

LAWYERS' MUTUAL INSURANCE COMPANY

3110 W. Empire Avenue, Burbank, CA 91504 • (818) 565-5512 • (800) 252-2045

Lawyers Professional Liability Insurance Application for a Claims-Made Policy STANDARD PROGRAM

IMPORTANT NOTICE

This is an application for a Claims-Made policy. The Claims-Made policy issued by Lawyers' Mutual Insurance Company excludes coverage for Prior Acts. This means that the Company will not indemnify nor provide a defense for any claim made arising out of an act, error, or omission occurring prior to the policy effective date. However, Prior Acts coverage is available upon request and approval.

PART I -- UNDERWRITING INFORMATION

ATTENTION! This application will be considered only if accompanied by a sample of the firm's letterhead.

INSTRUCTIONS: Please answer each question completely. For each question where additional sheets are needed, please identify the question answered (i.e., Pg. 2, Question No. A9). Do not leave any question blank or the application will be returned. If the answer is "none" or "not applicable", then so state. Part II must also be executed and returned.

A. APPLICANT INFORMATION

1. Full Name of Applicant Firm: _____
 2. Applicant Firm is: ___ Individual ___ Partnership ___ Prof. Corporation ___ Prof. Association ___ Other (please explain):

 3. The date on which the Applicant Firm was established: _____
MO/DAY/YR
 4. Principal Business Address (must be in California):
Street _____
City _____ County _____ Zip _____
Telephone No. () _____ FAX No. () _____ Web Address _____
 5. As indicated in the **IMPORTANT NOTICE** section above, Prior Acts coverage is available only upon approval by the Company. If the Applicant Lawyer(s) wishes to be considered for Prior Acts coverage, please check box:
Yes. If approved for Prior Acts coverage, an endorsement will be attached to the policy providing such coverage.
 6. The date on which the Applicant Firm desires Claims-Made coverage to become effective: **12:01 a.m.**
_____, 20____.
MO/DAY
 7. Number of lawyers in the Applicant Firm: _____
 8. Number of employed staff at the Applicant Firm in each of the following categories:
 - a. Accountants _____
 - b. Administrators _____
 - c. Clerical _____
 - d. Insurance Agents/Brokers _____
 - e. Other (describe) _____
 - f. Investigators _____
 - g. Paralegals _____
 - h. Real Estate Agents/Brokers _____
 - i. Title Agents _____
- TOTAL STAFF:** _____

9. With respect to each lawyer who is to be insured under this policy, please list the following (use additional sheet if more than five lawyers. Include all non-California Bar numbers and admission dates, if applicable):

LEGAL EDUCATION

STATE BAR DATA

<u>NAME OF LAWYER</u>	<u>LAW SCHOOL</u>	<u>DEGREE/YEAR</u>	<u>STATE BAR #</u>	<u>Date of Admission MO/DAY/YR</u>	<u>Date of Employment with Applicant (or start date if Sole Practitioner) MO/DAY/YR</u>
a. _____	_____	____/____	_____	_____	_____
b. _____	_____	____/____	_____	_____	_____
c. _____	_____	____/____	_____	_____	_____
d. _____	_____	____/____	_____	_____	_____
e. _____	_____	____/____	_____	_____	_____

10. If the Applicant is an individual and is not self-employed, please explain on a separate sheet.

11. Does the Applicant Firm identify, either on its letterhead or in any other context, any lawyer(s) who acts in an "Of Counsel" capacity? If yes: Yes No

a. Please identify each "Of Counsel" lawyer and/or firm: _____

b. Does each "Of Counsel" lawyer and/or firm have current E&O coverage? If yes, please attach a current declarations page for each "Of Counsel" as proof of E&O coverage. If no, each "Of Counsel" must be on the Lawyers' Mutual policy and named in Question No. A9 of this application. Yes No

c. For each "Of Counsel" lawyer named in Question No. A9 for whom the Applicant Firm is seeking coverage under this policy, state the lawyer's name and number of hours worked per week for the firm: _____

PLEASE NOTE: PROOF OF COVERAGE IS REQUIRED ANNUALLY FOR ANY "OF COUNSEL" NOT ON THE LAWYERS' MUTUAL POLICY.

12. List each professional liability insurance policy (including excess and umbrella liability insurance) which, at any time during the past 5 years, has provided coverage to any lawyer for whom coverage is sought by this application. If no policy has provided coverage, state "none". Please use additional sheet, if necessary.

