Care	%	%	%	Plaintiff	%	Defense	%	Other
Immigration & Naturalization	%	%						
Insurance Defense	%	%	%	Litigation	%	Coverage	%	Other
Intellectual Property	%	%	%	Patent	%	Trademark/ Copyright	%	Litigation
Labor & Employment	%	%	%	Management	%	Union/Labor	%	Other
Natural Resources/ Oil & Gas	%	%	%	Plaintiff	%	Defense	%	Other
Real Estate	%	%	%	Commercial	%	Residential	%	Other
Securities/Bonds	%	%						
Taxation/Tax Opinions	%	%	%	Personal	%	Corporate	%	Other
Workers' Compensation	%	%	%	Employer	%	Employee		
Other (Please describe)	%	%						

Complete the appropriate sections of the Area of Practice Supplement if your firm provides services in the following areas:

- Plaintiff
- Real Estate
- Bankruptcy and Collection
- Estate/Probate/Trust
- Financial Institutions

C. INTERNAL POLICIES AND PROCEDURES

Administrative Controls

1. Do you use case management and docket control software? Yes No
If "No", indicate method used to docket and calendar matters within your firm:

2. Do you use a centralized computerized system to maintain client lists and check conflicts of interest? Yes No
If "No", indicate method used to check conflicts within your firm:

3. Does your firm utilize the following for all clients? (*Check ALL that apply*)

<input type="checkbox"/> Engagement Letters	<input type="checkbox"/> Non-Engagement Letters
<input type="checkbox"/> Disengagement Letters	<input type="checkbox"/> Retainer Agreements

4. How many suits for the collection of fees has your firm filed against your clients in the last twelve (12) months?
If more than two (2), please provide specifics and identify procedures firm uses to review and analyze potential fee suits, including what policies the firm has implemented to avoid filing fee suits in the future.

5. The firm utilizes: (*check all that apply*)

<input type="checkbox"/> Formalized professional liability risk management program?
<input type="checkbox"/> Formalized peer review program or procedure?
<input type="checkbox"/> CPA-audited or CPA-compiled annual financial statement?
<input type="checkbox"/> Standard pre-printed new client interview forms?

6. *If you answer "Yes" to any of the following, provide details:*
 - (a) Does/has any lawyer serve(d) as a Director/Officer, or have equity interest in any client? Yes No
If "Yes", complete an Outside Interest Supplement.

 - (b) Does any client represent ten percent (10%) or more of your firm's total gross billings? Yes No
If "Yes", provide details on a separate sheet.

 - (c) Do any of your firm's lawyers/staff act as title agents? Yes No
If "Yes", does the firm or any of its members own or control a title agency? Yes No

 - (d) Does your firm share common office space or any part of your premises with another lawyer or law firm? Yes No

 - (e) Has your firm ever been engaged in the following areas of practice? (*Check ALL that apply*)

<input type="checkbox"/> Bonds	<input type="checkbox"/> Class Action/Mass Tort	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Intellectual Property
<input type="checkbox"/> Mergers & Acquisitions	<input type="checkbox"/> Securities	<input type="checkbox"/> Tax Opinions	

D. INSURANCE COVERAGE

List your firm's lawyers' professional liability insurance information for the past five (5) years:

Policy Period	Insurer	Limits of Liability	Deductible	Premium	# of Lawyers
				\$	
				\$	
				\$	
				\$	
				\$	

How Defense Costs apply:	Deductible Type:
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E. CLAIMS, POTENTIAL CLAIMS, DISCIPLINARY ACTIONS

Important Note: You must report any known claim, suit, or incident, act or omission, fact, circumstance, situation, transaction or event that may in the future give rise to a claim or suit, to your current professional liability insurer before the claims-reporting period under that policy expires. Any claim or suit arising from such known claim, suit, incident, act or omission, fact, circumstance, situation, transaction or event would not be covered under the proposed insurance.

1. During the past five (5) years, has any claim or suit been made against you, your firm or any other member of your firm arising out of the provision of professional legal services? Yes No
If "Yes", complete a Claim Supplement for each such claim or suit.
2. Are you or any member or employee of your firm aware of any fact, circumstance, situation, transaction, event, act, error or omission which might reasonably be expected to give rise to a claim? Yes No
If "Yes", complete a Claim Supplement for each such fact, circumstance, situation, transaction, event, act, error or omission.
3. Have you or any member of your firm ever been disbarred, refused admission to practice law, suspended, reprimanded, sanctioned, fined, placed on probation, held in contempt or been the subject of any disciplinary complaint, grievance or action by any court, administrative agency or regulatory body? Yes No
If "Yes", provide full details on a separate sheet.

F. FRAUD WARNINGS

GENERAL: Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO ARKANSAS, MINNESOTA, AND OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud, which is a crime.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING – it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

F. FRAUD WARNINGS (cont.)

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA, NEW MEXICO AND RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON AND TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

G. SIGNATURES AND AUTHORIZATIONS

The undersigned, as authorized representative of the firm and all entities and individuals proposed for this insurance, declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application and any attachments of information submitted with this application are true and complete.

The information in this application is material to the risk accepted by the Underwriter. If a policy is issued it will be in reliance by the Underwriter on the application, and the application will be the basis of the policy.

The Underwriter is authorized to make any inquiry in connection with this application. The Underwriter's acceptance of this application or the making of any subsequent inquiry does not bind the Underwriter to complete the insurance or issue a policy or obligate the applicant to purchase the insurance.

If the information in this application materially changes prior to the effective date of the policy, the applicant will immediately notify the Underwriter, and the Underwriter may modify or withdraw any quotation or agreement to bind insurance.

FIRM:		
BY: <i>(partner, member, officer or shareholder of the applicant firm)</i>	TITLE:	DATE:

Notice: This application must be signed by a Partner, Member, Officer or Shareholder of the applicant firm, acting as the authorized agent of the firm and all entities and individuals proposed for this insurance.

INSURANCE AGENT OR BROKER MUST COMPLETE THE FOLLOWING:

Broker or Agent Name:			
Soliciting Producer Name:			
Broker or Agent License No.	City	State	Date Submitted