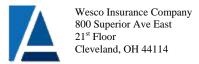




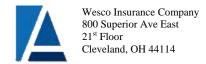
Administ USI Affini			Please Return Completed Application to: Mike Mooney, Vice President						
	wan Road				Mike.Mooney	@usiaffinity.com			
Suite 200	NJ 07747		Fax – 610.537.2057 Phone – 601.537.1441						
ivialawari,	100 07747				FIIOII	e - 001.337.1441			
RE TO	IS IS AN APPLICATION FOR A C PORT ANY KNOWN FACTS OR C YOUR CURRENT INSURER AND EXTENDED REPORTING PERIOD	IRCUMSTANCES THAT IF NECESSARY TO PF	T COULD REAS	SONABLY BE EX	PECTED TO RES	SULT IN A CLAIM			
Full Name Applicant	Firm:		С	ontact:					
Address 1									
Address 2	2:	City:		State:	Zip Code:				
County:		Phone			ax:				
E-mail:			Date Firm E						
Fed ID:		Lawyers in Firm:		o. Support Staff:					
Do you ha	ave other office locations?	□ No If yes, how many?			de a list showing ber of attorneys				
1.	Requested Effective Date:								
2.	a. Current Limits:		b. Limits de	sired this year:					
	c. Current Deductible:		d. Deductib	les desired this ye	ear:				
	e. Optional coverages you are requesting:								
	First Dollar Defense: Agg	gregate Deductible:	С	aim Expense Out	tside Limits:				
3.	a. Is the firm currently insured for	professional liability?	Yes No	Retroactive Da	te Requested:				
	Please provide a copy of your cu	rrent policy declaration	ons including re	etroactive date a	s evidence of cu	rrent coverage.			
	b. Does your current policy have a	any type of endorsemen	ts that exclude	or modify coverag	e?	No			
	If yes, please provide a copy of e	ach such endorsemer	nt.						
4.	List the names of all predecessor fi majority successor to the pre				here the applic	ant is a			
	Name of Predecessor Firm		Date Esta	blished	Number of La	awyers			
5.	Do you share any of the following w	vith other attorneys or la	w firms?						
	Office Space: Yes No	Letterhead: Yes	□ No C	ases: 🗌 Yes 🛭	No				
	If yes, list all such lawyers on fire space, a complete Office Sharing			onship to the fire	n. If the firm sha	ares office			
6.	a. In the last 12 months, how many			b. Joine	ed the firm?				
	c. How many attorneys does the fir	m plan to add during the	e next 12 month	s?					
	d. In the last 12 months, how many								
7.	Has any professional liability insura declined or cancelled, refused to be If yes, please provide a detailed	ince for the applicant, or erenewed or accepted of	r any member o only on special t	the applicant firnerms?		Yes No			
8.	Please identify your legal profession								
	Company	Policy Period	Limits	Deductible	Premium	# of Attorneys			





9.	Does any client or group of relat	ed clients make up 1	0% or more of	the firm's aross	receints?	Yes □ No
-	If yes, explain in detail in the space				, 1000ipto:	1100 🗀 110
		•				
10.	Does your firm use any attorneys no					☐ Yes ☐ No
	If yes, list all such lawyers in the spa					
11.	Is any lawyer listed on the application		r, shareholder, ı	member or exe	rcise fiduciary	☐ Yes ☐ No
	control over an entity other than the		rovidod			
12.	If yes, a complete Outside Interest Su Has any member of the firm provide			adad sacurities	or securities	☐ Yes ☐ No
12.	that are not exempt from registration		orving publicly to	aded securities	or securities	
	If yes, please explain in the space pro		rm letterhead.			
13.	Has any member of the firm been in			itigation?		☐ Yes ☐ No
	If yes, please explain in the space pro			•		
14.	Does any member of the firm provid	de services to, or sit	on the board of	directors of, a		☐ Yes ☐ No
	financial institution?					
45	If yes, a complete Financial Institutio				(1) (
15.	Is any member of the firm aware of					☐ Yes ☐ No
	might result in a professional liability attorney of the firm while affiliated w			sor iirm or agai	nst any current	or former
	If yes, a complete Claim Supplement			lent		
16.	Has any member of the firm been the				r	☐ Yes ☐ No
	refused admission to the bar or any				-	
	If yes, explain in detail in the space p	provided below.		0 .		
17.	a. In the past five (5) years, has an				ught against	☐ Yes ☐ No
	the firm or predecessor firm or any			firm?		
	b. Has any member of the firm or predIf yes, a complete Claim Supplement			n or cuit within	the past 5 years	☐ Yes ☐ No
	ii yes, a complete ciaim supplement	Torin must be provide	eu ioi eacii ciaii	ii or suit within	tile past 3 years.	·
	SDA	CE PROVIDED FOR	ADDITIONAL	INFORMATIO	N	
	51 A	OL I KOVIDED I OK	ADDITIONAL	IIII ORIIIATIO		
1						