<u>Name of Lawyer</u>	<u>Firm Name</u>	<u>Inception</u>	<u>Expiration</u>	<u>Insurance Co.</u>	<u>Limits of Liability</u>	<u>Deductible</u>
a. _____	_____	MO/DAY/YR	MO/DAY/YR	_____	_____	_____
b. _____	_____	MO/DAY/YR	MO/DAY/YR	_____	_____	_____
c. _____	_____	MO/DAY/YR	MO/DAY/YR	_____	_____	_____
d. _____	_____	MO/DAY/YR	MO/DAY/YR	_____	_____	_____
e. _____	_____	MO/DAY/YR	MO/DAY/YR	_____	_____	_____

13. Please provide the employment history for each lawyer to be insured under this policy. Include any and all positions held for the past 10 years to and including the present. **Additionally, include any and all positions as of the desired effective date of this policy.** (Use the symbols from the chart below).

- O = Owner
- D = Director/Officer
- P = Partner
- S = Sole Proprietor
- E = Employed Lawyer
- SH = Shareholder
- OC = Of Counsel
- IC = Independent Contractor
- HC = In House Counsel
- OT = Other (explain)

	<u>LAWYER'S NAME</u>	<u>LAW OFFICE/EMPLOYER</u>	<u>DATES ASSOCIATED</u>		<u>POSITION (USE SYMBOL)</u>
			<u>START</u>	<u>FINISH</u>	
a.	_____	_____	MO/DAY/YR	MO/DAY/YR	_____
b.	_____	_____	MO/DAY/YR	MO/DAY/YR	_____
c.	_____	_____	MO/DAY/YR	MO/DAY/YR	_____
d.	_____	_____	MO/DAY/YR	MO/DAY/YR	_____
e.	_____	_____	MO/DAY/YR	MO/DAY/YR	_____

14. Does the Applicant Firm retain independent contractors? If yes, please ___Yes___No explain: _____

PLEASE NOTE: LAWYERS' MUTUAL'S POLICY CONTAINS TERMS, CONDITIONS AND/OR EXCLUSIONS THAT APPLY TO THE ABOVE ACTIVITY, AND INDEPENDENT CONTRACTORS RETAINED BY THE APPLICANT FIRM ARE NOT COVERED.

15. Does the Applicant Firm, or any lawyer listed in Question No. A9 above, act as an independent contractor for any other lawyer or law firm? If yes, please give details on a separate sheet, including name of the hiring lawyer(s), E&O carrier(s), duties performed, and number of hours worked per week for this lawyer(s). ___Yes___No

B. COVERAGE REQUESTED

1. Limits of liability requested:

Each Claim/Annual Aggregate

- ___ \$ 100,000/\$300,000
- ___ \$ 250,000/\$750,000
- ___ \$ 500,000/\$1,500,000
- ___ \$1,000,000/\$3,000,000
- ___ \$2,000,000/\$4,000,000
- ___ \$3,000,000/\$5,000,000
- ___ \$4,000,000/\$6,000,000
- ___ \$5,000,000/\$7,000,000

2. Deductible per claim requested (maximum deductible for sole practitioner is \$5,000):

- ___ \$1,000
- ___ \$2,500
- ___ \$5,000
- ___ \$ 10,000
- ___ \$ 25,000
- ___ \$ 50,000
- ___ \$100,000

PLEASE NOTE: DEDUCTIBLE AMOUNT APPLIES TO COSTS OF INVESTIGATION AND DEFENSE, AS WELL AS SETTLEMENTS AND JUDGMENTS.

C. EMPHASIS AND PRACTICE SPECIALTIES

1. Indicate the percentages for Area of Law practiced based on the Applicant Firm's caseload and revenue generated during the past 3 years. **If the Applicant marks an Area of Law in bold type, please specify (on a separate sheet) the type of client and the legal services performed.**

Responses should total 100%. If a particular activity falls into more than one Area of Law, assign it to the area which most specifically describes the nature of the Applicant Firm's practice. If the Applicant Firm is a new practice, or has a new lawyer(s), please indicate anticipated percentages.

