

LAWYERS' MUTUAL INSURANCE COMPANY

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

Lawyers Professional Liability Insurance INCREASED LIMITS INSURANCE APPLICATION

IMPORTANT NOTICE THIS IS AN APPLICATION FOR A CLAIMS-MADE POLICY

ATTENTION!

Your application will be considered only if accompanied by a copy of your letterhead.

INSTRUCTIONS: Please answer each question completely. For each question where additional sheets are needed, be sure to use a separate sheet. At the top of that sheet, please identify the question to which you are responding.

A. APPLICANT INFORMATION

1. Full Name of Applicant: _____
2. Applicant Firm is: ___Individual ___Partnership ___Prof. Corporation ___Prof. Association ___Other (please explain)
3. Principal Business Address:
Street _____
City, County & Zip _____
Telephone No. () _____ FAX No. () _____
4. For any branch or satellite offices, list the address, date established, how many lawyers, paralegals, employees, and independent contractors work at each location.
5. What month and year was your firm established? _____
6. Are there predecessor firms to applicant or firms that have merged with applicant?
___Yes ___No If yes, indicate the following:

<u>NAME OF PREDECESSOR FIRM</u>	<u>ORIGINALLY ESTABLISHED</u>	<u>DATE OF MERGER</u>	<u>NO. OF LAWYERS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. If you are a solo practitioner, do you have a back-up agreement with another lawyer or firm in the event of your absence, scheduling conflict, illness, disability, or other like circumstance? _____ Yes _____ No. If yes, provide the name of the person responsible in your absence and a sample of such back-up agreement: _____

8. Please indicate the number of employees and independent contractors at the firm for each of the following categories:

	<u>EMPLOYEES</u>	<u>INDEPENDENT CONTRACTORS</u>
a. Attorneys	_____	_____
b. Paralegals	_____	_____
c. Investigators	_____	_____
d. Abstractors	_____	_____
e. Accountants	_____	_____
f. Real Estate Agents/Brokers	_____	_____
g. Title Agents	_____	_____
h. Insurance Agents/Brokers	_____	_____
i. Brokers Dealers	_____	_____
j. Registered Representatives	_____	_____
k. Clerical	_____	_____
l. Other Professionals (describe)	_____	_____
<hr/>		
TOTAL	_____	_____

9. With respect to each lawyer who is to be insured under the policy applied for, please list the following:

	LEGAL EDUCATION		STATE BAR DATA		Date of Employment With Applicant*	
	Name of Lawyer	Law School	Degree/Yr	State Bar No.	Yr. Adm.	Mo/Day/Yr
a.	_____	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____	_____
e.	_____	_____	_____	_____	_____	_____
	(*including Sole Practitioner)					

10. How many lawyers have joined applicant as partners, officers or employees during the past 12 months?

11. How many lawyers have left applicant during the past 12 months? _____

a. Has applicant ever closed a branch office or had a group departure of five or more lawyers during the past three years? _____ Yes _____ No _____ N/A

12. Does the applicant retain independent contractors? _____ Yes _____ No. If yes:

a. Describe the billing procedures for professional services rendered by the contract lawyer.

b. Does the contract lawyer have professional liability coverage? _____ Yes _____ No. If yes, please provide the name of the carrier, limits of liability and effective dates.

c. How many hours does the contract lawyer provide professional services for applicant? _____

d. How many hours does the contract lawyer provide professional services directly to others? _____

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

14. Please indicate each policy of professional liability insurance (including excess insurance and umbrella liability insurance), which provided coverage to any lawyer for whom coverage is sought by the application, at any time during the past 5 years.

Name of Lawyer	Inception	Expiration	Insurance Co.	Limits of Liability	Deductible
_____	From _____ 19__	To _____ 19__	_____	_____	_____
_____	From _____ 19__	To _____ 19__	_____	_____	_____
_____	From _____ 19__	To _____ 19__	_____	_____	_____
_____	From _____ 19__	To _____ 20__	_____	_____	_____

15. Please list on a separate sheet any and all law firms, including dates of employments for each lawyer to be insured under the policy applied for, in which they were a partner, shareholder, employee, associate or "Of Counsel" during the past 10 years.