	upon eitner your gross r	evenue or billable hours for each category.	
The total must equal 100% This Practice Profile is based on	GEOOG FOLLOS: I.	sillabla baura	_
This Practice Profile is based on	<u> </u>		
	PRAC	TICE PROFILE	
Area of Practice	Percentage	Area of Practice	Percentage
Admiralty (AM)	Plaintiff %:	Health Care (HC)	Plaintiff %:
	Defense %:		Defense %:
	Other %:		Other %:
Antitrust (AT)	Plaintiff %:	Insurance Defense (ID)	Coverage%:
	Defense %:		Defense %:
	Other %:		Other %:
Appellate (AP)	Plaintiff %:	Intellectual Property * (IP)	Patent %:
	Defense %:		Trademark %:
	Other %:		Litigation%:
Arbitration, Mediation (ADR)	%:	Labor & Employment (LE)	Management %:
Bankruptcy * (BC)	Debtor%:		Union/Labor%:
	Trustee%:		Other %:
Business Formation &	Form/Alt %:	Municipal Law (ML)	Defense %:
Alteration, Merger/Acquisition *	Merge/Ac%:		Financial Advice:
(CF)	Other %:		Other %:
Business Transactions -	Public Corp %:	Natural Resources, Oil & Gas (NR)	Plaintiff %:
Corporate & Commercial * (CF)	Private %:		Defense %:
	Other %:		Other %:
Civil Rights/Discrimination (CR)	Plaintiff %:	Personal Injury Legal Malpractice*	Plaintiff %:
	Defense %:	(PI)	Defense %:
	Other %:		Other %:
Collections * (BC)	Creditor %:	Personal Injury Medical	Plaintiff %:
	Debtor %:	Malpractice* (PI)	Defense %:
Commercial Litigation (GL)	Plaintiff %:		Other %:
	Defense %:	Personal Injury Mass Tort,	Plaintiff %:
	Other %:	Class Action * (PI)	Defense %:
Construction Law (CL)	Plaintiff %:		Other %:
	Defense%:	Personal Injury Products Liability*	Plaintiff %:
	Transaction %:	(PI)	Defense %:
Criminal Defense (CD)	%:		Other %:
Employee Benefits (EB)	%:	Personal Injury * (PI)	Plaintiff%:
Entertainment * (EN)	Management %:		Defense %:
	Other %:		Other %:
Environmental * (ER)	Plaintiff %:	Real Estate * (RE))	Commercial %:
	Defense %:		Residential%:
	Other %:	Securities * (SE)	Public Offering%:
Estate, Probate, Trust * (ES) (1)	Est. Planning %:		Corp. Bonds %:
	Trust Admin. %:		Private Placemt:
	Other %:		Other %:
Family Law (FL) (2)	Adoption %:	Tax, Tax Opinions (TX)	Personal %:
	Divorce %:		Corporate %:
	Other %:		Other %:
Financial Institutions * (FI)	%:	Workers Compensation/Social	Plaintiff %:
General Civil Litigation	Plaintiff %:	Security (WC)	Defense %:
	Defense %:		Other %:
<u>l</u>			
Immigration (IM)	Other %: %:	Other (OT) (Describe):	%: %:

^{*} Indicates that completion of the corresponding Supplement is required.