	<u>AREA OF LAW</u>	<u>% Cases</u>	<u>% Revenue</u>
a.	Administrative Law	_____	_____
b.	Admiralty	_____	_____
c.	Anti-trust	_____	_____
d.	Appellate Practice	_____	_____
e.	Aviation	_____	_____
f.	Banking (provide details)	_____	_____
g.	Bankruptcy	_____	_____
h.	Civil Liberties/Civil Rights/Discrimination	_____	_____
i.	Collection/Repossession	_____	_____
j.	Commercial Law	_____	_____
k.	Condemnation	_____	_____
l.	Communications/FCC	_____	_____
m.	Copyright (provide details)	_____	_____
n.	Corporate Law (provide details)		
	(i) Formation or Alteration	_____	_____
	(ii) Mergers/Acquisitions	_____	_____
	(iii) Other (explain)_____	_____	_____
o.	Criminal	_____	_____
p.	Domestic Relations/Family Law (provide details)	_____	_____
q.	Entertainment, including Sports (provide details)	_____	_____
r.	Environmental Law (hazardous waste) (provide details)	_____	_____
s.	Estates and Trusts	_____	_____
t.	Estate Planning	_____	_____
u.	Governmental Regulation (State and Federal) of Public Utilities (provide details)	_____	_____
v.	Immigration	_____	_____
w.	Insurance (other than torts)	_____	_____
x.	International Law	_____	_____
y.	Investment Counseling/Money Management (provide details)	_____	_____
z.	Labor Law/Labor Relations	_____	_____
aa.	Landlord/Tenant (e.g., unlawful detainer)	_____	_____
ab.	Litigation		
	(i) Anti-Trust	_____	_____
	(ii) Unfair Trade	_____	_____
	(iii) Class action - Plaintiff (provide details)	_____	_____
	(iv) Class action - Defendant	_____	_____
	(v) Debt Collection	_____	_____
	(vi) General Business Litigation (provide details)	_____	_____
	(vii) Intellectual Property (provide details)	_____	_____
	(viii) Personal Injury, negligence, and insurance – Plaintiff (provide details)	_____	_____
	(ix) Personal Injury, negligence, and insurance - Defendant	_____	_____
	(x) Tax Litigation (provide details)	_____	_____
	(xi) Workers' Compensation - Applicant	_____	_____
	(xii) Workers' Compensation - Employer	_____	_____
	(xiii) Other (explain)_____	_____	_____
ac.	Municipal Law (other than bond work) (provide details)	_____	_____

<u>AREA OF LAW</u>	<u>% Cases</u>	<u>% Revenue</u>
ad. Oil/Gas/Mining (provide details)	_____	_____
ae. Patents and Trademarks	_____	_____
af. Public Utilities (provide details)	_____	_____
ag. Real property (provide details)	_____	_____
(i) General	_____	_____
(ii) Closings	_____	_____
(iii) Syndication/Development	_____	_____
(iv) Title Work	_____	_____
(v) Zoning	_____	_____
(vi) Homeowner's Association	_____	_____
(vii) Other (explain) _____	_____	_____
ah. Securities (Registered or Exempt)** (provide details)	_____	_____
(i) Federal and/or State	_____	_____
(ii) Public Offerings (including intrastate offerings)	_____	_____
(iii) Compliance with Periodic Reporting Requirements (e.g., 10-K, proxy statements)	_____	_____
(iv) Private Placements	_____	_____
(v) Bonds	_____	_____
(vi) Compliance with California Corporate Securities Law	_____	_____
(vii) Preparation	_____	_____
(viii) Acts	_____	_____
(ix) Other (explain) _____	_____	_____
ai. Tax Planning (provide details)	_____	_____
aj. Wills, Trusts and Probate	_____	_____
ak. Workers' Compensation (other than litigation)	_____	_____
al. Other (provide details) _____	_____	_____
% Total:	_____	_____

Reminder: Areas of Law in **bold** on Pages 4 and 5 require further details.

****Securities coverage is limited under Exclusion 3.5 of the policy. Full coverage, subject to policy conditions, is available for an additional minimum premium of \$5,000. A separate application and approval is required. Does the Applicant Firm wish to be considered for full securities coverage? ___Yes ___No.**

2. Does any lawyer named in Question No. A9 act as:
- a. A public defender? ___Yes ___No
 - b. A prosecutor (special or otherwise)? ___Yes ___No
 - c. A lawyer for any City or County? ___Yes ___No
 - d. An arbitrator or mediator? ___Yes ___No
 - e. A discovery referee? ___Yes ___No
 - f. An in-house lawyer for any corporation or governmental agency? ___Yes ___No
 - g. "Of Counsel" to other lawyers or law firms? ___Yes ___No
 - h. A "City" attorney? ___Yes ___No

If "yes" to any of the above, please provide full details on a separate sheet, including dates, names and if separate E&O coverage for this activity.