B. COVERAGE REQUESTED

1. Limits of liability requested:

Each Claim/Aggregate

Each Claim/Aggregate

___ \$100,000/\$300,000

___ \$2,000,000/\$4,000,000

___ \$250,000/\$750,000

___ \$3,000,000/\$5,000,000

___ \$500,000/\$1,500,000

___ \$4,000,000/\$6,000,000

___ \$1,000,000/\$3,000,000

___ \$5,000,000/\$7,000,000

2. Deductible: ___ \$1,000/ ___ \$2,500/ ___ \$5,000/ ___ \$10,000/ ___ \$25,000/ ___ \$50,000/ ___ \$100,000

C. EMPHASIS AND PRACTICE SPECIALTIES

1. Describe the applicant's practice by showing the percentage of areas of law in which the firm engages based upon the revenue generated for a three year period. If your firm's area of law is not listed, please attach a description on a separate sheet.

***Please provide a brief description of this area of practice on a separate sheet.**

a. Administrative Law

%

b. Admiralty

c. Anti-trust

d. Appellate Practice

e. Aviation

	%	
f.	Banking*	_____
g.	Bankruptcy	_____
h.	Personal injury, negligence, and insurance – Plaintiff*	_____
i.	Personal injury, negligence, and insurance – Defendant	_____
j.	Civil Liberties/Civil Rights/Discrimination	_____
k.	Repossession	_____
l.	Commercial Law	_____
m.	Condemnation	_____
n.	Contracts (negotiation and preparation of agreements Which are not directly related to a specific area listed)	_____
o.	Communications/FCC	_____
p.	Copyright	_____
q.	Corporate Law*	_____
	(i) Formation or Alteration	_____
	(ii) Mergers/Acquisitions	_____
	(iii) Other (explain)_____	_____
r.	Criminal	_____
s.	Domestic Relations (divorce, custody)	_____
t.	Entertainment (other than tax planning)*	_____
u.	Environmental Law (hazardous waste)	_____
v.	Estate Planning	_____
w.	Governmental Regulation (State and Federal) of Public Utilities*	_____
x.	Immigration	_____
y.	Insurance (other than torts)	_____
z.	International Law	_____
aa.	Investment Counseling/Money Management*	_____
ab.	Labor Law/Labor Relations	_____
ac.	Litigation	_____
	(i) Anti-Trust	_____
	(ii) Unfair Trade	_____
	(iii) Class action – Plaintiff	_____
	(iv) Class action – Defendant	_____
	(v) Debt Collection	_____
	(vi) General Business Litigation	_____
	(vii) Personal Injury – Defendant	_____
	(viii) Tax Litigation	_____
	(ix) Workers' Compensation - Applicant	_____
	(x) Workers' Compensation - Employer	_____
	(xi) Probate/Trust Litigation	_____
	(xiii) Other (explain)_____	_____
ad.	Municipal Law (other than bond work)	_____
ae.	Oil/Gas/Mining*	_____
af.	Patents and Trademarks	_____
ag.	Probate	_____
ah.	Public Utilities	_____
ai.	Real property*	_____
	(i) General	_____
	(ii) Closings	_____
	(iii) Syndication/Development	_____
	(iv) Title Work	_____
	(v) Zoning	_____
aj.	Securities (Registered or Exempt)* **	_____
	(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) Other (explain)_____	_____
	(viii) Acts	_____
	(ix) Preparation	_____
ak.	Workers' Compensation (other than litigation)	_____
al.	Trusts and Wills	_____
am.	Landlord/Tenant (e.g. unlawful detainer)	_____
an.	Other (explain)*_____	_____

****Securities coverage is limited under Exclusion 3.5 – Full coverage, subject to policy conditions, is available for an additional premium. A separate application is required. Please contact the Company for details.**

