

**OneBeacon Insurance Company
Lawyers' Professional Liability
Moonlighting Legal Services Application**



NOTICE: This is an application for a claims-made and reported policy. Subject to its terms, this policy covers only claims first made against you and reported to the Underwriter during the policy period or during any applicable extended reporting period.

Throughout this application, the terms "you", "your" and "Applicant" mean the individual applying for this insurance.

To Apply:

1. Complete all pages of the application (type or print in ink). Remember to sign the application and return it with a sample of your letterhead. Where applicable, include any supplement that is required with your application.
2. Send your application to USI Affinity Insurance Services, email Steve.chaloult@usiaffinity.com or call 610-537-1336.

A. APPLICANT INFORMATION

1. Full Name of Applicant:		2. Applicant's Employer and Type of Business:				
3. Applicant's Mailing Address (No., Street, Town, State, Zip, County):		4. Business Phone:				
5. a) Average hours per week worked for employer:		(c) Total Working Hours per week (a+b):				
b) Average hours per week engaged in the independent practice of law ("moonlighting"):		(d) Percentage of total hours moonlighting (b÷c): %				
6. Does your moonlighting practice include matters involving limited partnerships, bond work, syndications or tax shelters? <input type="checkbox"/> Yes <input type="checkbox"/> No						
7. Briefly describe the date/docket control systems (calendars, etc.), number of systems and cross checking procedures used in your "moonlighting" practice.						
8. Have you ever had any insurance company decline, cancel, refuse to renew or accept only on special terms, any professional liability insurance coverage? If "Yes", please explain by attachment.						<input type="checkbox"/> Yes <input type="checkbox"/> No
9. a) Have you spent more than 25% of your time in any one of the last four (4) years in private practice? If "Yes", please explain by attachment.						<input type="checkbox"/> Yes <input type="checkbox"/> No
b) If response to 9 a) is "Yes", when did you leave full time practice? If response to 9 a) is "Yes", list lawyers' professional liability insurance carried by you, or any previous firm(s), including any extended reporting period.						<input type="checkbox"/> Yes <input type="checkbox"/> No
Inception From (Mo/Day/Yr)	Expiration To (Mo/Day/Yr)	Insurance Company	Policy Number	Limits of Liability	Deductible (if any)	Extended Reporting Period Yes No
						<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>

10. Are you a member of any Bar Association? Yes No
 If "Yes", please identify:

11. Effective date desired: (Mo-Day-Yr)

12. Deductible desired: \$0 \$1,000 \$2,500 \$5,000

B. AREAS OF PRACTICE

1. What is the average percentage of time you spend in the following areas in your "moonlighting" practice?

Area of Practice	Last year	This year	Current breakdown within particular area of law: (must equal 100%)					
Alternative Dispute Resolution	%	%						
Appellate	%	%						
Business Formation & Alteration	%	%	%	Formation/ Dissolution	%	Mergers & Acquisitions	%	Other
Business Transactions- Corporate & Commercial	%	%	%	Public Corporation	%	Private Corporations/ Individuals	%	Other
Bankruptcy/Collection/ Foreclosure	%	%	%	Creditor	%	Debtor	%	Court Appointed Trustee
Business & Commercial Litigation	%	%	%	Plaintiff	%	Defense		
Criminal Law	%	%						
Entertainment Law	%	%	%	Incl. Money Mgmt.	%	Excl. Money Mgmt.		
Estate, Probate & Trust	%	%	%	Estate Planning	%	Trust Administration	%	Other
Family Law	%	%	%	Divorce	%	Adoption	%	Other
General Civil Litigation	%	%	%	Plaintiff	%	Defense		
Immigration & Naturalization	%	%						
Intellectual Property	%	%	%	Patent	%	Trademark/ Copyright	%	Litigation
Real Estate	%	%	%	Commerci	%	Residential	%	Other
Securities	%	%						
Taxation/Tax Opinions	%	%	%	Personal	%	Corporate	%	Other
Workers' Compensation	%	%	%	Employer	%	Employee		
Other (Please describe)	%	%						

2. What was your gross revenue from “moonlighting” legal services over the previous three (3) years?

Year	Gross Revenue (\$)
20	\$
20	\$
20	\$

C. 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 or any individual or entity proposed for coverage 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 individual or entity proposed for coverage aware of any fact, circumstance, situation, transaction, event, act, error or omission which might reasonably be expected to give rise to a claim that may fall within the scope of the proposed insurance? 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 individual or entity proposed for coverage 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.

D. 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.

D. FRAUD WARNINGS (cont.)

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.

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.

E. SIGNATURES AND AUTHORIZATIONS

The undersigned, as authorized representative of all individuals and entities 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.

APPLICANT:	DATE:
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Notice: This application must be signed by the Applicant, acting as the authorized representative of all individuals and entities 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