PLEASE NOTE: LAWYERS' MUTUAL'S POLICY CONTAINS TERMS, CONDITIONS AND/OR EXCLUSIONS THAT APPLY TO THE ABOVE ACTIVITIES.

3. Does any lawyer named in Question No. A9 have a specialty certification with the State Bar? If yes, please identify the lawyer, specialty and the number of years certified in that specialty. ___Yes___No

<u>NAME OF LAWYER</u>	<u>SPECIALTY</u>	<u>YEARS CERTIFIED</u>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

D. MANAGEMENT OF THE FIRM

1. After the Applicant Firm has been contacted in any manner by a potential client and a decision has been made not to represent this client:
- a. Does the firm give written notice to this non-engaged client of such decision? Yes No
 - b. Does the firm advise any non-engaged client to promptly consult another lawyer? Yes No
2. Does the Applicant Firm have a system of referring non-engaged clients to other lawyers? Yes No
If yes:
- a. Does the firm research this lawyer's competence? Yes No
 - b. Does the firm require that this lawyer maintain E&O coverage? Yes No
3. With regard to new clients, are the scope and terms of the Applicant Firm's representation confirmed in a written agreement? If yes, please answer the questions below. If no, please explain: _____

- a. Is this agreement entered into at the very outset of representation? Yes No
 - b. Does the written representation agreement cover fees to be charged and the firm's method of billing? Yes No
 - c. Is the representation agreement signed by the client? Yes No
 - d. Is the representation agreement specific in terms of what the firm is being retained to do? Yes No
4. Does the Applicant Firm have a procedure which provides for the protection of special, valuable or irreplaceable documents? If yes, please give details. If no, please explain: _____

5. Does the Applicant Firm have a system for cross-referencing its client list to prevent potential conflicts of interest? If yes: Yes No
- a. Is a particular staff person responsible for this function? If yes, please give their name and title: _____ Yes No
 - b. Please describe the firm's conflict of interest index system: _____

6. If the Applicant Firm is a solo practitioner, please provide the name of the lawyer who will be responsible for your affairs if you are absent for an extended period of time (i.e., vacation, illness, disability, etc.):
Name: _____ Telephone No. () _____
Address: _____
- a. Is there a written "back-up agreement" between you and this lawyer? Yes No
 - b. Does this lawyer have current E&O coverage? If yes, please identify the carrier: _____ Yes No
7. Is the Applicant Firm in an office other than a partnership, professional corporation or association where there is any type of expense sharing agreement? If yes: Yes No
- a. Have the terms and conditions of the arrangement been set forth in writing? If yes, attach a sample of such agreement. If no, please explain. Yes No
8. If the Applicant Firm operates as an "Association of Attorneys", please answer the following questions:
- a. Is there any indication on the firm's letterhead that the practice is an Association? Yes No
A sample of the firm's letterhead **must** be attached.
 - b. Has it been ascertained and confirmed that all associates currently have E&O coverage? If yes, please provide current proof of coverage for each lawyer. Yes No

- c. At the outset of representation, are clients advised in writing that the practice is an Association and not a partnership or a professional corporation? Yes No

PLEASE NOTE: ALL MEMBERS OF AN ASSOCIATION MUST BE INSURED UNDER ONE (1) POLICY WITH THE COMPANY.

E. CONTINUING LEGAL EDUCATION

1. Are lawyers of the Applicant Firm required to take continuing legal education courses in excess of the required hours set forth by the State Bar? If yes, please describe the firm's requirements: _____ Yes No
2. If the Applicant Firm is a solo practitioner, or is a law office of less than five lawyers, are meetings held with lawyers of other law offices? If yes: Yes No
- a. Are ideas and problem cases discussed? Yes No
- b. How often are these meetings held? _____

