

**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

3110 W. Empire Avenue, Burbank, CA 91504

(800) 252-2045 Fax: (818) 565-5516

Lawyers Professional Liability Insurance

ARBITRATION/MEDIATION PROGRAM

Individual Application for a Claims-Made Policy

UNDERWRITING INFORMATION

1. Name of Applicant Lawyer _____ State Bar # _____
Street _____ City _____ Zip _____
Law School _____ Degree _____ Year _____ Date Admitted ____ / ____ / ____
MO DAY YR

2. Are you practicing as an: Individual Corporation
 Other (Explain: _____)

3. Date on which Applicant Lawyer desires claims-made coverage to become effective:
12:01 a.m. ____ / ____ / ____
MO DAY YR

COVERAGE

4. Please select one of the following coverage options from section **A** or **B**:

(A) I am a sole practitioner* with a 100% arbitration/mediation practice and do not desire any Prior Acts coverage, but select the coverage option indicated below:

<input checked="" type="checkbox"/>	<u>OPTION</u>	<u>POLICY LIMITS</u>	<u>DEDUCTIBLE</u>
___	1	\$100,000/\$300,000	\$5,000
___	2	\$250,000/\$750,000	\$5,000
___	3	\$500,000/\$1,500,000	\$5,000
___	4	\$1,000,000/\$3,000,000	\$5,000
___	5	\$2,000,000/\$4,000,000	\$5,000

(B) I am and have been for the last __ consecutive years, a sole practitioner* with a 100% arbitration/mediation practice and request a quote for prior acts coverage for those years for the coverage option indicated below:

<input checked="" type="checkbox"/>	<u>OPTION</u>	<u>POLICY LIMITS</u>	<u>DEDUCTIBLE</u>
___	1	\$100,000/\$300,000	\$5,000
___	2	\$250,000/\$750,000	\$5,000
___	3	\$500,000/\$1,500,000	\$5,000
___	4	\$1,000,000/\$3,000,000	\$5,000
___	5	\$2,000,000/\$4,000,000	\$5,000

*NOTE: "sole practitioner" does not include "of counsel", independent contractor, professional association or similar arrangements.

5. Do you have knowledge of any act, error, omission or disagreement with a client which might reasonably give rise to a claim or suit against you? Yes No.

6. Have you ever had any claim made against you alleging any liability arising from the performance of Professional Services? Yes No.

7. Have any disciplinary proceedings ever been brought against you by the State Bar of California or any other State Bar? Yes No.

8. a. Do you have a calendar control system? Yes No. If yes, who is assigned responsibility for entry on the calendar? If no, explain. _____

b. Does the ultimate responsibility for calendaring rest with you? Yes No. If no, explain.

c. Describe your calendaring procedures and how/when you are made aware of calendared matters.

The foregoing responses to this application are true and complete. We understand that Lawyers' Mutual Insurance Company ("LMIC") will rely upon the accuracy of this application and that LMIC retains the right to rescind any policy which is issued based on any application containing false, misleading or incomplete information. We understand that in order to underwrite professional liability insurance, LMIC 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 LMIC and our past and present insurance carriers (and their agents and brokers) and we appoint LMIC our attorney-in-fact for obtaining such information. We hereby authorize the State Bar of California to release information to LMIC concerning membership status, certified specialties, and disciplinary proceedings. We agree that any person or organization furnishing information to LMIC pursuant to this authorization will not be liable for the furnishing of such information.

Dated: ____/____/____
MO DAY YR

(Applicant Lawyer Signature)

Tel. No. (____) _____

Print Name and Title

Fax No. (____) _____

Social Security and/or Taxpayer I.D. No. _____

E-Mail _____

Web Address _____

**ATTENTION! YOUR APPLICATION WILL BE CONSIDERED ONLY
IF ACCOMPANIED BY A COPY OF ALL LETTERHEAD ON WHICH YOUR NAME APPEARS**