2. Does any lawyer in the firm, or applicant, act as:

a.	A public defender?	_____	Yes	_____	No
b.	A prosecuting attorney?	_____	Yes	_____	No
c.	A City or County attorney?	_____	Yes	_____	No
d.	An arbitrator or mediator?	_____	Yes	_____	No
e.	A discovery referee?	_____	Yes	_____	No
f.	An in-house attorney of any corporation or governmental agency?	_____	Yes	_____	No
g.	An independent contractor or contract attorney to other lawyers or law firms?	_____	Yes	_____	No
h.	"Of Counsel" to other lawyers or law firms?	_____	Yes	_____	No

If you answered "Yes" to any of these questions, please provide full details on a separate sheet.

Refer to the policy's terms and conditions, or consult your insurance agent or broker regarding excluded activities.

3. Do any of the lawyers in the firm have a specialty certification with the State Bar? ____ Yes ____ No.
If yes, list those lawyers, their specialties, and the number of years they have been certified in that specialty.

- a. _____
- b. _____
- c. _____

4. Does any lawyer in the firm, or applicant, "specialize" in any are of law? ____ Yes ____ No. If yes, please state what area:_____

5. What is the majority of the type of your clients?

- _____ Business
- _____ Governmental
- _____ Individual

D. MANAGEMENT OF THE FIRM

1. During the initial interview, does the attorney use an initial interview form designed to capture all vital information from the client? Yes No. If yes, please attach a sample of such forms. If no, please explain on a separate sheet.
2. Has the applicant established a criteria for screening the types of clients your office will not represent? Yes No. If yes, explain the procedure in detail on a separate sheet. If no, please explain.
3. Has the applicant established criteria for screening the types of cases your office will not accept? Yes No. If yes, explain the procedure in detail on a separate sheet. If no, please explain.
4. Is the applicant managed by a management committee? Yes No. If yes:
 - a. How many partners or officers comprise the management committee? _____
 - b. Does the applicant employ an administrator? Yes No.
 - c. Is the administrator a lawyer? Yes No.
 - d. What percent of the administrator's time is devoted to the practice of law? _____%
 - e. Does the applicant use a peer review system to evaluate the performance of partners, officers or employees? Yes No.
 - f. Does the applicant have a system requiring complaints, by either a client or other counsel, to be reviewed by a partner other than the lawyer about whom the complaint is made? Yes No.
5. After your office has been contacted in any manner by a potential client and a decision has been made not to represent this client:
 - a. Do you give notice to this person of your decision? Yes No.
 - b. Is this notice in writing, even if you were contacted by telephone? Yes No.
 - c. Do you give any non-engaged client your reasons for declining the case? Yes No.
 - d. Do you advise any non-engaged client to consult another attorney promptly? Yes No.
 - e. Do you keep a record of all such notices sent out by your office? Yes No.
 - f. Do you advise the clients that the statute of limitations is running? Yes No.
6. If a referring attorney is involved, do you carbon copy that attorney? Yes No.
 - a. Do you pay a referral fee to that attorney? Yes No.
 - b. Do you disclose, in writing, the fee agreement to your client? Yes No.

7. Does any lawyer in the firm, or applicant, refer clients to other attorneys when they do not engage your office?
 Yes No. If yes:
- a. How is that attorney's competence considered? _____

- b. How is their competence researched? Please explain: _____

- c. Is it required that the attorney maintain E&O coverage? Yes No.
- d. Does any lawyer in the firm, or applicant, accept a referral fee? Yes No.
- e. Does any lawyer in the firm, or applicant, disclose, in writing, the fee sharing agreement to the client?
 Yes No.

8. When a decision has been made that you be retained by a client, are the scope and terms of your representation confirmed in a written agreement? Yes No. If no, please explain. If yes:
- a. Is this agreement entered into at the very outset of the representation? Yes No.
- b. Does the written representation agreement cover the fees to be charged and your 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 you are being retained to do?
 Yes No.

