

INDEPENDENT CONTRACTOR PROGRAM (“ICP”) APPLICATION INSTRUCTIONS

1. Complete, sign and date the ICP Application
2. Make your check payable to “Lawyers’ Mutual Insurance Company” for your minimum deposit premium of \$300.
3. Return your completed ICP Application, letterhead and check to LMIC at:
3110 W. Empire Avenue
Burbank, CA 91504

IMPORTANT NOTICE

EFFECTIVE AUGUST 2, 2004, LAWYERS’ MUTUAL INSURANCE COMPANY WILL BEGIN PROCESSING YOUR PAYMENT BY SENDING AN IMAGE OF YOUR CHECK, RATHER THAN THE ORIGINAL CHECK, TO YOUR BANK FOR PAYMENT. IF YOU HAVE QUESTIONS, PLEASE CONTACT US AT (800) 252-2045.

**IMPORTANT NOTICE TO POLICYHOLDERS;
TERRORISM RISK INSURANCE ACT OF 2002**

You are hereby notified that, under the recently enacted Terrorism Risk Insurance Act of 2002, you have coverage under your policy, subject to all of its terms, exclusions and conditions, for sums you are legally obligated to pay as Damages by reason of any act, error, omission or Personal Injury arising out of Professional Services rendered or that should have been rendered by the Insured even if the claim giving rise to such Damages is based upon or arises out of acts of terrorism ("Terrorism Coverage").

Any Terrorism Coverage provided by your policy is partially reimbursed by the United States of America under a formula established by Federal Law. Under this formula, the United States will pay 90% of covered terrorism losses exceeding a statutorily established deductible paid by insurers until such time as insured losses under the program reach \$100 billion. If that occurs, Congress will determinate the procedures for, and the source of, any payments for losses in excess of \$100 billion.

The portion of your annual premium that is attributable to Terrorism Coverage is zero.

If, upon renewal of you policy, a premium is going to be charged for Terrorism Coverage, we will provide you with notification of what that premium will be.

LAWYERS' MUTUAL INSURANCE COMPANY ("LMIC")

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

INDEPENDENT CONTRACTOR PROGRAM ("ICP")

Application for a Claims-Made Lawyers' Professional Liability Insurance Policy

IMPORTANT NOTICE – This is an application for a Claims-Made policy. The policy for which you are applying **excludes** coverage for Prior Acts. This means that LMIC will not indemnify or provide a defense for any claim made arising out of an act, error, or omission occurring prior to the policy effective date.

UNDERWRITING INFORMATION

ATTENTION! This application will be considered only if accompanied by a sample of your 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.

COVERAGE LIMITS: Upon approval of this ICP Application, the Limits of Liability for the Independent Contractor Program policy will be \$100,000 each claim/\$100,000 annual aggregate. Higher limits on a per Assignment basis may be available upon approval by LMIC of an Approved Assignment Application. Please call LMIC for details.

APPROVED ASSIGNMENTS: A separate Approved Assignment Application must be completed for each Assignment. Upon approval by LMIC of the Approved Assignment Application, an endorsement will be added to the ICP policy to reflect coverage for that Approved Assignment.

NOTE: A \$500 CLAIMS HANDLING EXPENSE, WHICH MUST BE PAID AT THE TIME A CLAIM IS TENDERED, APPLIES IN LIEU OF A DEDUCTIBLE.

As used in this and all Applications/Forms regarding the ICP, the term "Hiring Entity" refers to the Lawyer, Law Firm or In-House Corporate Legal Department intending to retain the Applicant Lawyer as an Independent Contractor.

Please review the ICP Enrollment Qualifications. Should you have any questions as to your eligibility, please call LMIC to discuss.

A. APPLICANT INFORMATION

1. a. Full Name of Applicant Lawyer _____
- b. Applicant Lawyer is: Individual Corporation Other: (Explain) _____
- c. Address: _____
City: _____ County: _____ State: _____ Zip: _____
- d. Telephone No. _____ Fax No. _____
- e. Other Office Locations: _____
- f. Name of Bar Association(s) of which you are a member: _____

B. PROFESSIONAL STANDING

1. Has any disciplinary proceeding (including but not limited to reprimand, reprisal, probation, suspension or disbarment) ever been brought by the State Bar of California, or any other State Bar, against the Lawyer named in Question No. A5? **If yes, how many?** _____. For each such proceeding, please explain in detail on a separate sheet (include dates and current status). ___Yes ___No
2. Has the Lawyer named in Question No. A5 ever been refused admission to practice before any court or administrative agency? If yes, please give details of each such proceeding on a separate sheet. ___Yes ___No
3. Has the Lawyer named in Question A5 ever been charged or convicted of any state or federal offense? If yes, please give details on a separate sheet. ___Yes ___No

C. CLAIMS EXPERIENCE

1. Has the Lawyer named in Question No. A5 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 Lawyer named in Question No. A5 have knowledge of any act, error, omission or any disagreement with any former or current client, third party, or any Hiring Entity that has or may retain the Lawyer as an Independent Contractor, which might reasonably give rise to a claim or suit against the Lawyer? ___Yes ___No
3. Has the Lawyer named in Question No. A5 had any claim made against him or her during the past 10 years alleging any liability arising from the performance of Professional Services? **If yes, how many?** _____. ___Yes ___No
4. Has the Lawyer named in Question No. A5 ever defended a claim against him or her during the past 10 years and not reported it to an insurance carrier? ___Yes ___No

The foregoing response 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 on 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 or attorney-in-fact to obtain 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 purposed to this authorization will not be liable for the furnishing of such information.

PLEASE READ THIS: THIS APPLICATION WILL BE CONSIDERED ONLY IF EVERY QUESTION IS ANSWERED COMPLETELY, A COPY OF THE APPLICANT'S LETTERHEAD IS ATTACHED, AND THE APPLICATION IS SIGNED AND DATED BY THE OWNER/APPLICANT.

Dated: _____, 20____
 MO/DAY YR

(Print or type Applicant's name and title)

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

By: _____
(Signature of Owner/Applicant)

F: DIRECTOR/OFFICER/EQUITY INTEREST POSITIONS

- 1. Does the Insured (including relatives and/or spouse) individually or in the aggregate, have any ownership interest in any client of the Hiring Entity? If yes, please give details on a separate sheet, including name of client and percentage of ownership. Yes No

- 2. Does the Insured (including relatives and/or spouse) serve as a director or officer of any client of the Hiring Entity? If yes, please give details on a separate sheet, including position held, length of service, client's name, nature of the business, and any D&O insurance and/or indemnification agreement for any such activity. Yes No

- 3. Does the Insured currently engage in any business venture with the Hiring Entity (or any member thereof), or with any person or entity to whom the Hiring Entity also provides Professional Services? If yes, please give details on a separate sheet. Yes No

I understand that the information submitted herein becomes part of my Lawyers' Mutual Insurance Company Independent Contractor Professional Liability Insurance Application and is subject to the same representations and conditions.

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

I further understand that coverage for the requested Assignment described in this Application is contingent upon receipt and approval by LMIC of this Approved Assignment Application, and that this Application will not be considered complete until LMIC has received a completed Supplemental Claims Information Sheet for each question answered "yes" in Section E above.

Dated: _____, _____
Mo/Day Year

Print/type name and title of Insured

Signature of Insured

Form ICPAPASG
(Rev. 9/20/99)