F. CALENDAR CONTROL SYSTEM

1. Which of the following calendaring systems does the Applicant Firm utilize?
- a. Lawyer's calendar _____
- b. Matching secretary calendar _____
- c. Computerized system _____
- d. Other (explain): _____
2. Please describe the specific manner in which the lawyer who is handling a particular case for the Applicant Firm is notified of a matter on his or her calendar: _____
3. Is the calendar control system centralized with one staff person having ultimate responsibility? If yes: Yes No
- a. Please identify this staff person and their title: _____
- b. In the event of this person's absence, is someone assigned as a back-up with regard to calendaring duties? If yes, identify this back-up staff person's name and title: _____ Yes No
4. How often are the time/calendar control systems cross-checked?
- a. Daily _____
- b. Bi-Weekly _____
- c. Weekly _____
- d. Monthly _____
- e. Other _____
5. Does the calendar control system include a follow-up system to ascertain whether all scheduled items have been completed? If yes, please describe this follow-up system and identify the staff person(s) who is responsible for it: _____ Yes No
6. Is a computer system used to control calendars? If yes: Yes No
- a. Should this system become inoperative, is there a manual back-up alternative method in place? If yes, please describe this alternative method and identify the name and title of the staff person responsible for it: _____ Yes No

G. PROFESSIONAL STANDING

- 1. Has any disciplinary proceeding ever been brought by the State Bar of California, or any other State Bar, against any lawyer named in Question No. A9? **If yes, how many?** _____. For any such proceeding, please explain in detail on a separate sheet. (Include dates and current status). ___Yes___No
- 2. Has any lawyer named in Question No. A9 ever been reprimanded by or refused admission to practice, disbarred or suspended from practice before any court or administrative agency? If yes, please give details of any such proceedings on a separate sheet. ___Yes___No
- 3. Has any lawyer named in Question No. A9 ever been charged or convicted of any state or federal offense? If yes, please give details on a separate sheet. ___Yes___No

H. CLAIMS EXPERIENCE

- 1. Has the Applicant Firm, or any lawyer named in Question No. A9, ever withdrawn or had declined an application for any Professional Liability policy, or ever had any such policy non-renewed, cancelled, rescinded, or had coverage restricted? If yes, please give details on a separate sheet. ___Yes___No
- 2. Does the Applicant Firm, or any lawyer named in Question No. A9, have knowledge of any error, omission or any disagreement with a client which might reasonably give rise to a claim or suit against the lawyer or the Applicant Firm? If yes, please complete **Part II** of this application for each incident. ___Yes___No
- 3. Has the Applicant Firm, any Predecessor Firm, any lawyer named in Question No. A9, or any former employer of said lawyer(s), had any claim made against it, him or her during the past 10 years alleging any liability arising from the performance of Professional Services? **If yes, how many?** _____. A separate **Claims Information** sheet must be completed for each claim. Please see **Part II** of this application. **Sign and date Part II even if no claims.** ___Yes___No
- 4. Has the Applicant Firm, or any lawyer named in Question No. A9, ever defended a claim against it, him or her during the past 10 years and not reported it to a carrier? If yes, please complete **Part II** of this application for each claim. ___Yes___No
- 5. Has the Applicant Firm, or any lawyer named in Question No. A9, sued for fees during the past 5 years? If yes, please explain in detail (dates, how many, outcome, etc.) on a separate sheet and state the policy of the Applicant Firm regarding fee disputes and collection. ___Yes___No

PLEASE NOTE: THE POLICY WILL NOT PROVIDE COVERAGE FOR ANY CLAIMS OR POTENTIAL CLAIMS KNOWN TO ANY INSURED PRIOR TO INCEPTION OF THE POLICY, INCLUDING BUT NOT LIMITED TO ANY MATTERS DISCLOSED IN RESPONSE TO QUESTIONS 2, 3, 4 AND 5, ABOVE. ANY SUCH CLAIMS OR POTENTIAL CLAIMS SHOULD BE REPORTED TO YOUR CURRENT PROFESSIONAL LIABILITY INSURER PRIOR TO EXPIRATION OF YOUR CURRENT POLICY.

I. DIRECTOR/OFFICER/EQUITY INTEREST POSITIONS

NOTE: Regarding the questions below -- “financial institution” refers to any savings and loan, bank, credit union, savings association, building and loan association, trust company, mortgage and loan association, title guarantee or real estate company or corporation, or any subsidiary or affiliate thereof.