Please attach a sample of such agreement.

9. Does any lawyer in the firm, or applicant, keep a record of all incoming calls from clients and potential clients?
 Yes No.
10. Does applicant have a procedure or system for periodic reporting to the client on all open files in your office?
 Yes No. If yes, describe the content of this report on a separate sheet. Explain how often you report and attach a sample of such report.
11. Does applicant have a procedure which provides for protection of special, valuable or irreplaceable documents?
 Yes No. If yes, give details: _____

12. Does applicant have a system for cross-referencing your client list to prevent potential conflicts of interest?
 Yes No. If yes:
- a. On what date was the system implemented? _____
- b. How is applicant's conflict of interest system maintained?
 Oral/Memory Multiple Index Files
 Single Index Files Computer
- c. Is a particular staff person responsible for this function? Yes No. If yes, please state their position: _____

- d. If you use an initial interview form, has it been designed to input your conflict of interest control system?
 Yes No. Describe in detail your office's conflict of interest index system on a separate sheet.
- e. Does applicant's system include any of the following: (Check all that apply)
- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| Client name | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Opposing party | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Client principals | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Client subsidiaries | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Names of parties whose representation was declined | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| File name and number | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| A procedure to add new parties as the representation continues | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
- f. Is a senior member of applicant assigned to review all conflicts discovered by the review?
 Yes No.
- g. Does any lawyer in the firm, or applicant, disclose to its clients, in writing, all conflicts of interest and conflicts they reasonably believe may exist? Yes No.
- h. When a conflict of interest is identified, does any lawyer in the firm, or applicant, obtain consent, in writing, if the conflict can be resolved by consent of the parties? Yes No.
13. Do you arrive at an agreement with your client regarding the fees to be charged on his or her case at the very outset of representation? Yes No.
- a. Is this agreement always in writing? Yes No. If no, please explain: _____

- b. Are your clients advised at the outset of the representation of the specific fee agreement?
 Yes No. If yes, attach a sample of such advisement.
- c. Do you require the client's signature on the fee agreement? Yes No. If yes, attach a sample of such an agreement.
14. Do you bill clients on a monthly basis? Yes No. Give details of your periodic billing system on a separate sheet.
15. Does your office have a procedure to be followed for the collection of accounts receivable short of litigation?
 Yes No. If yes, describe in detail on a separate sheet.
16. Does applicant operate as an Association of attorneys? Yes No. If yes, please answer the following:
- a. Is there any indication on your letterhead that you practice as an association? Yes No. If yes, attach a sample of such letterhead.
- b. Have you ascertained and confirmed if all associates have E&O coverage? Yes No. If yes, please identify the carrier for each associate, the policy number, effective dates of such coverage, and the limits of liability of such coverage on a separate sheet.
17. Is there any indication on the office directory or in any location seen on entry to your office that you and the other associates practice as a law partnership or professional corporation? Yes No.
18. Are the clients advised at the outset of representation that you practice as an association and not a partnership or a professional corporation? Yes No.

a. Is the advisement in writing? ____ Yes ____ No. If yes, attach a sample of such advisement.

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

19. Does applicant practice in a law office cooperative? ____ Yes ____ No. If yes, give details on a separate sheet.

a. Have the terms and conditions of the cooperative been set forth in writing? ____ Yes ____ No. If yes, describe in detail the provisions of the agreement on a separate sheet.

b. Are your clients advised at the outset of representation that you practice in a cooperative, and not a law firm or professional corporation? ____ Yes ____ No. If yes, describe in detail on a separate sheet.

c. Are your clients advised in writing? ____ Yes ____ No. If yes, attach a sample of such advisement.

20. Does applicant practice in an office other than a partnership, professional corporation or association where there is any type of expense sharing agreement? ____ Yes ____ No. If yes:

a. Have the terms and conditions of the arrangement been set forth in writing? ____ Yes ____ No. If yes, describe in detail the provisions of the agreement on a separate sheet.