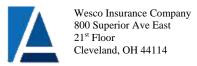
(1) E	state/Trust/Probate. In t	the last 24 mo	onths, please	e indicate the follo	owing:					
Aver	age asset value of estates	handled:		Hiç	hest asset	value of estates handled:				
Is ar	y firm member a trustee of	f any client es	state? 🗌 Ye	es No If ye	s, please c	omplete an Outside Interest Supple	ement			
(2) I	Family Law. In the last 24	4 months, ple	ase indicate	the following:						
Aver	age value of property settle	ement handle	ed:	High	nest value o	of property settlement handled:				
19.	a. Please complete the F	irm Profile by	alow for each	a attornov associ	atod with ve	our firm				
19.	Please attach an addition				ateu with yo	Jul IIIII.				
	r lease attach an addition	Jilai Sileet II	more space	FIRM PROF	1 =					
	Cover for									
		Position		Date First	Ave.	Primary - P	work prior to			
			Hire	Admitted to	Hours/	Secondary - S	date of hire			
A44.a	rnov Nomo	P, A,	_							
Atto	rney Name	OC, I	Date	State Bar	Week	Areas of Practice	by firm? Y/N			
							1			
	P = Partner/Owne	er/Member	A = Associ	ate/Employee	OC = Of C	Counsel I = Independent Contra	actor			
	b. If you are a sole practitioner, who handles your cases in the event of your incapacitation or vacation? (Please Note: If a policy is issued in reliance upon this application, it shall not apply to the attorney noted below):									
20.	Total firm billings last fisc	al year:		Current fiscal y	ear billings:					
21.	Does your firm accept an	y form of con	npensation o	ther than legal fe	es?	☐ Yes ☐ No				
	If yes to 21 above, pleas	se provide a	n explanatio	on in the space p	provided a	bove or on firm letterhead.				
22.	Does your firm have a sy	stem for dete	cting and av	oiding conflicts o	interest?	☐ Yes	□ No			
	☐ Index ☐ Comp	uter 🔲 C	Conflict Com	mittee	ral/Memory	Other Describe:				
	a. Does or has any mem	ber of the firn	n engaged ir	n a business vent	ure with a	client? Yes No				
	b. Does or has any firm i	member intro	duced clients	s to one another	or investme	ent purposes?				
	c. Does the firm ever rep	resent adver	se but friend	ly parties in the s	ame matte	r? Yes No				
	If yes to 22. a, b, or c ab	ove, please	provide an	explanation in t	ne space p	provided above or on firm letterh	ead.			
23.	Please indicate which of	the following	the firm uses	s to manage its d	ocket and s	scheduling demands:				





Computer	☐ Docket Clerk /	☐ Individual Attorney	☐ Daily or weekly	☐ Other	Describe:
	Administrator	diaries	firm-wide		
			circulation of		
			master calendar		





24.	If the firm uses a	computerized system to	o manage its docket and	scheduling demands, pleas	se indica	ate which of the following
	describes that sys	tem:				
	☐ Updated	Centralized /	☐ All branch offices	☐ Monitored by		Tracks statues of
	daily	Firm wide	integrated	multiple		limitations
	·		J	indviduals		
	☐ Data					Other Describe:
	backed up /					
	stored offsite					
25	Does the firm rout	inely use:		•	· ·	
	Engagement lette	rs/Fee Agreements:	☐ Yes ☐ No	Declination of Representa	ation Let	ters: Yes No
	Termination of Se	rvices Letters:	☐ Yes ☐ No	Regular File Status Upda	tes:	☐ Yes ☐ No
26.	How many suits for	or fees have been filed	against clients in the last	two years?		
27.	Describe the firm's	s risk management act	ivities:			
	a. Does the firm h	nave a formal procedur	es manual?			☐ Yes ☐ No
	b. Are all employed	ees trained regarding f	irm policies and procedur	res?		☐ Yes ☐ No
	c. Are new attorn	eys supervised by a m	ore senior attorney?			☐ Yes ☐ No
	d. Is support pers	onnel work reviewed b	y an attorney prior to rele	ease to the client?		☐ Yes ☐ No
		•	acceptance by firm mana	agement?		☐ Yes ☐ No
	f. Does firm mana	agement regularly revie	ew all ongoing matters?			☐ Yes ☐ No
bene	efit or who knowir	ngly or willfully prese d confinement in pris	nts false information in	an Application for insur		for payment of a loss or guilty of a crime and may

APPLICANT'S AUTHORIZATION AND CERTIFICATION

The undersigned is an authorized representative of the prospective Named Insured, and acknowledges that the information provided with the application, including all supplements, attachments and replies to underwriter inquiries, and applications from other insurance companies which have been submitted to the Company and made a part of this application:

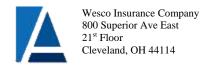
- 1. Will be relied upon by the Company in determining the acceptability of the Applicant and the premium amount to be charged;
- 2. Are true, accurate and complete; and
- 3. Will be incorporated into the policy, if issued.

