

STRONG START PROGRAM

APPLICATION INSTRUCTIONS FOR NO PRIOR ACTS COVERAGE

- 1. Complete, sign and date the attached application.**
- 2. Make a check payable to LMIC for \$500 OR
If you wish to finance the premium, make a check payable to LMIC for \$50 as a down payment. The balance of the premium will be financed through Broadway Premium Funding Company in 9 equal monthly installments.**
- 3. Return the completed application, a sample of your letterhead and payment to LMIC at:**

**P.O. Box 10996
Burbank, CA 91510-0996**

OR

**3110 W. Empire Avenue
Burbank, CA 91504**

NOTE: If you are requesting Prior Acts Coverage, contact the Company at (800) 252-2045 for information, an application and premium schedule for Prior Acts Coverage.

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

On the Web: www.lawyersmutual.com

Strong Start Program ("SSP")

-APPLICATION-

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 Effective Date of your first policy.

COVERAGE LIMITS AND DEDUCTIBLE: Upon approval of this SSP Application, the Limits of Liability for the Strong Start Program policy will be \$100,000 each claim/\$300,000 annual aggregate. The deductible will be \$1,000 per claim.

INSTRUCTIONS: Please answer each question completely. **IMPORTANT!** This application will be considered only if every question is completed and is accompanied by a sample of your letterhead.

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 Number: _____ Fax No.: _____
e. Web Address: _____ E-Mail: _____

2. Is Applicant Lawyer a solo practitioner? Yes No
If NO, please explain in detail on a separate sheet.

NOTE: "Solo practitioner" means that you or your professional corporation do not employ any other lawyer(s), and do not have a partner, a professional association or any similar arrangements. You can act as an "Of Counsel" or act as an Independent Contractor for another lawyer or law firm (subject to underwriting criteria).

3. Desired Effective Date (to become effective: 12:01 a.m.): MONTH _____ DAY _____, YR _____.

4. With respect to the Applicant Lawyer who is to be insured under this policy, please complete the following (include all non-California State Bar information):

NAME OF LAWYER	LAW SCHOOL	DEGREE/YEAR	State Bar Number	Date of Admission MO/DAY/YR
_____	_____	_____/____	_____	____/____/____

5. Please indicate the 3 major Areas of Law and the percentage practiced based upon Applicant Lawyer's caseload for the period of time the Lawyer has most recently been a solo practitioner. If this is a new practice, indicate anticipated Areas and percentages.

a. Area: _____ % b. Area: _____ % c. Area: _____ %

Note: If ANY percentage of your practice does or will include copyrights, patents, trademarks, intellectual property, entertainment, environmental, investment counseling/money management, personal injury, municipal land, public utilities, real property, securities, tax or estate planning, then (on a separate sheet) please specify the Area of Law, percentage, type of client and describe the legal services to be performed.

6. Does Applicant Lawyer have a system for cross-referencing his/her own client list in order to prevent potential conflicts of interest? Explain: Yes No _____

7. Check which of the following calendaring systems Applicant Lawyer utilizes. Provide specific details for each:

	Check	Description
a. Lawyer calendar	_____	_____
b. Matching secretary calendar	_____	_____
c. Computerized system	_____	_____
d. Other (explain):	_____	_____

8. Describe how the calendars checked in Question No. A7 and Applicant Lawyer's internal office procedures are coordinated to notify him/her of scheduled matters on these calendars.

B. PROFESSIONAL STANDING

1. Has any disciplinary proceeding (including but not limited to reprimand, reproof, probation, suspension or disbarment) ever been brought by the State Bar of California, or any other State Bar, against the Applicant Lawyer? Yes No
2. Has the Applicant Lawyer ever been refused admission to practice before any court or administrative agency? Yes No
3. Has the Applicant Lawyer ever been charged or convicted of any state or federal offense? Yes No

C. CLAIMS EXPERIENCE

1. Has the Applicant Lawyer 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? Yes No
2. Does the Applicant Lawyer have knowledge of or reason to suspect any act, error, omission or any disagreement with any former or current client, employer or third party or dissatisfaction with services rendered or fees charged, which might reasonably give rise to a claim or suit against the Applicant Lawyer? Yes No
3. Has the Applicant Lawyer ever had any claim made against him or her alleging any liability arising from the performance of professional services? Yes No
4. Has the Applicant Lawyer ever had or defended a claim against him or her and not reported it to an insurance carrier? Yes No
5. Has the Applicant Lawyer sued for fees during the past 3 years? Yes No

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.

PLEASE READ THIS: YOU UNDERSTAND AND AGREE THAT YOU WILL BE REQUIRED TO ANNUALLY TAKE LMIC MCLE PROGRAMS TO QUALIFY FOR AND REMAIN IN THE STRONG START PROGRAM AS OUTLINED IN THE ENROLLMENT QUALIFICATIONS.

Dated: _____, _____
MO/DAY YR (Print or type Applicant's name and title)

(Social Security or Taxpayer I.D. No.) By: _____
(Signature of Owner/Applicant)