21. Have you identified, either on your letterhead or in any other context, any attorney or attorneys in an "Of Counsel" status? ____ Yes ____ No. If yes, please identify:

a. Each "Of Counsel" attorney on a separate sheet.

b. Have you ascertained if the "Of Counsel" attorney has E&O coverage? ____ Yes ____ No. If yes, please identify the carrier for each "Of Counsel", the policy number, the effective dates of such coverage, and the limits of liability of such coverage on a separate sheet. Please provide proof of coverage. (Proof will be required annually.)

22. Does applicant or any of its attorneys currently advertise, advertised in the past or intend to advertise during the future policy year? ____ Yes ____ No. If yes, indicate the medium: television____; radio____; newspaper/other periodical____; direct mail____; brochure____; other sales tools____; other____. Please attach samples.

23. Are lawyers in the firm, or applicant, required to take courses in excess of the required hours set forth by the State Bar? ____ Yes ____ No. If yes, how many hours are required?_____

a. Is this a requirement of the firm? ____ Yes ____ No.

b. The average number of hours each attorney takes during the course of a year:_____

24. Does applicant have regular office meetings between all employed attorneys in your office? ____ Yes ____ No. If yes:

a. Are recent developments in law discussed? ____ Yes ____ No.

b. Are problem cases discussed? ____ Yes ____ No.

c. Is attendance required of all attorneys? ____ Yes ____ No.

d. How often are these meetings held?_____

25. If applicant is a solo practitioner, or in a law office of less than five attorneys, does applicant attend meetings with attorneys of other law offices? ____ Yes ____ No. Are ideas and problem cases discussed? ____ Yes ____ No. If yes:

a. How often are the meetings?_____

b. Give details of these meetings on a separate sheet.

E. CALENDAR CONTROL SYSTEM

1. Which, if any, of the following calendaring systems does the applicant utilize?

- a. Attorney's calendar _____
- b. Matching secretary calendar _____
- c. Computerized system _____

2. Is the calendar control system centralized with one staff person having ultimate responsibility? ____ Yes ____ No.
If yes:

a. Identify that staff person and their title: _____

b. Is there a back-up staff person to take charge of the calendar in the event of absence or illness from the office? ____ Yes ____ No. What is the back-up person's position? _____

3. Describe your calendaring system: _____

- a. If a particular input form is used, attach a sample of such form.
- b. If your office utilizes pre-interview and interview forms, is the information on that form input into the calendar control system? ____ Yes ____ No.

4. Identify below those dates that are entered into your calendar control system.

				<u>N/A</u>	
a. Statute of limitations	_____	Yes	_____	No	_____
b. Procedural deadlines. If yes, please list all such deadlines	_____	Yes	_____	No	_____
c. UCC filing deadlines	_____	Yes	_____	No	_____
d. Deadlines on mortgage liens, mechanics liens and tax returns	_____	Yes	_____	No	_____
e. All appearance dates, i.e., court appearances, trials, depositions, etc.	_____	Yes	_____	No	_____
f. Dates for responding to all discovery matters	_____	Yes	_____	No	_____
g. Dates for estate planning updates	_____	Yes	_____	No	_____
h. Important dates established by clients	_____	Yes	_____	No	_____
i. Lead times	_____	Yes	_____	No	_____
j. Time for action in non-litigation matters	_____	Yes	_____	No	_____
k. Governmental claims	_____	Yes	_____	No	_____
l. Other (please describe)	_____	Yes	_____	No	_____

5. How often are time/calendar control systems cross-checked?

- a. Daily _____
- b. Weekly _____
- c. Bi-Weekly _____
- d. Monthly _____
- e. Other _____