The applicant firm and all members of the firm understand that this is an application for insurance, and shall not bind the Company to the issuance of insurance, nor shall it bind the firm to the acceptance of a policy.

THE UNDERSIGNED ON BEHALFOF THE APPLICANT FIRM AND ALL MEMBERS OF THE FIRM CERTIFIES THAT THE ABOVE APPLICATION HAS BEEN READ AND THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, MATERIAL AND COMPLETE. THE UNDERSIGNED UNDERSTANDS THAT: (1) IF THE POLICY IS ISSUED, THIS IS DONE BY THE COMPANY IN RELIANCE UPON THESE REPRESENTATIONS; AND (2) NO PAYMENT FOR CLAIMS OR CLAIM EXPENSES WILL BE PAID FOR ANY COVERAGE OBTAINED BY FRAUD, MATERIAL MISREPRESENTATION OR INTENTIONAL OMISSION

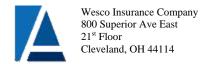
The following number of Supplemental Claim forms are e	enclosed with this application:	





Sign	ature	of Office	er or Pai	rtner of	Firm					Ti	tle	Date	
Print	Nam	e of Offi	cer or P	artner									
Age	ncy:										Phone:		
Add	ress:										Fax:		
		800 Sup 21st Floo	Insurance perior Ave or nd, OH 44	East				CLAIM	SUP	PLEMI	ENT		
1.	Full	name of	f Applica	ant Firm	:								
2.	Full	name(s)) of indiv	/idual(s)	of firm invo	lved in clai	m:						
3.	Othe	er defen	dants:										
4.	Nan	ne of pot	ential/a	ctual cla	imant(s):								
5.	Che	ck whet	ther:		ncident		cl	laim			lawsuit	disciplinary action	
6.	a. D	Date of a	lleged a	ct, erro	, or omissio	n:							
	b. E	Date repo	orted to	insurer:									
	c. N	lame of	insuran	ce carrie	er respondin	g to this cla	aim:						
7.	Pres	sent stat	us of cla	aim (che	ck one and	l include a	ny c	leductible	amo	unt in f	igures provided):		
		Closed	t							Open			
	Tota	al loss pa	aid (inclu	uding de	ductible):	\$			Claimant's settlement demand: \$			\$	
	Tota	al expens	se paid	(includir	g deductible	e): \$		Defendant's offer for settleme			s offer for settlement:	\$	
		Court j	judgmer	nt		l	Ins	surer's clai	im res	serve:	\$	_1	
		Out-of	-court se	ettlemer	nt		Expense reserve:				\$		
		Dismis	sed				Ex	penses pa	aid to	date:	\$		
		Arbitra	tion awa	ard [Curren	tly In Suit		Incident	/Repo	ort Only	(No reserve establish	ned, no expenses to date)	
10.	a. A	Alleged a	act or on	nission (upon which	claim or inc	ider	nt is based	l:				
	b. [Descripti	on of ev	ents lea	ding to clair	n or incide	nt:						
	c. (Current s	status:										
	d. V	What ste	ps have	been ta	aken to prev	ent a simila	ar los	ss in the fu	uture?)			





e. Does this claim or incident arise from an action to collect f	fees?	
I represent that the statements above are true and complete	e to the best of my knowledge, that	t I have not suppressed or
misstated any facts and I understand that this supplement be	•	
Signature of Officer or Partner of Firm	Title	Date

Administered by: USI Affinity 100 Matawan Road Suite 200 Matawan, NJ 07747 Please Return Completed Application to:
Mike Mooney, Vice President
Mike.Mooney@usiaffinity.com
Fax - 610.537.2057

Phone – 601.537.1441