- 1. Does the Applicant Firm, or any lawyer (including relatives and/or spouse) named in Question No. A9, individually or in the aggregate, have any ownership interest in any client of the firm? If yes, please give details on a separate sheet, including name of client and percentage of ownership. ___Yes___No
- 2. Does any lawyer (including relatives and/or spouse) named in Question No. A9 serve as a director, officer or trustee of any organization/business entity other than the Applicant Firm? If yes, please give details on a separate sheet, including position held, length of service, nature of the business, any D&O insurance and/or indemnification agreement for any such activity, whether the organization is also a client and, if so, the nature of the professional legal services performed. ___Yes___No

3. Does the Applicant Firm, or any lawyer named in Question No. A9, currently engage in any business venture with any person or entity to whom the firm also provides professional legal services? If yes, please give details on a separate sheet. ___Yes___No
4. Has any lawyer named in Question No. A9 ever represented any financial institution, in any manner, during the past 5 years? If yes, please give details on a separate sheet, including services performed and in what capacity (i.e., general, in-house or outside counsel), opinions rendered, name and location of the financial institution, whether it is a past or present client, whether it has been declared insolvent, and all applicable dates. ___Yes___No
5. Has any lawyer named in Question No. A9 ever been a partner, or served as a director, officer, executive or committee member, and/or held any ownership interest with regard to any financial institution during the past 5 years? If yes, please give details on a separate sheet, including the name of the financial institution, ownership percentage, position held, dates, and whether any insurance and/or indemnification agreement covers this activity. ___Yes___No
6. Does the Applicant Firm's practice, or that of any lawyer named in Question No. A9, also include acting in the capacity of an accountant, insurance agent/broker, real estate agent/broker, or entertainment/sports agent? If yes, please give details on a separate sheet and answer the following question: ___Yes___No
- a. Is there separate E&O coverage for this activity? If yes, please provide the carrier's name, policy number, limits of liability, and dates of coverage on a separate sheet. ___Yes___No

PLEASE NOTE: LAWYERS' MUTUAL'S POLICY CONTAINS TERMS, CONDITIONS AND/OR EXCLUSIONS THAT APPLY TO THE ABOVE ACTIVITIES (QUESTION NOS. I. 1 - 6).

7. Is the Applicant Firm a successor in interest to any previous partnership or professional corporation? If yes: ___Yes___No
- a. Were at least two-thirds of the partners, shareholders, or lawyers employed by this partnership or corporation ever employees of, partners of, or shareholders in the Applicant Firm? If yes, please state the name of such partnership or corporation: ___Yes___No

The foregoing responses to this application are true and complete. We understand that the Company will rely upon the accuracy of this application and that the Company retains the right to rescind any policy which is issued based upon any application containing false or incomplete information. We understand that in order to underwrite professional liability insurance, the Company must have access to all possible information concerning our professional practice. We hereby authorize the release and exchange of information involving past and future underwriting and claims matters between the Company and our past and present insurance carriers (and their agents and brokers) and we appoint the Company our attorney-in-fact for obtaining such information. We hereby authorize The State Bar of California to release information to the Company concerning membership status, certified specialties, and disciplinary proceedings. We agree that any person or organization furnishing information to the Company pursuant to this authorization will not be liable for the furnishing of such information, even if such information is inaccurate or untrue.

PLEASE READ THIS: THIS APPLICATION WILL BE CONSIDERED ONLY IF EVERY QUESTION IS ANSWERED COMPLETELY, A COPY OF THE APPLICANT FIRM'S LETTERHEAD IS ATTACHED, AND THE APPLICATION IS SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT FIRM. YOU MUST REPORT TO THE COMPANY ANY CHANGES IN THE FACTS OR STATEMENTS ABOVE OR IN THE SUPPLEMENTAL CLAIMS INFORMATION FORMS, INCLUDING ANY CHANGES IN THE RESPONSE TO ANY QUESTION HEREIN, OF WHICH YOU BECOME AWARE AFTER SIGNING THE APPLICATION BUT BEFORE THE EFFECTIVE DATE OF THE POLICY. IF YOU BECOME AWARE OF ANY CLAIM OR POTENTIAL CLAIM AFTER SIGNING THIS APPLICATION, AND BEFORE THE EFFECTIVE DATE OF THE POLICY, SUCH CLAIM OR POTENTIAL CLAIM WILL NOT BE COVERED UNDER YOUR POLICY AND SHOULD BE REPORTED TO YOUR CURRENT PROFESSIONAL LIABILITY INSURER PRIOR TO EXPIRATION OF YOUR CURRENT POLICY.

PART II -- SUPPLEMENTAL CLAIMS INFORMATION SHEET -- MUST ALSO BE SIGNED, DATED AND RETURNED ALONG WITH PART I TO FORM THE APPLICATION (EVEN IF THERE ARE NO CLAIMS/INCIDENTS).