6. Please describe the cross-checking procedures: _____

7. If you are 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. (____) _____
 Are they insured? ____ Yes ____ No. If yes, provide proof of coverage.
8. Is a schedule of upcoming deadlines generated by your calendar control system? ____ Yes ____ No. If yes:
- a. Is that schedule published on a regular basis? ____ Yes ____ No. If yes, how often? _____
- b. Is the schedule distributed to all attorneys in your office? ____ Yes ____ No.
- Please attach a sample of such periodic calendar control system schedule.
9. Does the calendar control system include a follow-up system to ascertain that all scheduled items have been completed? ____ Yes ____ No. If yes, please describe and list the person(s) who is responsible for the follow-up: _____

10. If the applicant uses a computer system to control calendars, complete the following:
- a. Type of system: _____
- b. Type of software: _____
- c. Computer system: _____
- d. Do you use a manual back-up system to your computer network? ____ Yes ____ No. If yes, identify that staff person and their title: _____

F. PROFESSIONAL STANDING

1. Has any disciplinary proceeding been brought by the State Bar of California against any lawyer named in Question No. A9? If yes, how many? _____. For any such proceeding, explain in detail on a separate sheet.
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? ____ Yes ____ No. If yes, give details of any such proceedings on a separate sheet.
3. Has any lawyer named in Question No. A9 ever been charged or convicted of any state or federal offense? ____ Yes ____ No. If yes, please give details on a separate sheet.
4. Has any lawyer in the firm, or applicant, ever been advised to seek or sought alcohol or substance abuse treatment? ____ Yes ____ No. Please explain on a separate sheet.

G. CLAIMS EXPERIENCE

1. Has the applicant law firm, or any lawyer named in Question No. A9, had any policy for Professional Liability insurance non-renewed, declined, cancelled, application withdrawn, policy rescinded or coverage restricted? ___ Yes ___ No. If yes, give details on a separate sheet.
2. Does the applicant law firm, or any lawyer named in Question No. A9, for whom coverage is sought by this application, have knowledge of any error or omission or any disagreement with the client which might reasonably give rise to a claim or suit against him or her or against the applicant law firm? ___ Yes ___ No. If yes, give details on a separate sheet.
3. Has the applicant law firm, or any lawyer named in Question No. A9, had any claim made against it, him or her during the past 10 years alleging any liability arising from the performance of professional services whether or not you were named as a party? ___ Yes ___ No. If yes, how many? _____. A separate claims information sheet must be completed for each claim.
4. Has the applicant law firm, or any lawyer named in Question No. A9, sued for fees in the past 5 years? ___ Yes ___ No. If yes, explain in detail on a separate sheet and state the policy of the applicant law firm regarding fee disputes and collection.
5. Has the applicant law firm, or any lawyer named in Question No. A9, defended a claim against it or themselves and not reported it to the Company? ___ Yes ___ No. If yes, give details on a separate sheet.

H. DIRECTOR/OFFICER/EQUITY INTEREST POSITIONS

1. Does applicant, or any lawyer named in Question No. A9 serve as an outside director or officer and/or have any ownership interest in the business of a client (including member's relatives and spouse)? ___ Yes ___ No. If yes, please give complete details on a separate sheet of the position, years of and length of service, name of the institution, percentage of ownership (if any), D&O insurance for any such activity, and indemnity agreement for such activity.
2. Has applicant, or any lawyer name in Question No. A9, represented a financial institution? (Financial institution means any savings and loan, bank, credit union, savings association, building and loan association, or any subsidiary or affiliate thereof)? ___ Yes ___ No. If yes, on a separate sheet, give the name and location of the financial institution, whether the financial institution has been a past or present client, and when, and whether the financial institution has been declared insolvent.
3. Has applicant, or any lawyer named in Question No. A9, ever served as a director, officer, executive committee member, loan committee member, investment advisory committee member, or internal audit committee member with regard to the financial institutions listed in Question No. 2 above? ___ Yes ___ No. If yes, on a separate sheet, explain the position, when they held the position, whether insurance covered the activity, and whether there is an indemnification agreement.
4. Has applicant, or any lawyer named in Question No. A9, ever served as a partner, held stock or any other ownership interest in the financial institutions listed in Question No. 2 above? ___ Yes ___ No. If yes, on a separate sheet, please give complete details of the position, length of service, name of the institution, years of and length of ownership, percentage of ownership (if any), D&O insurance for any such activity, and any indemnity agreement for such activity.
5. Has applicant, or any lawyer named in Question No. A9 acted as general counsel to a bank, assisted in the preparation or response to regulatory examination reports, securities work, loan closings, abstract title opinions, real estate foreclosures, collections/repossessions, or bankruptcy? ___ Yes ___ No. If yes, on a separate

sheet, please state which category applies and designate what capacity (i.e., general counsel, outside counsel), the general type of loan transaction (residential real estate, commercial real estate, other), opinions rendered (credit worthiness, value of collateral), and when they held the position.

If you answered "Yes" to any question above (1-5), Exclusions 3.5, 3.6 and 3.7 may apply. Please check your policy.

6. Does applicant, or any lawyer named in Question No. A9, act in the capacity of an insurance agent, insurance broker, accountant, real estate agent, real estate broker, notary, medical doctor, or psychiatrist? ___ Yes ___ No. If yes, do you carry E&O coverage? ___ Yes ___ No. Please provide, on a separate sheet, the name of the carrier, amount of coverage and submit proof of coverage.
7. Has any disciplinary proceeding been brought against the lawyer who acts in the capacity of an insurance agent, insurance broker, accountant, real estate agent, real estate broker, notary, medical doctor, psychiatrist, or other professional capacity? ___ Yes ___ No. If yes, give details on a separate sheet.

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.

Dated: _____, 20____
Mo/Day (APPLICANT)

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

By: _____
(Signature)

(print or type name and title)

Rev. 2/12/98

LAWYERS' MUTUAL INSURANCE COMPANY
SUPPLEMENTAL APPLICATION -- PART II -- CLAIMS INFORMATION SHEET

NOTE: PLEASE COMPLETE ONE COPY OF THIS FORM FOR EACH CLAIM

Name of Applicant Lawyer: _____

1. Name of Claimant: _____

Was claimant a client? ____Yes ____No.

2. a. Date(s) on which professional services were rendered which comprise the alleged basis for the claim: _____

b. Name of law firm that Applicant Lawyer was with at the time such services were rendered:

3. a. Individual lawyer(s) who allegedly rendered such professional services: _____

b. Dates Applicant Lawyer was with the law firm named in Question No. 2(b) above: _____

c. Dates Applicant Lawyer involved with underlying case: _____

4. Insurance Carrier(s) to which claim has been reported:

Name

Date First Reported

5. Allegations of claimant. (Please describe the facts and events which the claimant alleges to have occurred -- not the legal theory or the name of the alleged tort): _____

6. State any defenses you expect to assert, or did assert: _____

7. Has a lawsuit been instituted in which these allegations have been made? ____Yes ____No.

8. If the answer to No. 7 is "Yes", state:

a. Name of lawsuit _____

b. Court _____

c. Your Attorney _____

d. Case Number _____

e. Claimant's Attorney _____

f. Current Status of Proceeding:

Current Settlement Demand: \$ _____

Pleadings Not At-Issue

Trial set for (date) _____

Case was tried on _____

Result _____

Final Judgment

Other (Explain) _____

9. Current Status of Claim: ____Open ____Closed. If closed, please give date: _____

Mo/Day/Yr

Result: _____

10. a. Total amounts paid to claimant (from whatever source) pursuant to or in connection with the claim: \$ _____

b. Applicant's share of amount paid to claimant: \$ _____

c. Defense costs paid to date: \$ _____

(NOTE: THIS CLAIM INFORMATION SHEET DOES NOT ELICIT 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 EACH OF THE ATTORNEYS WHO WERE IDENTIFIED IN RESPONSE TO ITEM NO. 3, SUPRA).

Date: _____, 20____

Mo/Day

Yr

(Applicant)

(Please print name of Applicant Lawyer)