Dated: _____, 20____
Mo/Day

(print or type Applicant Firm's name)

(Social Security or Taxpayer I.D. No.)

By: _____
(signature of Owner, Partner or Officer)

(print or type name and title)

LAWYERS' MUTUAL INSURANCE COMPANY

LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION

PART II -- SUPPLEMENTAL CLAIMS INFORMATION SHEET

INSTRUCTIONS: PLEASE COMPLETE ONE COPY OF THIS FORM FOR EACH CLAIM OR INCIDENT. Answer all questions completely. If space is insufficient to answer any question fully, please use a separate sheet. Please type or print. Part II must be signed, dated and attached to Part I of this application, even if there are no claims/incidents.

CLAIM NUMBER: _____

1. Full Name of Applicant Firm: _____
2. Full Name of Claimant(s): _____
 - a. Was Claimant a client? ____Yes ____No. If yes, until what date? _____
MO/DAY/YR
3. Please provide the exact date(s) on which professional services were rendered that comprise the basis for the alleged error/claim: _____
4. Please name the individual lawyer(s) and firm that allegedly rendered such professional services: _____
 - a. Please provide the exact dates this lawyer(s) has been associated with the Applicant Firm and the firm named above (Question No. 4), if different: _____
 - b. Please provide the exact dates this lawyer(s) was involved with the underlying case: _____
5. Please list any additional Defendants: _____
6. Has a lawsuit been instituted with regard to the alleged claim? ____Yes ____No. If yes, please provide:
 - a. Date filed: _____
MO/DAY/YR
 - b. Date served on the individual Applicant lawyer(s) and/or law firm: _____
MO/DAY/YR
 - c. Name of lawsuit: _____
 - d. Case No. _____
 - e. Def. Counsel: _____
 - f. Court: _____
 - g. Clmt's Counsel: _____
7. Has this claim or incident been reported to any insurance carrier(s)? ____Yes ____No. If yes, please provide:
 - a. Name of carrier(s): _____
 - b. Date first reported: _____
MO/DAY/YR
 - c. Policy period: From _____ To _____
MO/DAY/YR MO/DAY/YR
 - d. Limits of Liability: _____
 - e. Deductible: _____
 - f. Policy No. _____

8. Description of claim or error. Please provide a full detailed description(s) for Question Nos. a. - d. below. (Use additional sheet, if necessary):

a. Describe all relevant facts and events giving rise to this claim or incident:

b. Describe the allegations upon which the Claimant bases this claim:

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

d. Describe any defenses asserted:

9. Please describe any steps taken by the Applicant Firm to prevent similar future claims or incidents: _____

10. If this claim is **closed**, please provide:

a. Date closed: _____
MO/DAY/YR

b. Resolved by: ____ Court Judgment ____ Out of Court Settlement

c. Result (include trial dates, if any): _____

d. Total amounts paid to Claimant (from all Defendants) pursuant to or in connection with the claim:
\$ _____.

e. Total amount paid to Claimant (including deductible) on behalf of Applicant Firm/lawyer(s):
\$ _____.

f. Total defense costs paid: \$ _____.

11. If this claim or incident is **pending**, please provide:

a. Amount asked for in Summons: \$ _____.

b. Claimant's most recent settlement demand: \$ _____.

c. Defendant's offer for settlement: \$ _____.

d. Insurer's Loss Reserve: \$ _____.

e. Defense costs paid to date: \$ _____.

f. Pleadings at issue, but no trial set? ____ Yes ____ No.

g. On calendar:

____ Motion for Summary Judgment
____ Settlement Conference
____ Arbitration

____ Trial - Set for (date): _____
____ Appeal
____ Other (explain): _____

h. Carrier's present position: _____

NOTE: This Claims Information Sheet does not require the disclosure of privileged attorney/client communications. Care should be taken to provide complete information without making such disclosures. **This sheet must be dated and executed by an Owner, Partner or Officer of the Applicant Firm, even if there are no claims.**

I/We understand that the information submitted herein becomes a part of my/our Lawyers Professional Liability Insurance Application and is subject to the same representations and conditions.

Dated: _____, 20____
(Mo/Day)

(print or type Applicant Firm name)

By: _____
(signature of Owner, Partner or Officer)

(print or type name and title)